



**A MEETING OF THE INTEGRATION JOINT BOARD WILL BE HELD ON  
FRIDAY 27 SEPTEMBER 2024 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**

No	Title	Presented by	Page
1	<b>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</b>	<b>Arlene Wood</b>	<b>Verbal</b>
2	<b>DECLARATION OF MEMBERS' INTERESTS</b>	<b>Arlene Wood</b>	<b>Verbal</b>
3	<b>MINUTE OF PREVIOUS MEETING AND ACTION NOTE FROM MEETING HELD ON 26 JULY 2024</b>	<b>Arlene Wood</b>	<b>4-12</b>
4	<b>CHIEF OFFICER UPDATE</b>	<b>Fiona McKay</b>	<b>Verbal</b>
5	<b>COMMITTEE CHAIR ASSURANCE REPORTS</b> 5.1 Audit & Assurance Committee 5.2 Finance, Performance & Scrutiny Committee 5.3 Qualities & Communities Committee 5.4 Strategic Planning Group	<b>Vanessa Salmond</b>	<b>13-24</b>
6	<b>STRATEGIC PLANNING &amp; DELIVERY</b> 6.1 Prevention and Early Intervention Strategy	<b>Lisa Cooper</b>	<b>25-64</b>
7	<b>LIVED EXPERIENCE &amp; WELLBEING</b> 7.1 Lived Experience – Cardiac Care in the Community	<b>Helen Hellewell</b>	<b>Verbal</b>
8	<b>INTEGRATED PERFORMANCE &amp; QUALITY</b> 8.1 Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2024 8.2 Finance Update 8.3 Performance Report Executive Summary	<b>Audrey Valente</b> <b>Audrey Valente</b> <b>Fiona McKay</b>	<b>65-173</b> <b>174-199</b> <b>200-215</b>

9	<p><b>GOVERNANCE &amp; OUTCOMES</b></p> <p>9.1 Qualities and Communities Committee Revised ToR</p> <p>9.2 Membership Update</p> <p>9.3 Professional Assurance Framework</p> <p>9.4 Scheme of Delegation Update: Resilience &amp; Business Continuity</p>	<p><b>Helen Hellewell</b></p> <p><b>Audrey Valente</b></p> <p><b>Jennifer Rezendes</b></p> <p><b>Vanessa Salmond</b></p>	<p><b>216-224</b></p> <p><b>225-228</b></p> <p><b>229-276</b></p> <p><b>277-300</b></p>
10	<p><b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b></p> <p>10.1 IJB/HSCP Resilience Annual Report</p> <p>10.2 Records Management Annual Report</p> <p>10.3 Equality, Diversity &amp; Inclusion Action Plan</p> <p>10.4 Primary Care Strategy 2023-26 Year One Report</p>	<p><b>Avril Sweeney</b></p> <p><b>Audrey Valente</b></p> <p><b>Roy Lawrence</b></p> <p><b>Lisa Cooper</b></p>	<p><b>301-313</b></p> <p><b>314-340</b></p> <p><b>341-394</b></p> <p><b>395-439</b></p>
11	<p><b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</b></p> <p><b>Audit &amp; Assurance Committee</b> Confirmed Minute from 27 June 2024</p> <p><b>Finance, Performance &amp; Scrutiny Committee</b> Confirmed Minute from 3 July 2024</p> <p><b>Quality &amp; Communities Committee</b> Confirmed Minute from 5 July 2024</p> <p><b>Local Partnership Forum</b> Confirmed Minute from 2 July 2024</p> <p><b>Strategic Planning Group</b> Confirmed Minute from 9 July 2024</p>	<p><b>Dave Dempsey</b></p> <p><b>Alastair Grant</b></p> <p><b>Sinead Braiden</b></p> <p><b>Fiona McKay</b></p> <p><b>Roy Lawrence</b></p>	<p><b>440-445</b></p> <p><b>446-452</b></p> <p><b>453-462</b></p> <p><b>463-467</b></p> <p><b>468-473</b></p>
12	AOCB	All	Verbal
13	<p><b>DATE OF NEXT MEETINGS</b></p> <p><b>IJB DEVELOPMENT SESSION – Friday 25 October 2024.</b></p> <p><b>INTEGRATION JOINT BOARD – Wednesday 4<sup>th</sup> December 2024.</b></p>		

**Members are reminded that, should they have queries on the detail of a report, they should, where possible, contact the report authors in advance of the meeting to seek clarification.**

**Fiona McKay**  
**Interim Director of Fife Health & Social Care Partnership**  
**Fife House**  
**Glenrothes**  
**KY7 5LT**

Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6<sup>th</sup> Floor, Fife House – email: [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)



**UNCONFIRMED**

**MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)  
FRIDAY 26 JULY 2024 AT 10.00 AM**

<b>Present</b>	Arlene Wood (AW) (Chair) Fife Council –David Ross (DR), Lynn Mowatt (LM), David Alexander (DA), Margaret Kennedy (MK), Dave Dempsey (DD), Rosemary Liewald (RLie), and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Sinead Braiden (SB) Janette Keenan (JK), Director of Nursing, NHS Fife Chris McKenna (CM), Medical Director, NHS Fife Debbie Fyfe (DF), Joint Trades Union Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
<b>Professional Advisers</b>	Fiona McKay (FM), Interim Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Jennifer Rezendes (JR), Principal Lead Social Work Officer Lynn Barker (LB), Associate Director of Nursing
<b>Attending</b>	Jillian Torrens (JT), Head of Complex and Critical Care Services Lynne Garvey (LG), Head of Community Care Services Roy Lawrence (RLaw), Principal Lead for Organisational Dev. & Culture Vanessa Salmond (VS), Head of Corporate Governance Amanda Wong (AW), Director of Allied Health Professionals, NHS Fife Cara Forrester (CF), Communications Adviser Chris Conroy (CC, representing Lisa Cooper Head of Primary & Preventative Care Services) Lesley Gauld (LG), Team Manager Elizabeth Crighton (EC), HSCP Organisational Dev. & Culture Specialist Ruth Bennett (RB), Health Promotion Service Manager Jacquie Stringer (JS), Service Manager Localities and Community Led Support Carol Notman (CN), Personal Assistant (Minute)

<b>No.</b>	<b>TITLE</b>	<b>ACTION</b>
<b>1</b>	<b>CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES</b>	

Arlene Wood, IJB Chair welcomed everyone to the Extraordinary Integration Joint Board meeting and wished to thank Cllr Graeme Downie for all his support as Vice Chair of the Committee over the last few years and wished him well in his new role as MP for Dunfermline & Dollar.

Apologies have been received from Joy Tomlinson, Lynne Parsons, Benjamin Hannan, Graeme Downie, Jackie Drummond, Lisa Cooper, John Kemp, James Ross, Colin Grieve and Mary Lockhart

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

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

## **2 DECLARATION OF MEMBERS' INTERESTS**

Arlene Wood confirmed that there were no declarations of interest.

## **3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 31 MAY 2024 & EXTRAORDINARY MEETING ON 24 JUNE 2024**

The Minute and Action Note from the meetings held on 31 May 2024 & 24 June 2024 were both approved as an accurate record.

## **4 CHIEF OFFICER UPDATE**

Arlene Wood handed over to Fiona McKay who provided the Chief Officer Update noting that this was her first update and wished to thank everyone for their welcome and in particular the Senior Leadership Team for their support as she commenced her role as Interim Chief Officer.

Fiona advised that NHS Fife Addiction Services at Cameron Hospital in Windygates and third sectors partners commissioned by Fife's Alcohol and Drug Partnership played host to Christina McKelvie the Scottish Government's Alcohol Policy Minister on 9<sup>th</sup> July 2024 and the team were commended for their efforts made towards the Medication Assisted Treatment (MAT) Standards.

Fiona advised that communication has been received from the Care Inspectorate regarding their National Review of Social Work Governance and Assurance in Fife and advised that briefing will shortly be issued to IJB Members.

Fiona noted that Audit Scotland has released their report on IJB and Growing Pressures and encouraged all to review the document noting that the Committee may wish to investigate the report in more detail during a future Development Session. In addition, Fiona was pleased to advise that Fife has been highlighted for the good work that has been undertaken in the Care at Home Collaborate.

Fiona confirmed that Balgonie Ward at Cameron Hospital hosted a visit by the Cabinet Secretary for Health and Social Care, Neil Gray MSP on 23<sup>rd</sup> July 2024.

## **5 COMMITTEE CHAIR ASSURANCE REPORTS**

Arlene Wood advised that the Committee Chair Assurance Reports are to provide enhanced governance arrangements to the IJB on Committee Business and noted that the contents of these reports have been discussed at the Audit &

Assurance Committee 27 June 2024, Finance, Performance & Scrutiny Committee on 3 July 2024, Quality and Communities Committee on 5 July 2024 and the Strategic Planning Group on 9 July 2024.

Arlene Wood introduced Vanessa Salmond who presented these reports advising that these will be a standing item on the agenda going forward. Vanessa noted that in the absence of Graeme Downie who chaired the Strategic Planning Group, Roy Lawrence agreed to chair the July meeting but confirmed that a new chair will be identified prior to the next meeting.

Arlene Wood then invited in turn Dave Dempsey, Chair of Audit and Assurance Alastair Grant, Chair of Finance, Performance & Scrutiny, Sinead Braiden, Chair of Quality & Communities and Roy Lawrence who chaired the Strategic Planning Group to comment on discussions at the Committee before questions from Board members.

Dave Dempsey noted that the Item 5.1, Section 3 relating to Update on Risk, will be a constant message as the Committee is looking at the trajectory for the risks. He noted that with regards Section 5 relating to the Escalations/ Highlights to the IJB, he anticipated that there would be further discussion going forward regarding the committee's role in the Governance of Finance.

Alastair Grant advised that there was nothing to escalate from the summary but confirmed that there had been discussion regarding the lessons learned review that had been undertaken to identify potential root causes of the outturn position for 2023-24 and the impact this has for 2024-25.

Sinead Braiden advised that there was nothing to escalate from the summary and confirmed that the Qualities & Communities Committee had reviewed the deep dive review of Contractual/Market Capacity Risk and noted that the committee commended the work undertaken for the Children's Service's Annual Report and Fife ADP work.

Roy Lawrence noted that the only escalation from the Strategic Planning Group was regarding the resignation of the current Chair. Arlene Wood confirmed that a new Chair will be in sought prior to the next round of committee meetings.

The Board took assurance that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.

## **6 STRATEGIC PLANNING & DELIVERY**

### **6.1 Community Led Support Service Progress Report**

This report was discussed at the Quality and Communities Committee on 5 July 2024 and is presented to provide assurance that the partnership is progressing, expanding and measuring the impact of the Community Led Support Services.

Arlene Wood introduced Fiona McKay who presented this report and advised that she was delighted to table the report that focusses on the work undertaken in the Community and in Localities and introduced Jacquie Stringer who is the Manager for the Service.

There was discussion around whether people had the ability to self-refer to the Community Led Support Service and the variation there is in referrals between

Localities. Jacquie Stringer confirmed that all can do self-referrals except for Link Fife. Jacquie noted that the team were active in collecting data on referrals and noted that some localities are smaller than others and noted that showing the percentage per locality would provide an alternative picture.

The work undertaken by The Wells Team was commended and the recommendation if surplus funding was to become available that consideration be given to increasing the opening hours of The Wells as the service provided is hugely beneficial and could reduce the pressure on other services.

The Board were assured that Community Led Support Services continue to expand, measure impact and are connected to all the HSCP Portfolios – Primary & Preventative Care Services, Community Care Services, Complex & Critical Care Services, Business Enabling and Professional Leads. In addition, they noted the further report the Senior Leadership Team in the Autumn to support the proposal for a CLSS Staffing/Funding Model for 2025-26.

## **7 LIVED EXPERIENCE & WELLBEING**

### **7.1 Lived Experience – Third Sector Partner Community Support**

Arlene Wood invited Lynn Barker to introduce the Lived Experience Video. Lynn Barker advised that the video was from Community Support from a Third Sector Partner and wished to thank Jackie for sharing her remarkable story.

Kenny Murphy noted that Link Living is just one of the many Third Sector Partners and was pleased that the video shows the transition that people can make from being a service user to volunteer to possible staff member.

## **8 INTEGRATED PERFORMANCE**

### **8.1 Finance Update**

This report was discussed at the the Local Partnership Forum on 2 July 2024 and Finance, Performance & Scrutiny Committee on 3 July 2024.

Arlene Wood introduced Audrey Valente who presented this report highlighting that it was the first monitoring report for the 2024-25 Financial Year and the paper presents a challenging financial forecast with a projected overspend of £24m as at May 2024. Audrey noted that included within this overspend was £18m projected non delivery of savings, in addition to this due to the movement in budget a further £6m savings is required to ensure that financial balance is reached.

Audrey highlighted given the challenging financial position there is an increased risk that the risk share will require to be implemented and confirmed that the Senior Leadership Team are aware of this and wished to provide assurance that enhanced scrutiny has been put in place with increased frequency of meetings with Chief Officer, Chair of Boards and the Chief Executives of both Partners. Audrey advised that the financial risk on the risk register will be reviewed going forward and this will be reflected in the next cycle of reports.

Audrey wished to assure the Board that the Senior Leadership Team will be developing a recovery plan ensuring that sustainability remains a priority.

Arlene Wood invited in turn Fiona McKay, Co-chair of the Local Partnership Forum and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee

to comment on discussions at the Committee before questions from Board members. Fiona McKay confirmed that the Local Partnership Forum were aware of the position and supportive of the work being undertaken. Alastair Grant advised that the Finance, Performance & Scrutiny Committee had reviewed and made some suggestions but noted that situation was an evolving story.

There was discussion around the projected savings and if there were any that were not going to be achieved by the end of the financial year. Audrey confirmed that it is a timing issue and she anticipated that 90% will be achieved but advised that it will be challenging and that the Senior Leadership Team were doing all they could to achieve the savings.

There was discussion around reducing the number of Agency and Locum Staff and Audrey confirmed that the service has achieved savings in medical and supplementary staffing, and it was an absolute priority for the Partnership to reduce the spend for Bank and Agency staff.

There was discussion around the areas that have the biggest overspend and the implications if these were pulled back into line with their budget what this would look like as it is important to know what the Partnership can afford to do and articulate this to both Partner Organisations. It was noted that a predicted £24.3m overspend is concerning, Audrey gave an example of challenges that the service has with meeting its targets such as surge beds which required to remain in operation to support the whole system approach.

Arlene Wood queried the Board approving the projected outturn, Audrey Valente noted although the projected outturn is likely to change the Board is being asked to approve the current financial position. Following this explanation the Board confirmed they were assured that there was robust financial monitoring in place and noted the projected outturn position as at May 2024.

## **8.2 Annual Performance Report 2023 to 2024**

This report has been discussed at the Local Partnership Forum on 2 July 2024, Finance, Performance & Scrutiny Committee on 3 July 2024, Quality and Communities Committee on 5 July 2024 and the Strategic Planning Group on 9 July 2024.

Arlene Wood introduced Fiona McKay who presented the report advising that the Annual Performance Report highlights performance from all Portfolios within the Partnership and is required to be submitted to the Scottish Government by 31<sup>st</sup> July 2024 following receipt of approval from the Board.

Arlene Wood invited in Fiona McKay, Chair of Local Partnership Committee, Alastair Grant, Chair of Finance, Performance & Scrutiny, Sinead Braiden, Chair of Quality & Communities and Roy Lawrence who chaired the Strategic Planning Group to comment on discussions at the Committee before questions from Board members.

Fiona McKay advised that there were no concerns raised by the Local Partnership Forum, Alastair Grant advised that the Finance, Performance & Scrutiny Committee had noted the comprehensive report and Sinead Braiden advised that the Quality & Communities committee were content to remit the



report requesting an amendment which has been action, Roy Lawrence noted that the Strategic Planning Group were content with the report noting that the suggested amendments had been taken into consideration.

Arlene Woods queried the reference throughout the document to the coronavirus pandemic, Chris McKenna confirmed that the correct description would be Covid-19 Pandemic. Fiona McKay noted that this could be amended within the report prior and noted a further amendment within the financial element will be made prior to submission to Scottish Government.

**FMCK**

The Board confirmed that they were assured that Fife Health and Social Care Partnership is meeting its legislative requirements and approved the annual performance report 2023-2024 following the amendments suggested above being made.

## **9 GOVERNANCE & OUTCOMES**

### **9.1 Creating Hope for Fife: Fife's Suicide Prevention Action Plan**

This report is provided to the Board for Assurance and has been discussed at the Quality and Communities Committee on 5 July 2024.

Arlene Wood introduced Ruth Bennett who presented the report highlighting that Creating Hope Together is the New Scottish Suicide Strategy which was published in September 2022 and is a 10-year strategy. Ruth advised that there was the requirement for local board areas to develop and deliver a local version of the national 30-point action plan. In February 2023 a Fife-wide event was organised and attended by over 100 participants. The draft Fife Suicide Prevention Action Plan went through a consultation process where it received 240 responses from across all seven Fife localities, this highlighted 3 gaps within the Action Plan which was subsequently amended to incorporate the recommendations from the consultation feedback.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities to comment on discussions at the Committee before questions from Board members. Sinead Braiden confirmed that there had been good discussion, and the Qualities and Communities Committee were content to remit the Action Plan to the IJB.

The breadth of links with third sector partners within the communities was noted and commended and agreed that although difficult to quantify performance the action plan was a vitally important piece of work.

The Board confirmed that they were assured of the process to develop the Fife Suicide Prevention Action Plan 2023-2025 in accordance with national strategic requirements and that a robust Fife Suicide Prevention Action Plan has been designed as a result of the process and will be implemented with oversight by the Mental Health Strategy governance structure.

## **10 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**

### **10.1 Fife Alcohol and Drug Partnership Annual Report and Survey 2023/24**

This report has been discussed at the Quality and Communities Committee on 5 July 2024.

Arlene Woods introduced Fiona McKay who presented this report highlighting that the key priorities for the ADP Strategy are outlined within Point 3.2 of the SBAR.

Arlene Wood invited Sinead Braiden, Chair of Quality & Communities to comment on discussions at the Committee before questions from Board members. Sinead confirmed that the Quality & Communities Committee were very impressed of the work undertaken by the ADP whilst acknowledging the huge societal issues there are currently with drugs and alcohol within Fife.

Concern was raised with the number of new drugs available targeted at youths and Jillian Torrens confirmed that the service receives alerts of any new known drugs, and these are shared with partner agencies.

There was discussion around the recording errors for waiting times and whether this was a Fife issue or a national reporting issue. Jillian Torrens confirmed that it was a local issue, and the team were focussing on ensuring that going forward the recording would be correct.

The Board discussed and approved the Alcohol and Drug Partnership Annual Report and Survey and approved the Annual Report and Survey. The Board also approved the Survey to be submitted to the Scottish Government.

## **10.2 Local Partnership Forum Annual Report 2023-24**

This report has been discussed at the Local Partnership Forum on 2 July 2024.

**Arlene Wood introduced** Fiona McKay who presented this report. Fiona McKay advised that this report is for discussion and approval prior to publication on the Health and Social Care Website. Fiona wished to thank Roy Lawrence for writing the Annual Report on behalf of the Local Partnership Forum. Roy Lawrence advised that the committee had been involved in the development of the document.

Arlene Wood invited Fiona McKay, Co-Chair of Local Partnership Committee, to comment on discussions at the Committee before questions from Board members. Fiona confirmed that the Committee were thankful to Roy for bringing the report together and the report has also been tabled NHS Fife's Area Partnership Forum who had been supportive of the document.

There was discussion regarding staff governance standards, and it was noted there is no mention of these within the report the question was asked whether they addressed at the meetings. It was noted that these are specifically for NHS staff members and Fiona McKay confirmed that there is a Whistleblowing Report with input from the Human Resource Teams from both Partner Organisations.

The Board discussed the Local Partnership Forum Annual Report 2023-24 and confirmed that they were supportive of the report being published on the Health and Social Care Partnership Website.

Arlene Wood advised that the minutes of the following Governance Committees were provided for information:

- Audit and Assurance Committee – 17 May 2024
- Finance, Performance & Scrutiny – 15 May 2024
- Quality & Communities Committee – 10 May 2024
- Local Partnership Forum – 14 May 2024
- Strategic Planning Group – 2 May 2024

## **11 AOCB**

Arlene Wood noted that there had been a request that consideration be given to returning the IJB Meetings to being face-to-face. It was noted that the current format is the hybrid style where members can opt to be present in the Committee Room or via Teams.

It was agreed that Vanessa Salmond would distribute a questionnaire to allow all members to submit their preferred option.

**VS**

## **12 DATES OF NEXT MEETINGS**

**IJB DEVELOPMENT SESSION – FRIDAY 30 AUGUST 2024**

**INTEGRATION JOINT BOARD – FRIDAY 27 SEPTEMBER 2024**



**ACTION NOTE – INTEGRATION JOINT BOARD – FRIDAY 26 JULY 2024**

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	<b>Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024</b> - it was agreed that Fiona McKay and Vanessa Salmond would provide a generic process for all self-assessment returns to ensure proper governance arrangements are followed	<b>Fiona McKay / Vanessa Salmond</b>	<b>30 September 2024</b>	Work progressing to amalgamate MSG and best value self-assessment process and reporting.

**COMPLETED ACTIONS**

<b>Lived Experience – Early Onset Dementia</b> Video link to be shared with the committee following meeting for those who experienced technical issues.	<b>Vanessa Salmond</b>	<b>May 2024</b>	<b>Complete</b>
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**Meeting Title:** Integration Joint Board

**Meeting Date:** 27<sup>th</sup> September 2024

**Agenda Item No:** 5

**Report Title:** Chairs Assurance Reports

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

**Report Author:** Vanessa Salmond, Head of Corporate Governance and IJB Secretary

## 1 Purpose

The aim of this report is to enhance governance arrangements by providing assurance to the Integration Joint Board on Committee business.

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

- Assurance

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

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

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

- Sustainable
- Outcomes
- Integration

## 2 Route to the Meeting

Contents of these reports have been discussed at:

- Audit & Assurance Committee, 13<sup>th</sup> September 2024,
- Finance, Performance & Scrutiny Committee, 11<sup>th</sup> September,
- Quality and Communities Committee, 4<sup>th</sup> September 2024; and
- Strategic Planning Group, 5<sup>th</sup> September 2024.

### 3 Report Summary

#### 3.1 Situation

The Chair Assurance reports are intended to provide assurance and provide a platform for escalation, if required, to the IJB around the risks, key issues and delivery of the workplan that the Governance Committees have considered.

#### 3.2 Background

The Chair Assurance Reports are an integral part of these Committee Assurance Principles adopted by the IJB.

#### 3.3 Assessment

These reports are a standing agenda item for IJB at each Committee/Board cycle and are approved by each Governance Committee Chair.

##### 3.3.1 Quality / Customer Care

The Assurance reports enhance focused, risk-based assessment of the quality and safety of care where applicable.

##### 3.3.2 Workforce

The principles would enhance focused, risk-based assessment of staff health and wellbeing, compliant with the mitigation of workforce risks.

##### 3.3.3 Financial

There are no financial implications identified arising from this report.

##### 3.3.4 Risk / Legal / Management

These reports are designed to focus attention on the adequacy and effectiveness of associated controls of strategic risks and on the quality of assurances received.

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

There are no implications identified arising from this report.

##### 3.3.6 Environmental / Climate Change

There are no implications identified arising from this report.

##### 3.3.7 Other Impact

There are no implications identified arising from this report.

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

Committee Chairs endorse these reports.

### 4 Recommendation

- **Assurance** – These reports are presented to IJB to provide assurance that Governance Committees are discharging their functions and remit and escalating any issues appropriately.

## 5 List of Appendices

The following appendix is included with this report:

Appendix 1 - Audit and Assurance Chair Assurance Report

Appendix 2 - Finance, Performance & Scrutiny Committee Chair Assurance Report

Appendix 3 - Quality and Communities Chair Assurance Report

Appendix 4 - Strategic Planning Group Chair Assurance Report

## 6 Implications for Fife Council

Not applicable.

## 7 Implications for NHS Fife

Not applicable.

## 8 Implications for Third Sector

Not applicable.

## 9 Implications for Independent Sector

Not applicable.

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

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

### Report Contact

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**Meeting Title:** Integration Joint Board

**Meeting Date:** 27<sup>th</sup> September 2024

**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 September Committee cycle as per the Committee workplan were presented.

At the meeting on 13<sup>th</sup> September the following was discussed: -

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Annual Accounts and Financial Statement 2023-24; External Audit Report, Internal Audit Progress Report, Internal Audit Recommendations Follow-up Report and Fife IJB Annual Report 2023-24 (incorporating Internal Control Evaluation).
- Governance and Compliance: Annual Records Management Report 2024.
- Business Cycle: Scheme of Delegation Update and Committee Workplan 2024.

## **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 made the following decisions at its meeting on 13<sup>th</sup> September 2024: -

### Assurance

- **External Audit Report** – This report provided assurance to Committee around the adequacy of accounting and internal control systems relating to the 2023-24 annual accounts following the review of financial statements and the wider scope of public audit.
- **IJB Annual Report 2023-24** – This report provided *reasonable* assurance on the IJBs governance arrangements.
- **Internal Audit Recommendations Follow-up** - Committee were assured by the current status of internal audit recommendations.

### Decisions

- **Annual Accounts and Financial Statement 2023-24** – Committee agreed to submit the final annual accounts to the IJB for formal approval.
- **Records Management Report 2024** - Committee were provided assurance by the positive progress and green status of all but one action within the action plan for 2024 and agreed to keep under continual review as per the Committee workplan.
- **Scheme of Delegation Update: Resilience & Business Continuity** - Committee supported the ad-hoc addendums within the current Scheme of Delegation and agreed to remit to the IJB for formal approval.

### Noted

- **Internal Audit Progress Report** - Committee were assured by the progress in relation to the 2024-25 Internal Audit Plan.
- **Internal Audit Recommendations Follow-up** - Committee were assured by the current status of internal audit recommendations.

## **5 Escalations/Highlights to the IJB**

Although not an agenda item tabled at this meeting, the Committee did have a discussion around the Lessons Learned report and the process for Directions both alluded to within the Audit reports. The Committee noted that both were due to be discussed in more detail at the IJB Development Session.

The Committee continued dialogue around financial governance.

## **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**



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>27<sup>th</sup> September 2024</b>
<b>Agenda Item No:</b>	<b>5.2</b>
<b>Report Title:</b>	<b>Chair's Assurance Report Finance, Performance and Scrutiny Committee</b>
<b>Committee Chair:</b>	<b>Alastair Grant</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Interim Director of Health &amp; Social Care / Chief Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## **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 September 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 11<sup>th</sup> September the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update, Deep Dive Risk Review: Strategic Plan
- Performance: Performance Report, Primary Care Implementation Plan and Equality, Diversity & Inclusion Action Plan
- Transformation: Transformation & PMO Report
- Strategies: Prevention & Early Intervention Strategy

## **3 Update on Risks**

A deep dive risk review of the Strategic Plan was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report. Members acknowledged the potential impact that the current financial challenge may have on the strategic plan and the potential for re-prioritisation and streamlining of objectives.

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

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 11<sup>th</sup> September 2024:-

##### Assurance

- **Performance Report** – Committee were assured that this report enables the monitoring of performance for the Partnership and work is progressing to achieve improved outcomes.
- **Primary Care Improvement Plan** - Committee were assured by the action contained within the report and the work being progressed.

##### Recommendations

- **Finance Update** – Following discussion and a Q&A session, Committee were assured that actions are being progressed to minimise the risk share agreement due to the projected year end overspend. The Committee agreed to remit the financial monitoring position as at July 2024 to the IJB.
- **Recovery Plan** - Members were presented with a draft menu of potential themes to progress to recover the current estimated overspend at the year end and bring back expenditure in line with budget. Members recognised the scale of the financial challenge and requested a further meeting to discuss in more detail.
- **Equality, Diversity & Inclusion Report and Action Plan** - Committee members commended this report and plan as best practice in both design and concise content. Members supported this to be progressed the IJB for formal approval.
- **Prevention & Early Intervention Strategy** - Committee supported this strategy to progress to the IJB for formal approval.
- **Transformation & PMO Report** - Due to timing constraints this item was deferred.

#### 5 Escalations/Highlights to the IJB

A Development Session with a focus on Finance was arranged for 17<sup>th</sup> September. There were no other significant areas of concern or items requiring escalation to the IJB identified at this meeting.

#### 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:** 27<sup>th</sup> September 2024

**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  
Jennifer Rezendes, Principal Social Work Officer

**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 September 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 4<sup>th</sup> September the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters and a Deep Dive Review: Adult and Child Support and Protection and review of Quality and Communities Committee Terms of Reference.
- Strategic Planning: Prevention & Early Intervention Strategy, Primary Care Strategy 2023-26, Community OT Waiting Times, Self-Directed Support, Assessment Rehabilitation Centre (ARC) Transformation, Professional Assurance Framework and IJB/HSCP Resilience Assurance Group Annual Report.
- Legislative Requirement and Annual Reports: Primary Care Improvement Plan - Annual Progress Update

### 3 Update on Risks

A deep dive risk review of Adult and Child Support and Protection was considered, Committee were in agreement with the 'reasonable' level of assurance given in this report. Committee noted this report will be presented to both Partners.

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

The Quality and Communities Committee made the following decisions at its meeting on 4<sup>th</sup> September 2024:-

#### Assurance

- **Quality Matters Report** – During the reporting period there were 19 papers presented for quality and clinical care assurance with one requiring escalation. Overall, the Committee were assured that clinical and care governance was discharged effectively.
- **Primary Care Strategy** – Committee were assured by the update on actions around year 1 of this strategy
- **Community OT Waiting Times** - Committee members acknowledged the current actions being taken to reduce waiting times and note the ongoing commitment to work creatively within existing resources to reduce waiting times where possible.
- **Self-Directed Support** - The Committee were assured by this report that that the statutory duties carried forward by the social work workforce to support individuals, their families and carers, are enabled by the processes in place.
- **IJB/HSCP Resilience Assurance Group Annual Report** - This report provided assurance to Committee on the activities being progressed to ensure the IJB can fulfil their duties as Category 1 responders.
- **Primary Care Improvement Plan (PCIP) Annual Update** - Members were assured by the work being progressed within this report together with the commitment to continue to strive to meet the intention of the GMS Contract via the PCIP in 2024-2025.

#### Decisions

- **Assessment & Rehabilitation Centers (ARCs) Redesign** - Committee members agreed to the principles outlined within this report and agreed to the development of a redesigned model of care.

#### Recommendations

- **Q&C Committee Terms of Reference** - Members of the Committee agreed the amended ToR and supported these to be formally approved by the IJB.
- **Prevention and Early Intervention Strategy** – Committee commended this report and acknowledged the vast participation and engagement activity undertaken around defining a 'good life'. The Committee

supported this report be remitted to the IJB for formal approval.

- **Professional Assurance Framework** - Committee commended the presentation of this framework, which is a first in Scotland as best practice and endorsed it to be submitted to IJB for formal approval.
- **Equality, Diversity and Inclusion Report and Action Plan** - Committee members commended this report and clear action plan and supported it to be remitted to the IJB for endorsement.

## **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**



<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>28<sup>th</sup> September 2024</b>
<b>Agenda Item No:</b>	<b>5.4</b>
<b>Report Title:</b>	<b>Chair's Assurance Report Strategic Planning Group</b>
<b>Group Chair:</b>	<b>Roy Lawrence (Acting)</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Interim Director of Health &amp; Social Care / Chief Officer</b>
<b>Report Author:</b>	<b>Vanessa Salmond, Head of Corporate Governance</b>

## **1 Introduction**

This Assurance Report from the Chair of the Strategic Planning Group (SPG) is intended to provide the Integration Joint Board (IJB) with assurance around the monitoring function of the Group in relation to integrated strategic planning and commissioning; development and progress within strategic planning; responses to emerging strategic issues, and new national and local drivers, to ensure the delivery of key objectives in the Strategic Delivery Plan.

## **2 Performance Against Work Plan**

The Strategic Planning Group has an approved Annual Workplan. All items of business scheduled to be reported at the September meeting as per the Groups' workplan were presented.

At the meeting on 5<sup>th</sup> September the following was discussed: -

- Regular Business: Minutes of previous meeting and Action log.
- Annual Reports: Primary Care Strategy 2023-26.
- Strategy Flash Reports: Advocacy Strategy, Alcohol and Drugs Partnership Strategy and Participation and Engagement Strategy
- Strategy: Prevention and Early Intervention Strategy

## **3 Group Levels of Assurance / Decisions / Recommendations**

The Strategic Planning Group made the following decisions at its meeting on 5<sup>th</sup> September 2024: -

## Assurance

- **Strategy Flash Reports** – The SPG were assured by the updates on progress reported within the Flash reports, with no issues requiring escalation.
- **Primary Care Strategy - Group** acknowledged the moderate level of assurance provided by the significant progress reported within this report, whilst recognising that there are continued pressures across primary care.

## Recommendations

- **Prevention and Early Intervention Strategy - Members** were assured by the Strategy and supported progression through the agreed governance reporting structure.

### **4 Escalations/Highlights to the IJB**

A new Chair will be advised prior to the next committee cycle.

### **5 Forward Planning/Horizon Scanning**

There were no issues for highlighting.

**Roy Lawrence, Acting Chair, Strategic Planning Group**





<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>27 September 2024</b>
<b>Agenda Item No:</b>	<b>6.1</b>
<b>Report Title:</b>	<b>Prevention and Early Intervention Strategy</b>
<b>Responsible Officer:</b>	<b>Lisa Cooper Head of Service, Primary and Preventative Services</b>
<b>Report Author:</b>	<b>Kay Samson, Health Improvement Manager</b>

## **1 Purpose**

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

- Assurance – this report provides assurance that the Partnership’s DRAFT Prevention and Early Intervention Strategy has been developed in accordance with identified requirements and stakeholder expectations.
- The Integration Joint Board is asked to review the DRAFT Prevention and Early Intervention Strategy and supporting documents and advise of any changes required.

### **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.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

- 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 – Acute 18<sup>th</sup> June 2024
- HSCP SLT Formal (Strategic) 8<sup>th</sup> July 2024
- Prevention and Early Intervention Strategy Development Group 15<sup>th</sup> August 2024
- Staff Governance Committee 3<sup>rd</sup> September 2024
- Qualities and Communities 4<sup>th</sup> September 2024
- Executive Directors Group 5<sup>th</sup> September 2024
- Strategic Planning Group 5<sup>th</sup> September 2024
- HSCP QMAG 6<sup>th</sup> September 2024
- Public Health and Wellbeing Committee 9<sup>th</sup> September 2024
- Local Partnership Forum 10<sup>th</sup> September 2024
- Finance, Performance and Scrutiny Committee 11<sup>th</sup> September 2024

## **3 Report Summary**

### **3.1 Situation**

This report introduces the HSCP Prevention and Early Intervention Strategy 2024 -2027 (see Appendix1) for consideration and discussion by the Finance, Performance and Scrutiny Committee to enable its continued progression to committees and IJB for decision.

The Prevention and Early Intervention Strategy is identified as one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023 to 2026. The Prevention and Early Intervention Strategy is an NHS Corporate Objective.

### **3.2 Background**

Prevention and early intervention is one of the Scottish Governments six key principles for public health reform sitting alongside: reducing inequalities, empowering communities, fairness and equality and intelligence and innovation.

The H&SCP Strategic Plan 2023-2026 is supported by nine transformational

strategies and five enabling strategies; the Prevention and Early Intervention Strategy is one of those key transformational strategies.

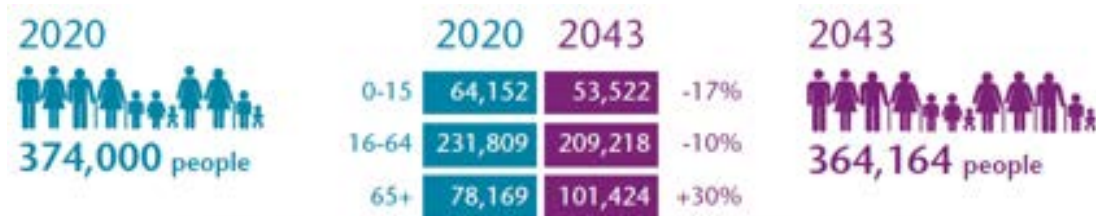
The background to prevention and early intervention stems from the recognition that addressing issues at their root cause or early stages can lead to more effective and sustainable outcomes. This approach is based on research and evidence showing that intervening early in the development of problems can prevent them from escalating and becoming more severe.

Prevention and early intervention efforts are often implemented in various settings such as social services, education, health care and criminal justice, to address a wide range of issues including health conditions, social problems, academic difficulties and criminal behaviour. By focussing on prevention and early intervention individuals can promote positive outcomes, improve quality of life and reduce the burden of addressing issues at later stages when they may be more challenging to resolve.

Fife H&SCP ambition is to design and deliver a Prevention and Early Intervention Strategy that will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver and commission.

### 3.3 Assessment

Fife, like many other regions, is experiencing an aging population as shown below. This demographic shift poses challenges in terms of increased demand on health and social care services, long term care and support for older adults.



Projected percentage change in population by age group until 2043

As illustrated, Fife's overall population is expected to decrease to 364,164 by 2043. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers (30% increase in those aged 65+).

It is recognised that Fife has a growing and ageing population, and that this is creating pressure on services across health and social care. This means that there is an increasing risk to the resources including workforce and finance to deliver health and social care as services are focussed on intensive interventions to manage complex health and social care needs. It is resource and cost effective to shift the focus to prevention and early intervention to support people in the community and to reduce reliance on residential and acute hospital care. This aligns with the HSCP strategic plans to enable people to live longer healthier lives at home or in a homely setting.

To support the design of the strategy we were keen to ensure a clear shared definition and understanding of Prevention and Early Intervention. In our discovery phase of the strategy development we identified that there was no recognised definition of prevention and early intervention that includes both

health and social care perspectives.

To define what it meant for this Strategy it was important to understand what the public and communities understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this Strategy has allowed us to agree these broad consensus definitions that we have use in our strategy.

**Prevention definition:** *is about creating the conditions where people can avoid or delay the start of health or social problems arising by supporting them to get the information or care they need, including self-care to be healthy and independent for longer.*

Prevention aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

**Early intervention definition:** *is making sure people can access the care and services they need to stop things getting worse and live a good life.*

Early Intervention involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

**The Strategy is dependent on the following five priorities which have been consulted on during the public participation and engagement activity.**

We will ensure inclusive and equitable access to care across Fife

We will improve data collection and management, ensuring that our resources are deployed effectively

We will develop a life course approach which values and improves the health and wellbeing of both current and future generations

We will assess existing service provision and identify both current requirements

We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers

Taking due cognisance of these priorities this Strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife. The Strategy is designed to work alongside existing strategies without duplicating efforts. Its goal is to enhance and complement existing strategies ensuring a comprehensive and coordinated approach maximising the effectiveness of all strategies involved.

To do this we will adopt a life course approach which recognises the interconnectedness of various factors such as social, economic and environmental influences that may impact on an individual's quality of life. It is important to recognise that this is not the starting point for Fife's prevention and

early intervention journey. There has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.

Through a multi-faceted approach, the Fife Prevention and Early Intervention Strategy 2024 – 2027 strives to create a safer, healthier and more resilient environment for all residents in Fife.

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

Prevention and early intervention efforts impact positively on health and prevention of disease. By embedding prevention and early intervention efforts in routine practice, in patient pathways; and improving access to services, this will improve the quality of care.

Prevention and early intervention activities can contribute to improved quality of life, reduced risk factors for poor health, decreased disease burden and symptoms, extended healthy life expectancy and increased economic and social engagement as well as reducing long term costs to the health services.

The strategy was presented and discussed at Qualities and Communities Committee of IJB. The committee welcomed, recognised and agreed with the strategic focus, positive discussion in regards to the reach of the participation and engagement plan and the co-production approach to describe a good life and how the people of Fife define this. Specific feedback in regards to the addition of transition to being a carer within the document has been completed. Specific discussion in regards to the deliverables and ability to measure impact realising while this is a 3 year plan the impact will be much further beyond this applying a horizons approach. Discussion further in regards to risk and the impact of no finance resource to support and enable the deliverables, the need for innovation and the ability manage the deliverables was recognised. Assurance was provided an annual report will be presented to advise impact and outcomes of year one of the delivery plan underpinning the strategy.

### **3.3.2 Workforce**

Implementing prevention and early intervention interventions/ activities may provide staff with opportunities to enhance their skills and knowledge. Staff may feel a sense of fulfilment in helping to prevent health and social issues and intervene early to improve individual outcomes.

By addressing issues early on, staff may experience a decrease in the number of emergencies leading to a more manageable workload.

Implementing preventative and early interventions/activities may require additional resources and staff training, potentially straining additional resources.

The strategy was presented and discussed at LPF. Members were

very supportive of the strategic ambition and deliverables, recognising the aspiration and innovative approaches. LPF supported workforce as being a key enabler. There was good discussion around how the deliverables could be realised within resources available and also how workforce training and education plan would be delivered recognising capacity of services currently. Assurance was provided within year one, a clear delivery plan would be designed being cognisant and ensuring proportionate in regards to service challenges and would ensure balance with mandatory training needs while prioritising needs for access to enable up skilling of workforce in regards to P&EI activities.

### **3.3.3 Financial**

The Prevention and Early Intervention Strategy requires a longer-term approach to embed a sustained cultural shift. There is a potential for prevention and early intervention efforts to lose focus or attentions redirected away from up streaming of care as other things take priority or precedence within a reactive or urgent care model of delivery.

It is important to recognise given the current and projected financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on effectiveness of efficiency focused programmes of work and/or deliverables.

A performance and assurance framework will evidence the impact of delivery of the strategic ambition and allow for targeted and focused improvement work through the timeline of the strategy implementation and beyond. This will be reported via the committees of the IJB to provide assurance of progress and tangible outcomes in line with best value.

The Committee commented positively on the strategy and its ambition, supported the high level deliverables (Appendix 2) and the breadth and quality of the participation and engagement reports and how they shaped the good life. Discussion focused on measures and impact and assurance was provided regarding oversight off delivery of the plan and an annual report being brought back to evidence delivery against ambition of the plan. There was also discussion regarding risk and ability to deliver within limited additional resources, it was presented that innovation would be the key to delivering the strategic plan.

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

Some potential risks associated with the Prevention and Early Intervention Strategy.

This Strategy requires a longer-term approach to embed a sustained cultural shift. There is a potential for prevention and early intervention efforts to lose focus as other things take priority. In addition, in the current financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and

potential impact on cost saving projects.

A Prevention and Early Intervention Strategic Implementation group will be convened where identified risks will be owned, mitigated and managed. To ensure good governance of delivery, this group chaired by the Head of Primary and Preventative Care Services with wide stakeholder membership will provide oversight, assurance and escalation as the delivery plan progresses.

Identified risks and actions to mitigate were presented to all relevant committees to support discussion and assurance. The risk register (Appendix 3) is available on request.

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

An Equality Impact Assessment has been completed as the Prevention and Early Intervention Strategy will potentially have an impact on the population of Fife, including all recognised protected characteristics due to the shift in focus to a more preventative and early intervention approach.

By conducting the EQIA HSCP and partner organisations can ensure that their efforts are equitable, effective and responsive to the diverse needs of the populations they serve.

Understanding the specific need and challenges faced by different groups can inform the development of more effective preventative measures and interventions, ultimately leading to better outcomes for all.

The Prevention and Early Intervention Strategy supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership's equalities outcomes by addressing issues at their root and promoting fairness and equality for all.

Through implementing prevention and early intervention activities the HSCP and partner organisations can proactively identify and address potential inequalities, discrimination and barriers to access thereby promoting a more inclusive and equitable society.

The shift of focus to prevention and early intervention will impact positively on reducing health inequalities.

The Equality Impact Assessment was presented to all relevant committees to support discussion and assurance. The EQIA (Appendix 4) is available on request.

The EQIA was recognised as being exemplar in its approach by members of the strategic planning group.

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

The exact implications under this category will be identified as part of the delivery plan.

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

### **3.3.7 Other Impact**

Poor health and wellbeing disproportionately affect those on low incomes. The Prevention and Early Intervention Strategy will contribute to reducing health inequalities experienced by our staff, patients and population.

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

To develop the Prevention and Early Intervention Strategy we aimed to communicate, involve and engage with a wide range of stakeholder from communities, carers and general public to service providers and HSCP partners and third and independent sectors.

Localities are viewed as key enabler within delivery of the strategy and the locality actions plans will ensure targeted and universal approaches to deliver the ambitions of the strategy to achieve the vision.

The HSCP's Participation and Engagement Team supported the Prevention and Early Intervention Working Group through engagement activities. The engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023.

The second phase of Stakeholder Engagement to support the development of the Strategy took place over a 6 week period from 12 February to 22 March 2024, online. Feedback received was used to refine and reframe aspects of the strategy.

A comprehensive 2 phased approach was presented to committees and groups. All members were assured and commented specifically regarding the reference to a good life. This engagement plan afforded inclusive opportunity to a wide cohort of stakeholders which ensured co-production, clarity of definition and greater understanding of the strategic ambition while establishing what a good life means to people, carers and communities across Fife which then allowed us to agree strategic vision. The Prevention & Early Intervention Participation and Engagement reports (Appendix 5&6) are available on request.

## **4 Recommendation**

The P&EI strategy is presented to the IJB for:

- A significant level of assurance regarding the discovery and design approach taken to develop the Prevention and Early Intervention Strategy in collaboration with stakeholders, people and communities ensuring a co-production approach
- A moderate level of assurance in regard to delivery of the strategic ambitions of the plan over a 3 year programme of work reflecting the risks identified to delivery
- Commitment to support the innovation required to deliver and achieve the ambition of the strategy with oversight provided by the Prevention and Early Intervention Strategy Implementation Group
- Decision to approve Fife's Prevention and Early Intervention Strategy 2024-2027



## 5 List of Appendices

The following appendices are included with this report:

- Appendix No. 1, Prevention & Early Intervention (P&EI) Strategy
- Appendix No. 2, P&EI Delivery Plan
- Appendix No. 3, P&EI Risk Register (*available on request*)
- Appendix No. 4, P&EI Equality Impact Assessment (EQIA) (*available on request*)
- Appendix No. 5 P&EI Phase 1 Report (*available on request*)
- Appendix No. 6 P&EI Phase 2 report (*available on request*)
- Appendix No.7 P&EI Strategy – Public Facing Short Version (*available on request*)

## 6 Implications for Fife Council / NHS / Third Sector / Independent Sector

A systems approach to strategy design and implementation is assured, Priorities agreed will focus on prevention and early intervention impacting positively on access to health and social care

## 7 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**                **Lisa Cooper Head of Service, Primary and Preventative Care Services**

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# Prevention and Early Intervention Strategy

Prevent, Reduce and Improve

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## Foreword

The Prevention and Early Intervention Strategy 2024 – 2027 is both a Corporate Objective for NHS Fife and one of Fife Health and Social Care Partnership's (H&SCP) transformational and supporting strategies within our FH&SCP Strategic Plan 2023 – 2026.

The scope of this Strategy includes Fife H&SCP, NHS Fife, Third Sector, Fife Council, the Voluntary and Independent sectors as well as communities and people themselves.

This first Prevention and Early Intervention Strategy encourages us to continue to think and act differently, so that everyone can live an independent and healthier life now and in the future. We want to work with the people of Fife to enable individuals and communities to take every opportunity to maximise their own health and wellbeing.

We want to continue to shift everyone's focus to what more we can do to support prevention and early intervention, we are passionate about what we can do to improve the outcomes that matter to people, address inequalities and make the best use of our resources including people and communities themselves. We will achieve this by working together, and with people as proactive partners, to prevent, reduce and improve health and social disadvantage or by intervening early when problems do occur.

Our thanks go to the many stakeholders involved in developing this Prevention and Early Intervention Strategy.



Fiona McKay, Interim Chief Officer IJB  
Interim Director Health & Social Care



Dr Joy Tomlinson  
Director of Public Health

## Executive Summary

We recognise that we are facing a complex challenge where a multiagency effort is needed across the whole system to make a difference. Addressing the wider determinants of health (social, economic and environmental factors which impact on people's health) to improve the conditions into which people are born, live and work can have a positive impact on health and wellbeing but cannot be delivered by any organisation alone.

Our Prevention and Early Intervention Strategy has been written in line with Fife Health and Social Care Partnership strategic priorities and will contribute to achieving the vision;

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

We will also align to the aspirations, principles and strategic priorities of the Fife Population Health and Wellbeing Strategy (2023-2028) [Living well working well and flourishing in Fife \(nhsfife.org\)](https://www.nhs.uk/population-health-wellbeing-strategy)

Our Prevention and Early Intervention Strategy aims to;

- Strengthen integration across health, social care, fife council and third and independent sector networks to meet our key priorities.
- Include people and communities as active and equal partners.
- Prioritise self-care, with a tiered and anticipatory approach.
- Ensure the whole life course is considered within all activities which support and embed prevention and early intervention.
- Use our resources wisely and ensure a value based approach to achieve the outcomes that matter to people.
- Embed prevention and early intervention as standard practice across our whole health and social care system.
- Create, embed and sustain the right culture and conditions to enable us to undertake prevention and early intervention activity.



We believe that this strategy set's the conditions and principles for Prevention and Early Intervention now and for the future.



Lisa Cooper  
Head of Service Primary and Preventative Care Services

## Introduction

Welcome to Fife's Prevention and Early Intervention Strategy 2024 – 2027. This document sets out how we will develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with our vision and strategic priorities in our published Strategic Plan 2023 – 2026

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. Changing attitudes, behaviours and practices within a community or organisation takes time and consistent effort. Shifting focus to prevention and early intervention approaches will impact positively on reducing health inequalities by addressing root causes and providing timely support to individuals and communities at particular risk.

Health Inequalities can stem from a variety of root causes, including socioeconomic factors, access to healthcare services, education levels, environmental factors and individual behaviours. Socioeconomic status, in particular, plays a significant role in determining an individual's access to resources such as quality healthcare, nutritious food, safe housing and education. Individual behaviours, such as smoking, poor diet, lack of exercise, and substance use, can also contribute to health disparities. Addressing these root cause requires a comprehensive approach that includes policy changes, community interventions and individual behaviour modifications.



Ref: Health Inequalities theory of causation, Public Health Scotland

We believe that by fostering a culture that values prevention and early intervention it is possible to truly deliver upstream prevention and early intervention efforts while being fully cognisant of the current and projected financial and resource pressures.

More than a quarter of all deaths in Scotland are potentially avoidable. The burden of illness and early death can impact individuals, families, communities, healthcare systems and society as a whole. Individuals who experience illness or premature death may suffer physically, emotionally and financially affecting their quality of life and wellbeing. Families of those affected may experience emotional distress, financial strain, and disruption in their daily lives. Communities may face decreased productivity and social challenges as a result of illness and early death. Healthcare systems may be burdened with increased demand for services, higher costs and challenges in providing quality care to those in need. Society as a whole may experience reduced economic growth, increased inequality, and strained social services due to the burden of illness and early death.

There is significant potential to reduce the burden of illness and early deaths in Fife. Addressing these issues requires a coordinated effort across multiple sectors to improve health outcomes and reduce impact of illness and premature mortality. Actions that will prevent ill-health are supported by a growing body of economic evidence demonstrating they are cost-effective. In this time of current projected financial and resource pressures it is even more important that we have a strategy to focus our approach in Fife, deliberately embedding prevention and early intervention in everything we do.

By investing time and effort in preventative measures and early interventions we believe we can reduce the need for costly critical services in the future leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently in line with the national wellbeing outcomes of integration.

This strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife.

This Strategy will begin to support a culture of prevention and early intervention across Fife where every conversation counts and can support us to **PREVENT**, **REDUCE** and **IMPROVE** health and social problems.



**Background and Context**

The **Prevention and Early Intervention Strategy** is identified as one of the H&SCP Strategic Plan’s nine transformational Strategies. [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](#)

This Strategy has been designed as a cohesive framework that links with our other key strategies. It is expected that these eight transformational strategies will include specific areas of prevention and early intervention activities unique to their individual area within both their Strategy documents and delivery plans.



The aim of this Strategy is to detail an approach to prevention and early intervention that can be embedded across all other relevant plans and strategies thus creating a holistic approach that will lead to improved health outcomes for individuals and communities.

Our vision for the Prevention and Early Intervention Strategy 2024 – 2027 is closely aligned to the Health and Social Care Partnership Strategic Plan’s Vision of supporting the people of Fife to live independent and healthier lives for longer.

Our mission is to support the delivery of the Prevention and Early Intervention Strategy 2024 -2027




**Our Vision**

“  
To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.  
”

**Our Mission**

“  
To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.  
”

To achieve our Prevention and Early Intervention Vision, we will embed the following principles across our prevention and early intervention activity:

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  - We will help communities to connect and care for each other.
  - We will support local businesses, and commission health and social care services locally whenever possible.
  - We will ensure that people who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care.
- We will actively promote commissioning solutions that enable prevention and early intervention.
  - We will ensure that people have the information they need to manage their own health and wellbeing effectively.
  - We will develop and support new approaches, including wider use of technology, to enable wellbeing.
- 
  - We will develop a life course approach to good health and wellbeing, helping people to stay well for longer.
  - We will actively promote self-care and self-management
  - We will work with our partner agencies to reduce inequalities and improve outcomes for the people of Fife.



Our five [Prevention and Early Intervention priorities](#) were identified during the development of the [Health and Social Care Partnerships Strategic Plan Fife-Strategic-Plan-2023-to-2026-FINAL.pdf\(fifehealthandsocialcare.org\)](#) and will support achievement of our vision and our strategic priorities.

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2027
1	We will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
2	We will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
4	We will assess existing service provision and identify both current and future requirements.	Completion of a gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and avoidable risk factors, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.

### What do we mean by Prevention and Early Intervention

There is no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it means for this strategy we felt it important to be aware of what the public understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this strategy has allowed us to agree these broad consensus definitions that we will use in our strategy.



*To note; the transformational strategies of the H&SC strategic plan will have a more focused definition of prevention and early intervention specific to the outcomes in each of their strategies.*

While prevention and early intervention are closely linked, it is possible to have prevention strategies without early intervention. Ideally a comprehensive approach would include both to address issues holistically. By combining prevention efforts to reduce the occurrence of problems and early intervention measures to address them promptly, a more comprehensive and effective approach can be achieved.

**Prevention:** aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and risk factors, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

**Early Intervention:** involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

This first three-year Strategy (also referred to as **our strategy**) will aim to begin to create the conditions we need to support a shift in focus towards more prevention and early intervention activity. Implementation will be considered beyond 2027 to support the change becoming an integral part of the system. Time is needed to build this momentum for change to create the structures that make it easier for people to consider prevention and early intervention.

### **Why invest in Prevention and Early Intervention?**

How health and social care is delivered sustainability may be one of the greatest challenges we face now and over the next 10 years or more. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations. Investing in prevention and early intervention approaches can lead to cost savings, improved societal outcomes and a more resilient and prosperous economy in the long term.

Good health and wellbeing can allow people to more easily play an active role in their communities and the economy. In turn, this promotes prosperity and enables individuals, communities and society to flourish. The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention measures, such as our diet or health behaviours, for example how much exercise we take. Our health is also determined by conditions in which we grow up, live and work. These include our education, employment, income, access to healthcare, social networks, transition to being a carer, housing and broader socio-economic, cultural and environmental factors.

Prevention and early intervention approaches can influence our health, wellbeing and social circumstances (such as poverty, loneliness and social isolation) by preventing or avoiding problems arising or stopping things getting worse. By addressing issues early on such as mental health concerns, substance use or educational challenges individuals are more likely to reach their full potential and contribute to the economy.

We can influence our population health, wellbeing and social circumstances by ensuring access to quality health and social care; supporting people to adopt behaviours which support good health and wellbeing such as limiting alcohol and drug use, good diet and physical activity. Social and economic factors and the physical environment are equally important and therefore wider collaboration across the whole system, health and social care,

third and independent sectors is needed to continue to support our population and to improve overall quality of life.

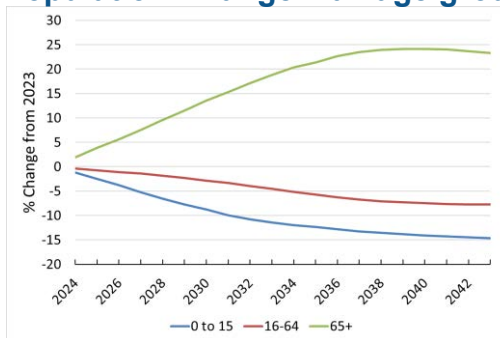
### The Population Challenge

**Significant changes in population structure are occurring.** In the next 10 years, older people will increase by over 18% while working age people will decrease by around 5%. This could result in **greater need for services** but greater **challenges for recruiting workforce**.

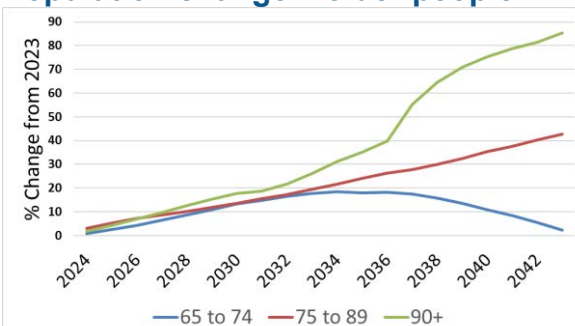
While all older people categories are likely to increase similarly over the next 10 years, longer term there will be a substantial increase in those aged 90+, with a 26% increase in 10 years rising to 85% in 20 years.

Source: Adapted from National Records of Scotland (NRS) data

### Population Change – all age groups



### Population change – older people



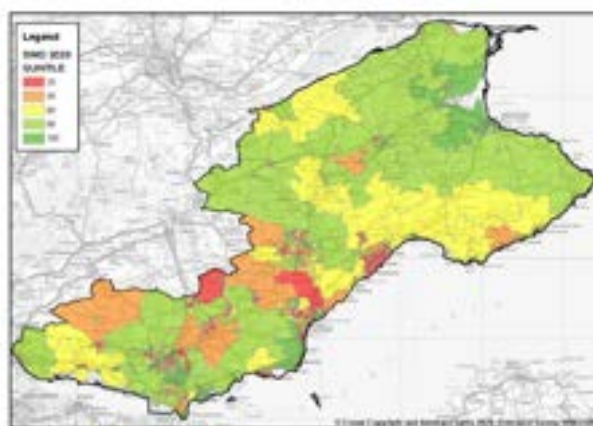
### The Local Challenge

Not all parts of Fife have the same quality of health or need for services. There are significant health inequalities between the most and least deprived areas.

Those in the least deprived areas live longer (10 years for males and 8 years for females) and this is reflected across a range of health indicators. Much of these health inequalities are preventable by addressing issues early or preventing them by addressing underlying causes such as housing quality.

Some impacts of deprivation –

- Premature mortality increases 2.5x
- Alcohol related hospital admissions increases 4.8x
- Drug related hospital admission increased 19.6x



Scottish Index of Multiple Deprivation showing those areas (orange and red) with greatest deprivation

Source: Fife Strategic Assessment, from Scottish Government SIMD data

### The Challenge of health loss

Ill health impacts the quality of people’s lives and their need for services. Many of the causes of ill health and early death are preventable (though by no means all). Factors such as risk factors and deprivation levels are key in regard to preventable ill health and this is exacerbated as people age. This is why an ageing population presents a challenge for services.

### Top Ten causes of ill health

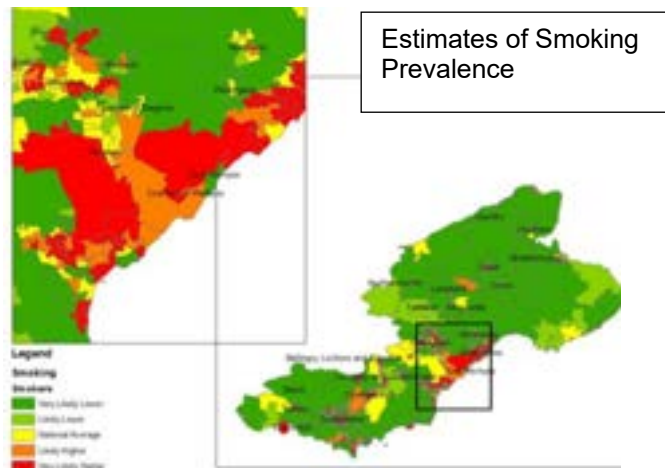
1. Low Back and Neck Pain
2. Depression
3. Headache disorders
4. Anxiety disorders
5. Osteoarthritis
6. Diabetes mellitus
7. Cerebrovascular disease
8. Other musculoskeletal disorders
9. Alcohol use disorders
10. Age-related and other hearing loss

### Top Ten causes of early death

1. Ischaemic heart disease
2. Lung cancer
3. Alzheimer's disease and other dementias
4. Cerebrovascular disease
5. Other cancers
6. Drug use disorders
7. COPD (Chronic obstructive pulmonary disease)
8. Colorectal cancer
9. Self-harm and interpersonal violence
10. Lower respiratory infection

Source: NHS Fife Director of Public Health Report 2020-21

Smoking is a leading cause of preventable ill health and early death. Its association with disadvantaged communities also makes it a main contributor to the lower health seen in more deprived areas. Over 1200 deaths per year in Fife could be attributed to smoking.



Source: Fife Strategic Assessment

## Causes of Health Inequalities

In our early years we know that one in four children in Fife live in poverty which affects opportunities for health, learning and development from birth onwards, which can have lifelong consequences. Around 20% of primary one aged children in Fife are obese with rates highest in areas of deprivation. Children and young people can also be affected by homelessness with an estimated 2000 people currently homeless in Fife.

It is increasingly recognised that these disadvantages start **before** birth and accumulate throughout life leading to intergenerational poverty, reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

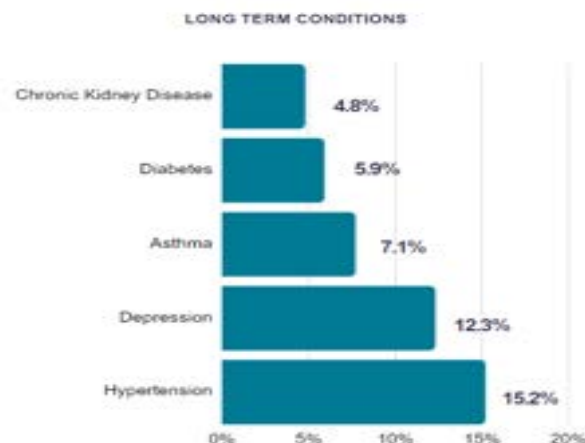
It is also recognised that housing has a critical role by providing a stable foundation for individuals, families and communities, promoting positive environments and facilitating timely support and interventions. Housing programmes and initiatives can offer targeted support and resources to vulnerable populations such as homeless individuals, at risk youth or families experiencing housing insecurity.

### What we know about Fife's top long-term conditions

Long term conditions, also known as chronic illnesses or diseases are health conditions that persist overtime, often requiring ongoing management and treatment. This chart shows Fife's top five long term conditions which can vary in prevalence and impact across different communities

Understanding the differences in long term conditions across communities is essential for developing targeted interventions, improving healthcare delivery and reducing health disparities

This data will allow us to develop targeted prevention and early intervention supports specific to each local area.

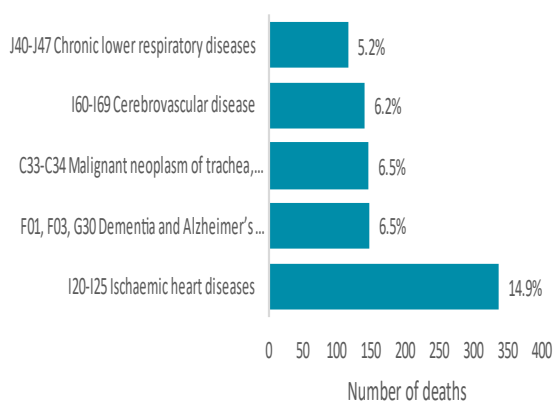


### What we know about Fife's leading causes of Mortality

The charts below show Fife's top five leading causes of death for both males and females (data taken from 2022).

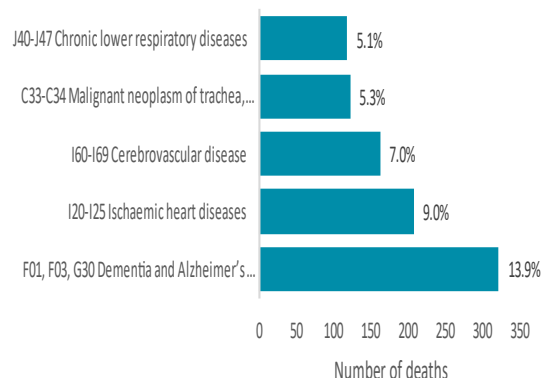
Fife Male leading causes of death 2022

2250 male deaths



Fife Female leading causes of death 2022

930 female deaths



We believe that through proactive prevention and early intervention measures our top long-term conditions and leading causes of death can be reduced, improved and in some cases are preventable. Implementing this strategy in Fife will be essential to proactively addressing social aspects, using resources effectively, promoting wellbeing and fostering collaboration.

### What we have been doing so far

It is important to recognise that Fife's prevention and early intervention journey doesn't start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism

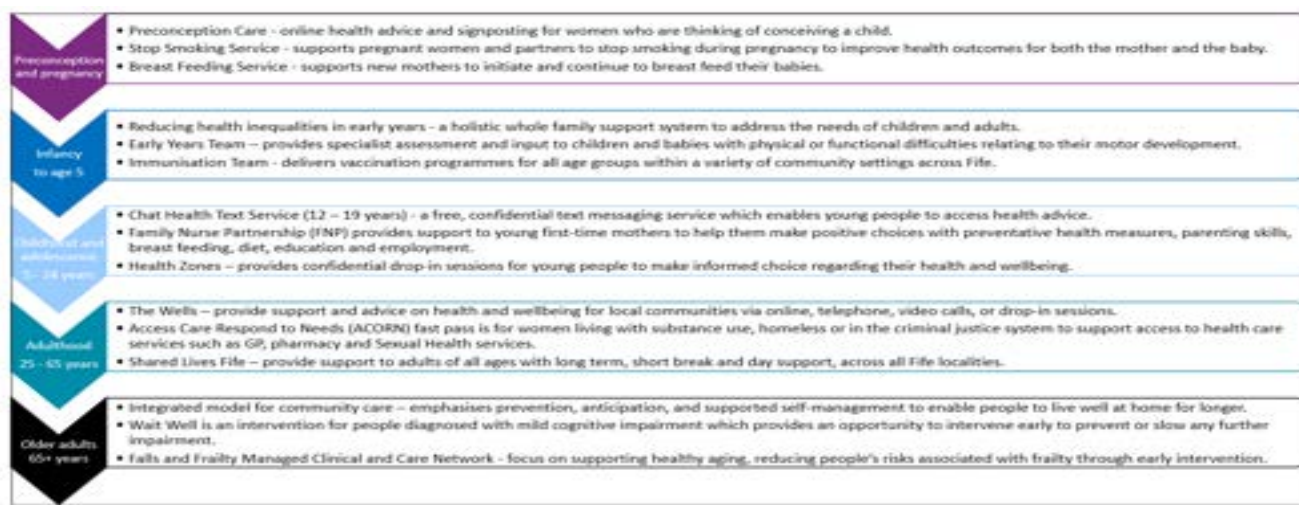
to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities. Some examples of the prevention and early intervention work undertaken;

The Third sector has been delivering a range of prevention and early intervention activities across Fife as highlighted in this diagram.

They provide a range of services and resources to help carers with their responsibilities such as information and advice to help them navigate the complexities of the care they provide. They offer guidance on accessing support services, understanding their legal rights and managing the emotional and practical challenges of being a carer. They can offer temporary relief through short breaks and respite care, this allows carers to take a break from their carer responsibilities, recharge and attend to their own wellbeing.



Further examples of work undertaken across the life course are described below:



## Policy Context

By working together, a collaborative approach will enhance the effectiveness of interventions and ensures that support is tailored to the specific needs of individuals and communities.

Fife Health and Social Care Partnership has a three-year **Strategic Plan 2023 to 2026** that sets out the future direction of all health and social care services delegated to H&SCP. We also have a range of national and local performance measures that allow us to measure how well we are doing against local and national targets. Details of the **National Health and**



Wellbeing Outcomes for Health and Social Care and the Public Health Priorities for Scotland are within our Strategic Plan.

The Partnership’s Strategic Plan is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf) ([fifehealthandsocialcare.org](https://fifehealthandsocialcare.org)). The plan includes the following five strategic priorities.



The Prevention and Early Intervention Strategy has been developed to support the delivery of these strategic priorities by embedding them into our prevention and early intervention activity. Nationally, the care and wellbeing portfolio, which is the overall strategic reform policy and delivery framework within health and social care, also acknowledges the need to improve health and care system sustainability. A core component of the portfolio is a focus on preventative and proactive care.”

The P&EI strategy also plays a vital role in contributing to the Plan 4 Fife 2017-2027 by promoting well-being, reducing inequalities and enhancing the overall quality of life in Fife.



The plan has 4 Priority themes: Opportunities for All, Thriving Places, Inclusive Growth and Jobs, Community Led services. [A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife](#)

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

Kings Fund Framework for a Population Health System



The P&EI Strategy will contribute significantly to the 'integrated health and care system' pillar of the framework for a Population Health System. “The creation of a health and care system focused on equity, prevention and early diagnosis is also recognised as a key pillar of the joint Scottish Government and COSLA ten year Population Health Framework, due to be published later this year.”

In addition, within the health system, we need to focus on using our scarce resources more effectively and in a way which achieves outcomes which matter to people.



This is critical if we are to successfully deliver Scottish Government’s ambition of Value Based Health and Care. We can only deliver this effectively by applying Realistic Medicine principles to support and enable patients to share decision-making about their care

What we mean when we talk about realistic medicine involves incorporating principles such as person-centred care, shared decision-making and a focus on outcomes that matter to people.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

In addition, there are a range of core preventative initiatives aimed at promoting Public Health and Wellbeing. These initiatives may include but are not limited such as immunisation programmes, weight management interventions for obesity, Hep C elimination, smoking cessation, health visiting pathways, oral health improvement, social support services etc.

Pregnancy	Birth	Pre-School	Children & Young People	Adults	Others
<ul style="list-style-type: none"> <li>Flu</li> </ul> From Week 16 <ul style="list-style-type: none"> <li>Pertussis*</li> </ul>	8 Weeks <ul style="list-style-type: none"> <li>Six-in-one**</li> <li>Rotavirus</li> <li>Meningitis B</li> </ul> 12 Weeks <ul style="list-style-type: none"> <li>Six-in-one**</li> <li>Pneumococcal</li> <li>Rotavirus</li> </ul> 16 Weeks <ul style="list-style-type: none"> <li>Six-in-one**</li> <li>Meningitis B</li> </ul> **diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B	12-13 Months <ul style="list-style-type: none"> <li>Hib/MencC***</li> <li>Pneumococcal</li> <li>Meningitis B</li> <li>Measles, Mumps &amp; Rubella (MMR)</li> </ul> Aged 2-5 <ul style="list-style-type: none"> <li>Flu</li> </ul> 3 Years 4 Months <ul style="list-style-type: none"> <li>Four-in-one****</li> <li>MMR</li> </ul> ***haemophilus influenzae type b, meningitis c ****diphtheria, tetanus, pertussis, polio	P1-56 <ul style="list-style-type: none"> <li>Flu</li> </ul> S1 <ul style="list-style-type: none"> <li>Human papillomavirus (HPV)</li> </ul> S3 <ul style="list-style-type: none"> <li>Tetanus, Diphtheria &amp; Polio (Td/IPV)</li> <li>MeningitisACWY</li> <li>MMR (Scatus)</li> </ul>	Offered to eligible groups: <ul style="list-style-type: none"> <li>Flu</li> </ul> Older Adults <ul style="list-style-type: none"> <li>Pneumococcal</li> <li>Shingles</li> </ul>	Offered to eligible groups: <ul style="list-style-type: none"> <li>HPV</li> <li>Pneumococcal</li> <li>Hepatitis B</li> <li>SCG*****</li> </ul> Including: <ul style="list-style-type: none"> <li>people with certain health conditions</li> <li>people who work in health and social care</li> <li>people travelling abroad</li> <li>refugees</li> <li>men who have sex with men (MSM)</li> </ul> *****bacillus calmette-guérin

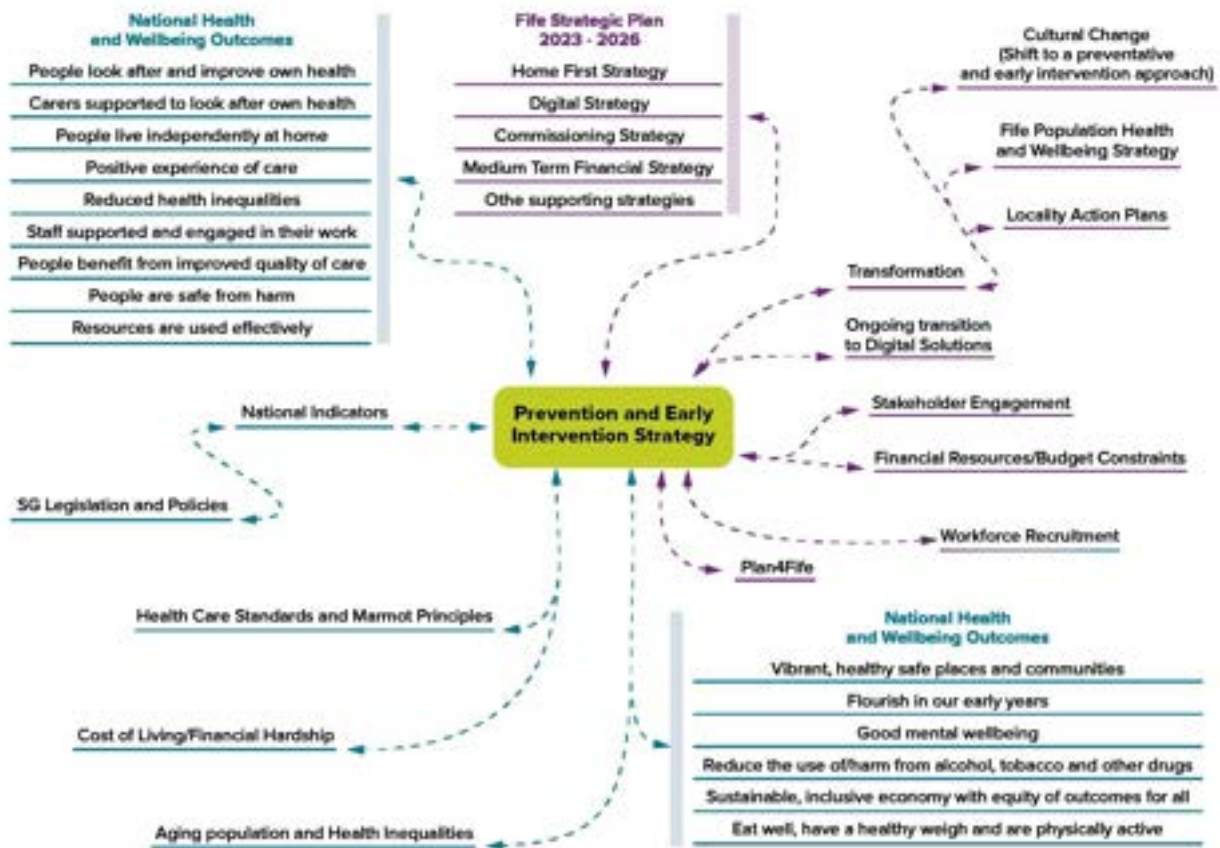
Ref: Immunisation across The Life Course, Public Health Scotland

### Prevention and Early Intervention Strategic Drivers

Extensive research was carried out during 2023 which allowed us to review how we are currently delivering prevention and early intervention in Fife and why this is important (see appendix IV). This supported us to understand the challenges we face and how best to address them. All information gathered was used to inform the development of this Strategy and the actions needed to meet our priorities.

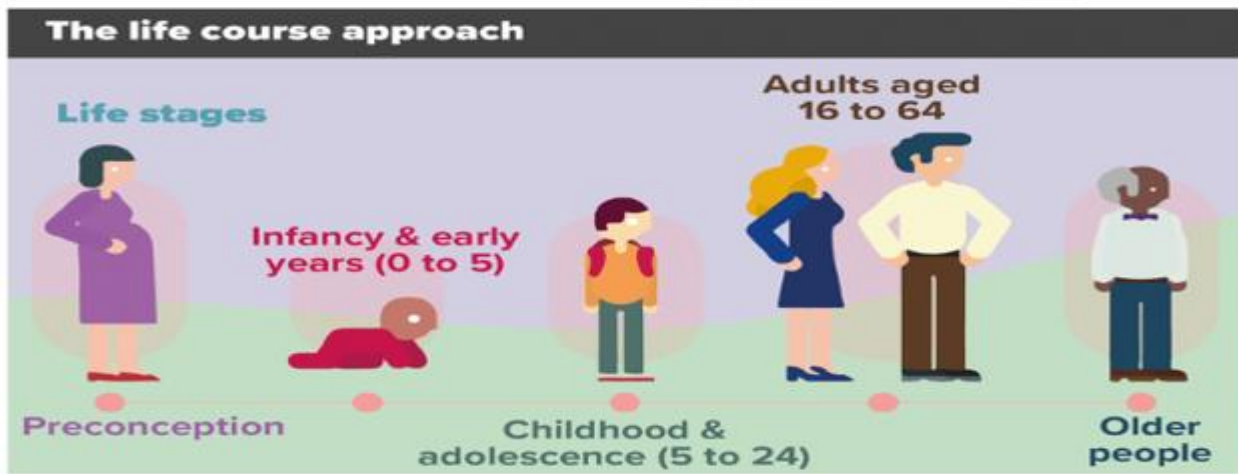
The table below identifies the key internal and external drivers that shape the Prevention and Early Intervention Strategy and its priorities. Some of these drivers are discussed in further detail throughout the body of the strategy.





## Prevention and Early Intervention Approaches

Our approach to prevention and early intervention in Fife adopts the **Life Course Approach**.



The World Health Organisations definition of this is:

*'A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time.'*

## Why a life course approach?

Prevention and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact on an individual's life. This life course approach considers which interventions, services or resources are best used to prevent ill health, maintain or improve the health and wellbeing for people at different ages and stages in their lives.

Successfully intervening at an early age can have a positive impact across a person's whole life. How and where we address risk factors for disease (tobacco use, harmful use of alcohol, lack of physical exercise, unhealthy diet, social isolation or air pollution) or deliver large prevention programmes (immunisation and cancer screening) will be different at each life stage. (Diverse examples of prevention and early intervention approaches in Fife across the life course have been outlined on page 13). People are also more likely to need support to prevent or limit health or social disadvantage arising at specific times of transition in their lives. For example after pregnancy or childbirth, becoming unemployed, when relationships breakdown, or bereavement, transition to being a carer, when admitted or discharge from hospital, or when attending emergency care, being liberated from prison, or becoming homeless. We can take account of this when planning prevention and early interventions.

'A good life' was terminology preferred by the public and although what was meant by this varied, common themes arose. To the public 'A good life' means;

- *Having access to health and social care*
- *Good relationships*
- *Safe environments*
- *Enough money*
- *Food and transport*
- *Feeling respected*
- *Being listened to*
- *Having a choice*
- *Feeling understood and valued*
- *Being involved in decisions about them*
- *Being given support and encouragement to help themselves*

People wanted information with clear messages, and easily accessible to them, when and where they need it without having to keep telling their story.

## Relative Contribution to Health from Modifiable Factors

Marmot's eight principles towards improving population health and wellbeing identifies that Health and Social Care provides access to quality care and can influence risk factors (such as alcohol, drug use, sexual activity, unhealthy diet and lack of physical activity) which account for 20% and 30% respectively of how we can support independent healthier lives. However, the



remaining determinants of health lie outside health and social care, which is why we need to and will work closely and in partnership with other sectors such as housing and education to deliver care that matters to people.

(Ref: Bookse etal, 2010 and Kings Fund – A vision for population health (used for illustrative purposes)

### Our Wellbeing Pledge Approach

To support the delivery of the Prevention and Early Intervention Strategy, our Wellbeing Pledge has been developed in line with our Strategic Priorities, the Wellbeing Pledge is both our commitment to and our ask of the people of Fife.

*\*Adapted with permission from South Ayrshire Health and Social Care Partnership*



It is important to emphasise the collaborative nature of the partnership between organisations, individuals and communities involved. By highlighting the shared responsibility and commitment to wellbeing, we can work together towards a common goal. This can involve open communication, mutual respect, and a collective effort to support each other in achieving optimal wellbeing. By fostering a sense of unity and team work, the “us” component of the pledge can strengthen relationships, promote accountability and enhance overall wellbeing outcomes for all involved.

We want to enable the people of Fife to take proactive steps to maintain their own health and wellbeing and help others.



We refer within the Strategy to ‘self-care’ as an approach for individuals to maintain their own health and wellbeing. It involves recognising one’s own needs and taking steps to meet them in a healthy and sustainable way. Self-care activities can vary widely and may include practices such as exercise, healthy eating, getting enough sleep, engaging in hobbies or activities that bring joy, setting boundaries, seeking support from others and practicing mindfulness or relaxation techniques. By

incorporating self-care into one’s routine, individuals can better manage stress, burnout, and improve overall quality of life.

Enabling individuals to take proactive steps to maintain their physical, mental and emotional wellbeing will prevent, reduce or improve the onset of new or more serious health issues or crisis.

## Partnership's Locality Planning Approach

An important part of Fife Health and Social Care integration was the creation of localities, bringing decision making closer to communities.

Localities provide one route, for communities and professionals to take an active role in, and provide leadership for, local planning of health and social care service provision.

The locality planning approach will support the delivery of the Prevention and Early

Intervention Strategy through: targeted interventions, collaborative working, robust communication and engagement activity, supporting and enabling better care co-ordination and building on existing relationships with our third and independent sector partners.



More detail on the Partnerships locality planning approach can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf) (fifehealthandsocialcare.org)

Under the HSCP strategic plan, other key strategies of the Partnership have a priority focused on Prevention and Early Intervention as outlined in the Table below. Each strategy has specific goals and interventions, they are interconnected and work together to support holistic well-being across the lifespan.

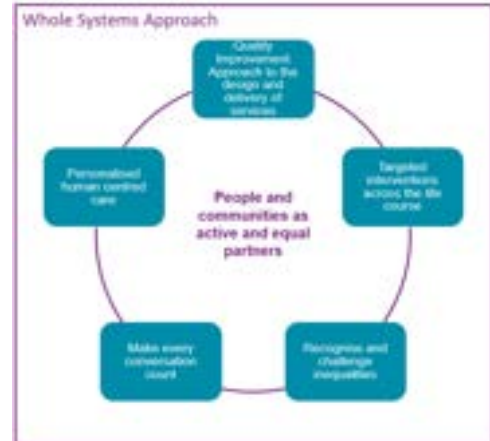
<b>Commissioning Strategy</b>	<i>Our approach to commissioning focuses on prevention and early intervention and promotes community-based supports over residential settings. This helps to build resilience through self-care and self-management and enables people to take better care of themselves and their families</i>
<b>Carers Strategy</b>	<i>Our Carers Strategy supports carers across Fife to make positive choices, improving their own health and wellbeing, and helping them to live a happy and fulfilling life alongside their caring role. This also enables the individuals who are being cared for, to remain at home and to live healthier lives for longer.</i>
<b>Digital Strategy</b>	<i>The Digital Strategy has been put in place to help all areas of the partnership to transform and enhance the services provided using Digital systems and solutions and to learn and share their experiences of using Digital. The Prevention and Early Intervention strategy has clear links to our Digital strategy. They are both striving to use digital more holistically to enhance and complement the face-to-face services offered by HSCP using digital technology and solutions.</i>
<b>Home First Strategy</b>	<i>The Home First Strategy prioritises the delivery of care in the comfort of one's own home or homely setting, reducing hospitalisation rates and enhancing quality of life. The Prevention and Early Intervention Strategy recognises that embracing the 'home first' approach will be pivotal to its success.</i>
<b>Primary Care Strategy</b>	<i>The Primary Care Strategy will contribute to the delivery of the Prevention and Early Intervention Strategy by supporting people to stay well and remain independent and enabling people and communities to access the right care, at the right time and in the right place</i>
<b>Re-Imagining Third Sector</b>	<i>The Reimagining Third Sector Commissioning project aims to ensure the preventative and early intervention services we commission, both now and in the future, are fully aligned to our strategic plan and reflect our strategic priorities, contribute to achieving our vision, are joined-up and are linked to local needs.</i>
<b>Workforce Strategy</b>	<i>The Workforce Strategy will act as a key enabler to shifting awareness and focus of our workforce to prevention and early intervention as a key priority and will define the workforce needed to support future challenges as well as the health and wellbeing of our own staff.</i>
<b>Mental Health</b>	<i>The Mental Health strategy will support people living and working in Fife to achieve their best</i>

<b>Strategy</b>	<p>possible mental health and wellbeing by adopting a preventative approach throughout the life-course which aims to stop mental health problems from developing, getting worse or coming back. The three types of prevention are outlined below:</p> <ul style="list-style-type: none"> <li>- Protecting and promoting good mental health for all by giving people knowledge and tools to nurture and look after their own mental health (primary prevention)</li> <li>- Supporting people at higher risk of developing a mental health problem (secondary prevention)</li> <li>- Helping people living with mental health problems to stay well (tertiary prevention)</li> </ul>
<b>Drug and Alcohol Strategy</b>	<p>Fife Alcohol and Drug Partnership (ADP) recognises four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018) and further emphasised in Drug Mission Policy 2022 – 2026</p> <ul style="list-style-type: none"> <li>• <b>Environmental</b> – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use.</li> <li>• <b>Targeted</b> – specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency.</li> <li>• <b>Education</b> – drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment</li> <li>• <b>Availability</b> – raising awareness and providing evidence of the link between availability of alcohol and harm</li> </ul>

### Whole System Approach

A whole system approach to prevention and early intervention involves a comprehensive co-ordinated effort across various sectors and stakeholders to address issues at their root causes and intervene early to mitigate potential negative outcomes. This approach recognises that prevention and early interventions are more effective and cost efficient than addressing problems at later stages.

By involving social care in our strategy, we can effectively identify and address the social, economic and environmental determinants of health. Social care professionals can help individuals and families navigate difficulties, build resilience and access the support they need to prevent further problems. Overall, social care is essential for addressing social inequalities, promoting wellbeing and ensuring individuals and communities have the necessary support to thrive.



In addition Fife’s third and independent sector organisations are driven by a mission to address social issues and improve the wellbeing of individuals and communities. These organisations work closely with communities, individuals and other stakeholders to develop targeted intervention and support systems. They may provide educational programmes, awareness campaigns, support services, counselling, mentoring and advocacy programmes to individuals at risk or in need of assistance. By leveraging their expertise, community connections and resources these organisations contribute to a holistic approach that addresses social challenges at their roots.

By adopting a whole system approach to prevention and early intervention, stakeholders can work together to create a more proactive and responsive system that promotes well being, reduces the burden on individuals and communities and improves long term outcomes.

The strategy seeks to bring about systemic change by addressing underlying structures, policies and practices that contribute to the issue. This may involve advocating for policy reforms, implementing changes in service delivery models and promoting a culture of prevention and early intervention.

**Challenges**

We recognise that we face many challenges in delivering proactive and effective approaches to prevention and early intervention in Fife. This diagram shows the key challenges highlighted throughout our research and engagement activity



**Enablers**

The diagram below shows the identified enablers that will support the overall delivery of prevention and early intervention in Fife.



- Locality groups can ensure that people who use health and social services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care
- A diverse and engaged workforce can bring fresh perspectives and innovative ideas to the table and effectively support the implementation of this strategy
- Effective communication will maximise opportunities for people at every life stage to access the right care, at the right time and in the right place to maintain good health and wellbeing.
- Digital solutions can give people the skills to manage their own health and wellbeing and gain an insight into the conditions and circumstances that can affect their own health and wellbeing at an early stage.

**Actions**

To meet our identified challenges and achieve our vision, mission and priorities within the Prevention and Early Intervention Strategy, the following actions have been identified and are covered in more detail within our Delivery Plan.

*Note: Person centred care is an approach to health and social care that prioritises the needs, preferences and experiences of individuals*



receiving care. It recognises that each person is unique and should be treated with dignity, respect and empathy.

## Delivery Plan

We have set realistic, achievable and measurable actions for the period 2024 - 2027. We highlight how these link to our priorities and if strategic and/or systematic (operational) input is needed. We also highlight key areas of prevention and early intervention activity not unique to our Strategy which are being delivered and measured by one of the eight other transformational strategies and enabling strategies (for example Digital or Performance strategies).

Our delivery plan will include a performance framework with agreed measures to evaluate, evidence and assure if the action and changes lead to improvements in the health and wellbeing of the people of Fife and if so how these improvements will be sustained and embedded into our system beyond 2027.

## Monitoring and Review

The Prevention and Early Intervention strategy will have an approved high level delivery plan that sets out how and when key deliverables will be delivered.

An underlying action plan will support the strategy deliverables by providing a detailed roadmap outlining specific tasks, timelines and responsibilities needed to achieve the desired outcomes. By breaking down the overall deliverables into actionable steps, the action plan helps to ensure clarity, focus, and accountability throughout the implementation process.

The reporting process will include quarterly reporting to the Strategic Planning Group to enable effective performance monitoring. Regular reporting of progress will be reviewed by the relevant committees and boards and will feed into the HSCP's Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

## Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources and commissioning activity are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023-2026. To support this, the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan. The MTFS will inform decision making and actions required to support financial sustainability in the medium term.

The Prevention and Early Intervention Delivery Plan was developed in accordance with the Partnership's Medium-Term Financial Strategy and the funds that are made available to meet our statutory obligations in relation to service provision and performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care. This Strategy will also contribute to achievement of the measures within the Medium-Term Financial Strategy including:

- Best value and working within the resources available.
- Whole system working to build strong relationships with our partners.
- Technology first approach to enhance self-management and safety.

- Commissioning approach and developing third and independent sectors.
- Transforming models of care to support people to live longer at home, or in a homely setting.

Commissioning services outside of traditional health and social care providers may need to be considered to support self-care.

### Governance and Planning

Creative Leadership, co-ordination and governance will be in place to support the momentum needed to enable and progress the work required to deliver the prevention and early intervention strategy for the next three years and beyond given the long-term nature of the impact of prevention and early intervention.

The governance and planning for the delivery of the Prevention and Early Intervention Strategy is complex. The statutory responsibility for the strategic planning, commissioning and oversight of delivery for prevention and early interventions lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. Through the governance structure effective oversight of implementation of the Prevention and Early Intervention strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.



### Appendices

- I. Glossary of Terms
- II. P&EI Participation and Engagement Report
- III. P&EI Participation and Engagement Phase 2 Report
- IV. P&EI Equality Impact Assessment (EQIA)
- V. P&EI Risk Register
- VI. High Level Delivery Plan



## Appendix i

### Glossary

<b>Prevention</b>	Identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.
<b>Evidence based practices</b>	Using the best available current, relevant and reliable evidence from research and practice
<b>Early Intervention</b>	Identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.
<b>Interventions</b>	Services or activities that bring about desired change or improvements in a particular situation or individuals wellbeing
<b>Support systems</b>	Network of people, resources and services that individuals rely on for assistance, guidance and emotional or practical support
<b>Future care planning (Anticipatory Approach)</b>	Predicting and preparing for future events or circumstances
<b>Key Transitions</b>	Significant changes / milestones that individuals experience throughout their lives <ul style="list-style-type: none"><li>• birth to childhood to adulthood</li><li>• primary school to secondary school to college</li><li>• single to committed relationship to marriage to parenthood</li><li>• Aging and retirement</li></ul>
<b>Value based health and care</b>	Approach that focuses on high quality health and care services that values outcomes for patients
<b>Multifaceted</b>	Many different elements that contribute to its overall function
<b>Targeted support</b>	The provision of assistance or resources that are tailored to meet specific needs of either an individual or larger group of people
<b>CBT</b>	Cognitive Behavioural Therapy – a type of talking therapy
<b>Health Inequalities</b>	Unfair and avoidable differences in health across the population, and between different groups within society
<b>Cerebrovascular</b>	Blood flow through the brain
<b>Intergenerational</b>	Activities between or involving people of different age groups
<b>Educational attainment</b>	Highest level of education completed by a person
<b>Ischemic</b>	Lack of blood supply to a body part (heart or brain) that is due to an obstruction
<b>Malignant Neoplasm</b>	Another term for a cancerous tumour

<b>Performance Measures</b>	The process used to assess the efficiency and effectiveness of projects, programmes and initiatives
<b>Commissioning strategy</b>	Identifying local need, allocating resources and to buy in a provider to best meet that need
<b>Participation and Engagement strategy</b>	Involving individuals and communities in service provision, design and working
<b>National Care Service</b>	Strategic direction and quality standards for community health and social care in Scotland
<b>Holistic</b>	Approach that considers the whole rather than focussing on individual parts
<b>Technology first approach</b>	Practical use of technology in business
<b>Area profiles</b>	Detailed descriptions about a particular locality, neighbourhood or region
<b>Stakeholder Engagement</b>	Involving individuals or groups who have a vested interest or 'stake' in a particular project, organisation or decision-making process
<b>Upstream Prevention</b>	Focuses on addressing the root causes or underlying factors of a problem or issue, rather than solely treating its symptoms or causes after they have already occurred
<b>Human centred care</b>	Approach to healthcare that prioritises the needs, preferences and experience of the individual receiving care

# Prevention and Early Intervention Strategy

Fife Health  
& Social Care  
Partnership



**Delivery  
Programme**

# Welcome...

*...to our prevention and early intervention delivery plan. In this delivery plan we have outlined the key actions that will guide our approach to embed and deliver prevention and early intervention across services and organisations.*

*This plan outlines our approach to identify, address and mitigate potential or actual health, wellbeing and social disadvantage problems or issues before they escalate, as well as providing timely support and interventions to individuals who may be at risk from these.*




*This delivery plan emphasises the involvement of our communities individually or collectively; the stakeholders and relevant partner organisations such as the H&SCP, Fife Council, and the Third and Independent sectors, to ensure a comprehensive and inclusive approach. By implementing proactive strategies and engaging in early intervention, we aim to create a safer and healthier environment for all focused on outcomes and what matters to people, their families and/or carers.*

*We understand that the effectiveness of our strategy will evolve over time and we provide assurance that we are committed to regularly assessing and evaluating our progress, gathering feedback and making necessary adjustments to enhance our delivery. Ensuring that this occurs in regular and frequent cycles and a performance and assurance framework will evidence delivery and impact and support us in reviewing and changing our approaches and plans as appropriate.*




Our priorities: We will...	
Priority 1	ensure inclusive and equitable access to care across Fife
Priority 2	improve data collection and management, ensuring that our resources are deployed effectively
Priority 3	develop a life course approach which values and improves the health and wellbeing of both current and future generations
Priority 4	assess existing service provision and identify both current and future requirements
Priority 5	introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers



## Strategy Enablers



Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
<b>Area 1</b> Priorities 1-5		<b>Working together, services and organisations will create supportive environments that prioritise prevention and early intervention to meet the diverse and specific needs of their communities based on data and local intelligence.</b>	P&EI is demonstrably a priority for locality working groups.	P&EI approaches become business as usual for locality planning.	P&EI is embedded in communities.				Locality plans have a focus of P&EI priorities for individuals and communities	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• Head of Strategic Planning, Performance and Commissioning</li> <li>• Director of Public Health</li> <li>• Health Promotion Service Manager</li> </ul>
<b>Area 2</b> Priorities 1-5		<b>In partnership, we will design and deliver a communication plan to ensure that all stakeholders are well informed to enable them to lead on implementation of the Strategy within their own area and across services.</b>	Design and deliver a communication plan that ensures all stakeholders are well informed and able to lead on the implementation.	P&EI approaches/ interventions become part of routine care across services and organisations.	Sustained cultural shift to P&EI across organisations and services.				Key measures and performance indicators will demonstrate impact of communication plan through engagement and interaction with communication plans across service areas.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• HSCP Senior Leadership Team</li> <li>• Director of Public Health</li> </ul>
<b>Area 3</b> Priorities 1, 3 & 4		<b>We will ensure effective leadership and management activities focused on ensuring the provision of universal services, delivered at scale and intensity proportionate to the need to reduce health inequalities.</b>	Designing and delivering services in a way that is responsive to the varying needs of different populations.	Demonstrable data and intelligence led service delivery plans.	Levelling up across social gradient and promoting health equity across diverse populations.				Performance and assurance measures will demonstrate a reduction in demand for crisis and urgent care and improvement in population health.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• HSCP Senior Leadership Team</li> <li>• Director of Public Health</li> <li>• Resilience Lead</li> </ul>

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
<b>Area 4</b> Priorities 3-5		<b>We will ensure that all service and organisations' specifications are aligned to and specific regarding activities which deliver the strategic direction and priorities of the P&amp;EI Strategy.</b>	Evidence of decision making and strategic planning within services and organisations.	P&EI would be easily and clearly identified as a service/ organisational priority.	P&EI has influenced and informed strategic, operational and business continuity planning decisions based on a culture of prevention.				An embedded review and audit cycle of service specifications will evidence service deliverables which prioritise P&EI.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• HSCP Senior Leadership Team</li> <li>• Resilience Lead</li> </ul>
<b>Area 5</b> Priorities 1 & 2		<b>Together we will remain outcome focused and work collaboratively with service users to ensure they are listened to so what matters to them and their perspectives are integrated into decision making processes so that our services remain relevant and responsive and can be tailored to meet their needs effectively.</b>	Involving service users in the planning and implementation of services is a demonstrable priority.	Embedding the voices of those who use and those who deliver health and social care services are heard and actively used to inform the development of services and improvement plans.	Culture of listening and responsiveness that ensures that service users are at the centre of decision making processes.				Demonstrable qualitative improvement measures will be agreed and evaluated through effective participation and engagement activity.	<ul style="list-style-type: none"> <li>• Head of Strategic Planning, Performance and Commissioning</li> <li>• HSCP Senior Leadership Team</li> <li>• Director of Public Health</li> </ul>

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
<b>Area 6</b> Priorities 1, 3 & 5		<b>We will work in partnership to ensure that individuals, carers and communities have the tools, including the necessary knowledge, and skills to proactively manage their own health, wellbeing and social circumstances through informed decision making.</b>	Identify/develop tools and signposting to information so individuals can make informed decisions about their health and wellbeing and actively participate in P&EI activities.	By promoting preventative care individuals may be able to identify and address health issues before they escalate.	Changes in attitudes, beliefs, behaviours and self management practices.				Demonstrable qualitative improvement measures will be agreed and evaluated by effective participation and engagement activity.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• HSCP Senior Leadership Team</li> </ul>
<b>Area 7</b> Priorities 3 & 5		<b>In collaboration, we will design and deliver a range of accessible learning opportunities to ensure that the workforce are informed, engaged and skilled to deliver prevention and early intervention priorities.</b>	Provision of training and capacity-building opportunities for staff from all agencies to ensure they have the necessary skills and knowledge to apply it to their day-to-day practice.	More knowledgeable and competent workforce that is better equipped to address issues proactively and effectively.	Culture of innovation, collaboration and adaptability among the workforce.				Dedicated staff surveys, KPIs, audits, impact evaluation and other modes of assessment will be gathered to inform impact and success of any learning plans implemented.	<ul style="list-style-type: none"> <li>• Principal Lead for organisational Development &amp; Culture,</li> <li>• HSCP Senior Leadership Team</li> <li>• Fife Quality Improvement Lead</li> <li>• Health Promotion Service Manager</li> </ul>
<b>Area 8</b> Priority 4		<b>We will identify, document and evaluate current and planned P&amp;EI activity</b>	Opportunities which enable individuals to collectively contribute to enhancing the quality of life for the people of Fife.	Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities.	More resilient and healthy environment for all.				Through audit and reporting arrangements, documentation related to service delivery, redesign and/or transformation will be assessed to evaluate impact on strategic priority of P&EI.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• HSCP Senior Leadership Team</li> <li>• HSCP Extended Leadership Team</li> </ul>

Priority	Enablers	Overarching Deliverables	Short Term (2025)	Medium Term (2027)	Long Term (2030 and beyond)	Yr 1	Yr 2	Yr 3	Measure of Success (2025)	Lead
<b>Area 9</b> Priority 2		<b>We will develop a performance assurance framework to support the implementation and evidence the positive impact and ambition of the Strategy.</b>	Key performance metrics to track progress and measure impact of P&EI deliverables.	Sustained improvements in P&EI outcomes and reduced incidence of negative outcomes.	Culture of continuous improvement and evidence based decision making within communities and organisations.				A regular and consistent cycle of reporting will be evidenced via agreed governance and assurance routes within HSCP and NHS Fife.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• HSCP Senior Leadership Team</li> <li>• Director of Public Health</li> </ul>
<b>Area 10</b>		<b>Establish a measurement for the proportion of prevention activity against all activity, to show the shift towards prevention over time. This will be based on activities identified in Area 8.</b>	Develop a group of indicators for both preventable and prevention activity.	Shifting focus towards P&EI leading to improved outcomes, reduced costs, better educational achievements and stronger communities.	P&EI activity is embedded across organisations and services.				Specific metrics defined and agreed for the proportion of prevention activity to be tracked and reported against.	<ul style="list-style-type: none"> <li>• Head of Service Primary and Preventative Care</li> <li>• Director of Public Health</li> <li>• Head of Strategic Planning, Performance and Commissioning</li> </ul>





<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>27 September 2024</b>
<b>Agenda Item No:</b>	<b>8.1</b>
<b>Report Title:</b>	<b>Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2024</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Interim Director Fife Health &amp; Social Care Partnership / Chief Officer</b>
<b>Report Author:</b>	<b>Audrey Valente, Fife HSCP Chief Finance Officer</b>

## **1 Purpose**

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

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

## **2 Route to the Meeting**

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

- Senior Leadership Team
- Audit & Assurance Committee, 13<sup>th</sup> September 2024

### 3 Report Summary

#### 3.1 Situation

The attached report is the audited annual accounts to financial year end 31st March 2024.

The 2023-24 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP) and requirements of International Financial Reporting Standards (IFRS). The ACOP seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information. The Annual Accounts provide an overview of financial performance in 2023-24 for the IJB.

#### 3.2 Background

The attached document provides the draft provisional outturn, which has been audited, of the delegated and managed services of Health & Social Care Partnership.

#### 3.3 Assessment

The outturn position as at 31 March 2024 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	705,270	738,258	32,988	4.7%
Set Aside Acute Services	50,920	50,920	0	

The IJB reported total budgeted income of £756.190m for the financial year 2023-24, which was made up of £705.270m integrated budget and £50.920m relating to set aside.

The IJB reported total expenditure for the financial year 2023-24 of £789.178m, which comprised of £738.258m spend on integrated services and £50.920m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £12.296m but these costs were borne by the Health Board.

The core position for the HSCP was an overspend of £17.751m, which was mainly due to Prescribing, Mental Health, Social Care costs for Adults and Older People. Our reserves balance at the start of 2023-24 was £37.719m. At year end reserves of £16.004m were held. £12.173m of reserves balances have been utilised to reduce the overspend to £5.578m.

The approved Direction at March 2023 states the budget allocated per the Medium-term Financial Strategy to each partner to allow them to deliver the functions delegated to the partners in accordance with the integration scheme. For 2023-24 the Direction required a transfer in budget from one partner to another. Due to overspends in health delegated budgets, the IJB approved the draw down of reserves to ensure sufficient funds were in place to allow the budget transfer to take place in line with the Direction. This forms part of the use of the £12.173m of reserves to reduce the overspend, and risk share to £5.578m.

The £5.578m is reported as a deficit in the Comprehensive Income and Expenditure Statement as at 31 March 2024, and therefore requires to be funded by risk share, per the Integration Scheme.

In addition, a draft Annual Governance statement is included within the Draft Annual Accounts.

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

There are no quality/customer care implications to this report

### **3.3.2 Workforce**

There are no workforce implications to this report.

### **3.3.3 Financial**

As per 3.1 above, a deficit of £5.578m was reported in the comprehensive income and expenditure statement as at 31 March 2024. The risk share agreement was required to fund the Year End overspend at March 2024.

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

There are no Legal implications for this report although the Statement of Annual Accounts is a formal requirement of the IJB as a legal entity.

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

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

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

There are no environmental/climate change impacts associated to this report.

### 3.3.7 Other Impact

No other impacts anticipated from this report.

### 3.3.8 Communication, Involvement, Engagement and Consultation

There has been regular dialogue with Director of Finance for Fife Council and NHS Fife and their teams in development of these unaudited annual accounts.

## 4.4 Recommendation

- **Assurance** – for members' information
- **Discussion** – note the IJB's audited Annual Accounts and External Annual Audit Report
- **Decision** – approve and sign the audited Annual Accounts

## 5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Fife Integration Joint Board Audited Annual Accounts for the Financial Year to March 2024

Appendix 2 – Fife Integration Joint Board 2023-24 Annual Audit Report

## 6 Implications for Fife Council

Fife Council are currently holding reserves on behalf of the IJB.

## 7 Implications for NHS Fife

No implications for NHS Fife

## 8 Implications for Third Sector

No implications for the Third Sector

## 9 Implications for Independent Sector

No implications for the Independent Sector

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

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

**Report Contact**

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**Fife Health  
& Social Care  
Partnership**

# **Fife Integration Joint Board Audited Annual Accounts**

**For the Financial Year to 31 March 2024**

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## **MANAGEMENT COMMENTARY**

### **Introduction**

Welcome to the financial statements for Fife IJB for the year ended 31 March 2024. The statements have been compiled in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (the Code). This commentary outlines the key messages regarding the performance of the IJB over the 2023-24 financial year as well as providing an indication of risks and issues which may impact upon the IJB in the future.

### **Our Plans for the Future: Principal Risks and Uncertainties**

The level of funding that the IJB will receive from the Scottish Government for its core activities is likely to reduce given the commitments that are in place and the financial challenge that exists nationally. The legacy of higher inflation continues to exacerbate the challenge as any increase in costs will need to be managed internally within the IJB. The IJB approved the Medium-Term Financial strategy in March to address the financial challenge. The medium-term financial strategy and the budget assumptions used in March 2024 will be updated based on all known intelligence and an updated budget gap will be reported to the Board towards the end of 2024. This will no doubt influence the level of future change being planned.

There is still a level of uncertainty as a consequence of the economic circumstances over the last few years. Inflationary pressures, increasing demand for services and the constraint of funding from the Scottish Government could increase the scale of the financial challenge the IJB has to deal with. Whilst the IJB has strong financial management with a Medium-Term Financial Strategy and a financial Risk Register in place to support future budget decisions, the largest financial risk is likely to be the funding envelope received from Partners given the financial pressures that they also face.

Consideration is also being given to other pressures the IJB is facing, for example, achieving savings, strategic growth, and the fact that there remains little to no reserves. As we move forward the IJB will need to consider all options to reconfigure services and potentially use alternative operating models to provide services in a different, more cost-effective way to ensure best value.

### **Role and Remit**

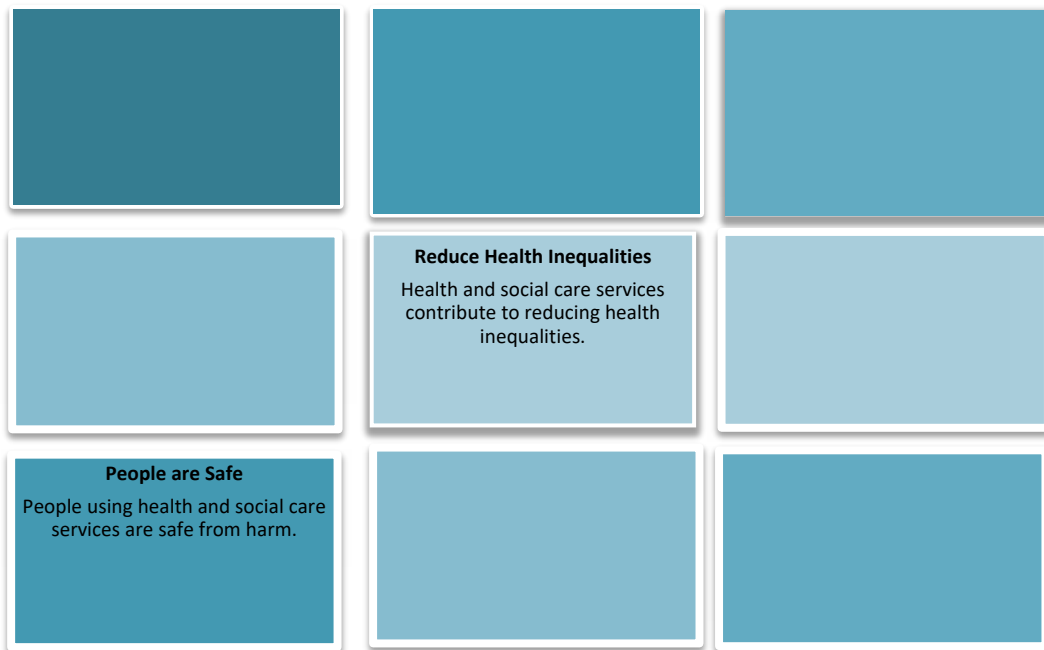
Fife IJB was established as a body corporate by order of Scottish Ministers in October 2015 under the Public Bodies (Joint Working) (Scotland) Act 2014. Fife IJB is responsible for the planning and operational oversight of a range of integrated services of Fife Council and Fife NHS, striving to fulfil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

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



## Purpose and Objectives

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers, and Fife Council and NHS Fife are committed to working jointly and have entered into the agreement to achieve these aims and outcomes. The 9 National Outcomes are:



We are responsible for planning the future direction of, and overseeing the operational delivery of, integrated health and social care services for the people of Fife. These services are delegated to Fife IJB by NHS Fife and Fife Council and are mostly delivered by Fife HSCP, in conjunction with our partners in the Third and Independent Sector. The services are structured in a manner which seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services.



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

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

'Mission 25' describes the Partnership's ambition to be one of the best performing Health & Social Care Partnerships in Scotland by 2025. This ambition is underpinned by a belief that every staff member has a part to play in us achieving our mission, because when we work collectively with the people of Fife at the centre of our service delivery we will achieve the best outcomes for our people, the most efficient use of our resources, and build the capacity and capability to transform our services for the future.

Systems leadership continues to be a priority for us, and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust and putting people at the centre of everything we do. In 2023 we delivered two Systems Leadership Programmes for our senior and middle managers, which will help roll out of the systems leadership ethos across the partnership. Two further programmes are planned for 2024.

We created an Extended Leadership Team in 2020 initially via Teams, which then moved face to face. This protected time meeting allows the senior leadership team to work with the next management tier, to network, collaborate, to share a clear vision, ensure consistent messaging and share experiences. It has been deemed so effective by those staff who attend, that we rolled out the Integrated Leadership Team and extended this style of collaborative working to the next level of management. The first event was a great success and is being held bi-annually, as well as staying connected online in between events with the aims of relationship building and whole system working at the heart of this work.

There is also a need to understand what impact the National Care Service will have on future models of care and the associated cost implications. The National Care Service Bill was published in June 2022, the Bill will make Scottish Ministers accountable for adult social care in Scotland, with services designed and delivered locally. The Bill is at Stage 2 where Changes to Detail can be proposed by MSPs for consideration by a committee.

## Strategy

The Strategic Plan has been refreshed for 2023-26 with a vision 'To enable the people of Fife to live independent and healthier lives and a Mission 'to 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. The Values of the plan are Person-focused, Integrity, Caring, Respectful, Inclusive, Empowering, and Kindness.

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. 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. Locality plans are refreshed annually for each of the seven local areas within the HSCP to ensure that services respond to local priorities, needs and issues of communities. The HSCP works with around 300 organisations across the voluntary and independent sectors, and they are a vital part of the Partnership in delivering high quality services which are person-focused and inclusive.

The Strategic Plan is the blueprint for change and sets out the IJB's priorities for 2023-26. (<https://www.fifehealthandsocialcare.org/media/bj2nwsxa/fife-strategic-plan-2023-to-2026.pdf>). The Plan is driven by law, national and local policy, and aims to meet the needs of people now and in the future. It aims to make better use of new technology and working within available financial and workforce resources to tackle inequalities and offer early interventions.

The Strategic Plan has five key priorities as follows:



The Strategic Plan, and its underpinning strategies, set out the actions we want to deliver over the three years from 2023-26.

In 2023 our Strategic Delivery Plan was approved, and this highlights the areas we want to take forward in year. In delivering the plan,

- We will improve the quality of care for people by targeting investment at improving services, which will be organised and delivered to provide the best, most effective support for all ('better care').
- We will improve everyone's health and wellbeing by promoting and supporting healthier lives from the earliest years, reducing health inequalities, and adopting an approach based on anticipation, prevention, and self-management ('better health').

- We will increase the value from, and financial sustainability of, care by making the most effective use of the resources available to us and the most efficient and consistent delivery, ensuring that the balance of resource is spent where it achieves the most and focusing on prevention and early intervention ('better value').

Monitoring against the priorities in the Delivery Plan is key and SMART objectives have been developed to measure progress. A Year One Report for 2023 was taken to the IJB Committee on 28<sup>th</sup> March 2024, the report provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing. Where relevant, we have updated the actions planned for 2024 to ensure that Fife's Year Two Delivery Plan continues to align with national initiatives, legislative requirements, and identified best practice. Whilst ensuring that Fife remains on track to deliver the outcomes identified by local communities across Fife and summarised in our Locality Action Plans.

The Strategic Plan 2023-2026 is supported by nine transformational strategies which describe some the work that the Partnership will carry out over the next three years to deliver our vision of enabling the people of Fife to live independent and healthier lives. The Strategic Plan also has a range of enabling strategies. In 2023 8 strategies were approved by the IJB and a further 6 are in development, some updates are provided below.

### Digital Strategy

The Digital Strategy was developed throughout 2023-24 and will be presented for approval early in 2024-25. The strategy outlines how digital will enable us to deliver our services more effectively and efficiently. Having a digital strategy is an important step for us and we believe it will help transform and enhance the services we deliver. Digital systems and solutions can help us streamline administrative tasks, manage records efficiently and automate processes enabling us to focus on quality of care and delivery. It can enable better communication and collaboration, further expand our use of remote consultations, and facilitate secure information sharing across all our providers. Digital solutions can provide quick and easy access to information, empowering us to make informed decisions, with an emphasis on enhancing and tailoring a more person-centred care approach.

Working in collaboration with our Partners, NHS Digital and Fife Council BTS (Business Technology Solutions) via a joint working Digital Oversight Board, we will focus on the Partnership's digital needs enabling us to provide the best possible services to the people of Fife.

Year 1 aims, of our 3-year plan, include:

- Providing consistent, secure, reliable Wi-Fi across Fife Care home estate.
- Exploring the potential digital solutions to enable suitable appointments to be booked online.
- Increased use of sensor technology to support independent living.
- Access to information online – our new website has been launched and this provides a wealth of information to users of our services.  
<https://www.fifehealthandsocialcare.org>
- Expand the use of Near Me technology for e-Consultations, where appropriate.
- Increased access to systems across NHS Fife and Fife Council to enable information sharing – embracing our 'tell us once' motto.
- Transforming Business Administration by enhancing the use of digital and exploring new digital opportunities.

## Alcohol and Drug Strategy

The Strategy was developed throughout 2023-24 and presented to the IJB for approval in March 2024. Fife Alcohol and Drug Partnership (ADP) is a strategic partner of the Health and Social Care Partnership, its primary strategic aim is to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife. This involves contributing to prevention approaches, commissioning early intervention services and maintaining a recovery based, trauma informed system of care and support for people, their families and community members.

The Strategy is refreshed every three years based on national and local policy drivers, local evidence including a Public Health Need Assessment and the voices of people, families and communities with lived and living experience.

During 2023-24 the ADP support team reviewed the 2020-23 Strategy during six focus groups with services delivering the current strategy, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs (SFAD) support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy under five main themes.

1. Prevention and Early Intervention - fewer people develop problem drug and alcohol use.
2. Developing a Recovery Orientated System of Care – effective integrated person-centred support to achieve recovery.
3. Getting it Right for Children and Young People – children and families affected by drug and alcohol use will be safe, healthy, included and supported.
4. Public Health Approach for Criminal Justice - vulnerable people are diverted from Justice System.
5. Alcohol Framework 2018 – A Scotland where less harm is caused by alcohol.

Wider consultation took place with our extended Leadership Team, a Wider Stakeholder Consultation Event in August 2023 and full HSCP supported participation and engagement process was also conducted at the end of 2023. The Vision of the refreshed strategy is 'To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma'. It is based on continuous improvement of the current delivery, addressing needs in a more innovative way, and supported by a Public Health Synthesis of Needs Assessment. The refreshed theme is aligned with the HSCP strategic priorities and full delivery plans for the first year have been generated from these:

- **Wellbeing** - Prevention and early intervention.
- **Local** - Risk is reduced for people who take harmful substances.
- **Integration** - Treatment and recovery services are easily accessible and high quality.
- **Outcome** - Quality of life is improved to address multiple disadvantages.
- **Sustainable** - Children, Families and Communities affected by substance use are supported.

The ADP will monitor progress on a quarterly and annual basis using national and local measures with a production of a Scottish Government survey and an Annual Report.

## Carers Strategy

Our Carers Strategy was refreshed and approved in 2023-24 and aims to help unpaid carers in Fife to have a life alongside caring, and to protect their health and wellbeing and better sustain caring roles. In 2018 there were separate strategies for adult carers and young carers, in this new combined carer strategy we have provided further investments to provide key supports which carers have told us help them most.

The involvement of carers was central to the development of this strategy. We held 11 engagement events for carers and made available a consultation questionnaire where we heard carers' experiences of caring for others. We asked and carers told us what works and what more we need to do, as well as where we could improve. We heard the views of over 111 unpaid adult carers and 100 young carers, as well as the views of our commissioned third sector partners who work with unpaid carers.

The key themes we heard from carers were around provision of information and knowing which supports are available and from where, coordinated support and help with navigating our health and social care systems, breaks from caring to prevent carer crisis, early identification, and recognition of their carer role, and for young carers – the right to 'be a child or teenager first and foremost'.

In response some of the actions we have taken include publishing information on our new website, investment in staff for the Wells, we have commissioned a range of new advocacy and information services, creation of a public engagement team to better hear carer views. We have significantly increased the independent support for carers, such as help for carers to secure Power of Attorney, doubled the support available to carers of people with dementia, quadrupled the hospital discharge support for carers and increased digital support for young carers. For breaks we have increased grant funding available for Creative Breaks (now known as Time to Live) for Adults and Time for Me Breaks for young carers. We have created a Carers Community Chest to provide support for carers to create meaningful breaks and support in their locality and commissioned support to help carers express their voice in planning and decision making. So far 54 new carer-led projects have been established to support unpaid carers right across the Kingdom, with an investment of over £350,000 – and we aim to do more in the future.

The longer-term strategic context in Fife is very challenging. With the likelihood of needing care increasing as we age, the decreasing population means the pool of people who are willing and able to be carers is likely to decrease while the demand for carers increases. It is for this reason we need to ensure carers are supported well and enabled to continue to their role for as long as they are willing to.

## Home First Strategy

The Home First Strategy has been approved by Integration Joint Board in July 2023 with the vision that "everyone in Fife is able to live longer healthier lives at home or in a homely setting". The strategy sets out the transformational initiatives relevant to the three critical elements of Home First: early intervention and prevention, person centred at the heart of all care decisions and a whole systems approach.

The strategy outlines Fife's commitment to integrate health and social care and maximising the collaborative working that exists in Fife. The focus of this transformational programme of works is to develop the future model of community care in an integrated

manner, with a focus on prevention, anticipation and supported self-management to realise this vision.

There will be an emphasis on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission to hospital. Services will be redesigned/ developed so they are flexible to growing and changing demands, as well as being sustainable.

Individual workstreams have been created to progress this transformational change focussing on the following areas:

- Community rehabilitation and care model, including the community hospitals review.
- Centralised scheduling and provision of a single point of access/ co-ordinated case management.
- Single handed packages of care requirements across Fife.

These workstreams are currently being scoped in detail, which will inform the delivery plans with agreed activities/ work packages that are required to deliver the Home First Strategy outcomes. During 2023-24, to help scope these workstreams, various proof of concepts/ tests of change have been undertaken concurrently to inform the new models of community care and service redesign and these are:

- British Red Cross service – this initiative between the Fife Health and Social Care Partnership and the British Red Cross is testing a proposed new way of delivering community care services which will allow people who have had a stay in hospital to be supported and assessed in their own home. The aim is to find out what type and frequency of care or support people might need to stay at home and live as independently as possible.
- Enhanced Intermediate Care – evaluating a new model of community care provision in order to achieve the right balance between bed-based and community-based care. People traditionally identified as requiring rehabilitation in an inpatient setting will be taken home by the Intermediate Care Services to be assessed and treated with enhanced input and interventions.
- Levenmouth Area Multi-Disciplinary Case Management - assessing whether this approach could reduce the number of preventable emergency hospital admissions and frequent A&E visits. The key element of this work is to identify people at high risk of hospital admission and provide support to reduce the risk of admission.

### Prevention & Early Intervention Strategy

The Prevention and Early Intervention strategy is currently progressing through its governance pathway for approval and implementation in September 2024. It is one of nine key strategies defined in the HSCP Strategic Plan 2023-26. This Strategy has a framework to support population health improvement; prevention and early intervention approaches being embedded in routine practice in the services they deliver and commission. Building on the capacity of individuals, families, and communities to secure the best outcomes for themselves will be key. Moving from intervening when a crisis

happens, towards building resilience and providing the right level of support before problems arise. Examples of HSCP Prevention & Early Intervention 2023-24

- To meet HSCP corporate commitment to tackling poverty preventing crisis, Health Promotion Service delivered poverty awareness information sessions, Level 1 Benefit Checker, Our Fife Toolkit training and Income Maximisation training to key staff groups, health visitors, school nursing team, link workers and our Fife Council partners in Housing and Welfare Support Team. Directly supporting our service users at the point of contact.
- Key work was progressed to establish a Fife Health Literacy model with the ambition of achieving a HSCP health literate workforce. Working to enable people to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

### Plan for Fife

The Fife Council Plan for Fife 2021-24 Update (Recovery and Renewal) has an aim that Fife should be a place where communities really matter, where people set the agenda and contribute to how change is being delivered. With fairness at the heart of everything, the aim is for Fife to be a place of healthy connected communities, where people thrive, have enough money, and contribute to a sustainable and attractive environment.

- Recover from the pandemic: taking immediate action to support our children and young people, those people who have been most affected, and our business community.
- Renew our public services through a new commitment to work in partnership with our communities, with a focus on place.
- Re-align our strategies, plans and ways of working to make this happen and deliver our ambitions.

The Plan commits to tackling poverty and preventing crisis, leading economic recovery, and addressing the climate emergency.

### Public Health

The NHS Fife Director of Public Health Annual Report has adopted the priorities of Scottish Government and wants to see:

- A Fife where we live in vibrant, healthy, and safe places and communities.
- A Fife where we flourish in our early years.
- A Fife where we have good mental wellbeing.
- A Fife where we reduce the use of, and harm from, alcohol, tobacco, and other drugs.
- A Fife where we have a sustainable, inclusive economy with equality outcomes for all.
- A Fife where we eat well, have a healthy weight and are physically active.

The ambitions directly impact our health and wellbeing and the services we require to provide. Achieving these priorities would ensure that our community has the access to the services they require and prevent crisis from occurring.

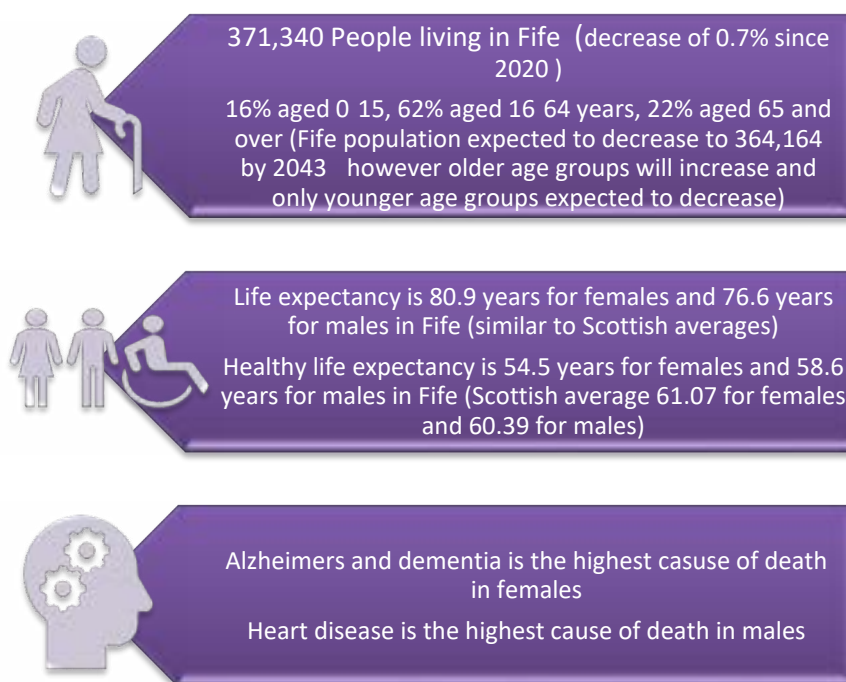
## **Operational Performance 2023-24**



During 2023-24 our services continued to deal with high demand which puts significant pressure on our systems and finances. We need to make the best use of our restricted budgets and resources by redesigning services and doing things differently to ensure the health and social care needs of the most vulnerable people in our communities are met. Robust financial management is a key priority, we are exploring options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models.

Regular meetings continued throughout 2023-24 between the Chief Officer and Chief Executives of both NHS Fife and Fife Council, these meetings have supported whole system working and partner engagement in all the key decisions taken within the Health and Social Care Partnership. Through professional structures, there has been close working with the Medical Director, Nurse Director, and Chief Social Worker to support the clinical and care governance aspects of the key decisions taken. Integrated and whole system working remain key.

Statistics show that the population of Fife has decreased, however older age groups will increase by 2043 and therefore demand for our services is likely to increase further in the coming years.



We aim to deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. There will be a greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

## Key Performance Indicators

Performance relating to Fife Health and Social Care Partnership includes both national and local performance measures as well as national and local targets. Many of these measures are already regularly included and referenced in reports submitted to IJB Committee and NHS Fife. Our Performance is reported in our Annual Performance Report and quarterly performance reports to the Integrated Joint Board.

The Ministerial Strategic Group for Health and Community Care (MSG) in consultation with Integration authorities and a wide range of stakeholders have developed a core set of indicators to enable comparability between partnerships within Scotland, there are 23 indicators in total. The first 9 indicators are based on the Health and Care Experience Survey which is completed every 2 years. There are 10 indicators reviewed on a rolling annual basis and fall within health activity, community, and deaths information. The remaining 4 indicators cannot be reported as national data is not available or there is not yet an agreed nation definition.

Within the 10 indicators there are 6 national Ministerial Strategic Group (MSG) indicators, 4 of these can be reviewed quarterly.

MSG 1a - Emergency admissions over a rolling 12-month period took a significant dip during the pandemic however apart from a very slight dip in Summer 2022, has been continually rising and in June 2023 has surpassed pre-pandemic levels. The comparison year on year from June 2022 to June 2023 does show a 4% increase. This trend is similar across Scotland however the rate per 100,000 in Fife is higher than Scotland as a whole.








MSG 2a - Unplanned bed days in an acute hospital setting over a rolling 12-month period has followed a similar trend with continual rise since the pandemic with signs of flatlining in 2023. The comparison year on year from March 2022 to March 2023 does show a 0.77% increase. This trend is similar across Scotland however does not appear to be flatlining like Fife, the bed days rate per 100,000 in Fife is much lower than that for Scotland.

MSG 3a - Accident and Emergency attendances have increased continually year on year since the pandemic but are not quite at the height they were pre-pandemic. The rolling 12-month period comparison from September 2022 to September 2023 shows a 3.5% increase. Once again, the trend across Scotland is similar with Fife rate per 100,000 slightly lower.

MSG 4 - Bed days lost to delayed discharges within Fife hit a peak in April 2022 and have since been on a downward trend apart from a slight increase in winter. The comparison year on year from September 2022 to September 2023 is an 11.8% decrease. Fife's bed days rate per 100,000 is much lower than Scotland, with Scotland being higher than pre-pandemic levels however Fife are currently lower than pre-pandemic levels.

As it takes some time to refresh the MSG indicators nationally, a set of local key performance indicators is currently under development with the scope being expanded to give a broader picture of performance, this coincides with a move to a new Social Care information system which is still bedding in. A new scorecard will be introduced in 2024, with portfolio scorecards also be developed as part of that exercise, this will allow greater analysis and scrutiny of performance to occur. A Planning and Performance Board, comprising the Senior Leadership Team and others has been established and will take place bi-monthly. This board will examine performance and have oversight of performance arrangements across the partnership.

Performance across the Partnership continues to be variable and reflects the complex mix of services within each portfolio and the current challenging national landscape for health and social care as a whole.

Proxy MSG Indicator	Most recent update	Current value (for month)	Percentage Change from same month last year Feb 23 to Feb 24	Change over 13 months
Emergency Admissions (VHK)	Feb-24	2988	+ 28%	
Emergency Admissions from A&E (VHK)	Feb-24	1784	+ 17%	
A&E Conversion Rate (VHK)	Feb-24	31.8%	- 1.0%	
A&E Attendances (all sites)	Feb-24	7092	+ 17.2%	
A&E Attendances (VHK)	Feb-24	5594	+ 15.2%	
A&E % seen within 4 hours (All sites)	Feb-24	71.5%	- 1.1%	
A&E % seen within 4 hours (VHK)	Feb-24	63.9%	- 0.5%	

The Emergency Admissions to the Victoria Hospital site has increased by 28% from February 2023 to February 2024. The peak in Emergency admissions into Victoria Hospital was in January 2024 with 3235, however this was 21% greater than January 2023. Emergency Admissions from A&E into Victoria Hospital have increased by 17% from February 2023 to the same month in 2024. The peak in Emergency admissions from A&E into Victoria Hospital was in December 2023 with 1945, however this was only 5% higher than December 2022.

The A&E conversion rate from Victoria Hospital attendances has dropped by 1% in February 2024 compared to February 2023, however this remains above 30% with only 1 dip in August 2022 just below the 30%. A&E attendances across Victoria Hospital (VHK) as well as all sites have increased by 15.2% and 17% in February 2024 compared to February 2023. Attendances across both VHK and all sites peaked over the 2022 summer months.

A&E % seen within 4 hours at both VHK and all sites has decreased in February 2024 by 0.5% and 1.1% compared to February 2023. Similar to attendances the % seen in A&E within 4 hours in both VHK and all sites peaked over the 2022 summer months.

Length of stay prior to discharge from a Community Hospital in Fife has reduced from an average of 42.7 days in February 2023 to 39.3 days in February 2024, a drop of 8% and meets the service target of 42 days. The rate fluctuates mostly due to lack of capacity in the service users' home of choice which impacts on the wait time. We continue to monitor this and use assessment beds in care homes to step down from hospital, as well as growing care at home packages externally to minimise the length of stay.

Other key challenges include the additional demand for mental health services, a CAMHS (Child and Adolescent Mental Health Service) wait time indicator states that at least 90% of clients will wait no longer than 18 weeks from referral to treatment. At February 2024 84% have waited less than 18 weeks, no children or adolescents have waited more than

36 weeks. Fife is currently sitting 14.9% below the Scottish average. The service priority has been to focus on the longest waits, with urgent/priority also taken into account.

Recruitment difficulties are still being faced in Psychological Therapies. The Psychological Therapies wait time indicator states that at least 90% of clients will wait no longer than 18 weeks from referral to treatment. At February 2024 54.3% have waited less than 18 weeks and currently the wait list has 2439 in February 2024, this is 2.4% less than February 2023.

Demand for care at home services has improved significantly and has reduced from 208 people waiting in February 2023 to 46 in February 2024 (based on commissioning information at a point in time). This equates to a demand of 1661 (83% reduction) hours less of care in February 2024 compared to February 2023.

The Partnership will continue to work with partner agencies on our new strategies and transformation programmes underway will support innovation and improvement. National Indicators show Fife's performance compared to the Scotland rate, and we continue to work to improve against the Scottish average, this will help us meet our aim of becoming the most improved Health and Social Care Partnership by 2025.

### Financial Performance 2023-24

The outturn position as at 31 March 2024 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	705,270	738,258	32,988	4.7%
Set Aside Acute Services	50,920	50,920	0	

The IJB reported total budgeted income of £756.190m for the financial year 2023-24, which was made up of £705.270m integrated budget and £50.920m relating to set aside.

The IJB reported total expenditure for the financial year 2023-24 of £789.178m, which comprised of £738.258m spend on integrated services and £50.920m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £12.296m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £50.920m and there is a break-even position. Progress on the implementation of MSG indicators was reported to the Integration Joint Board in January 2023. In relation to integrated Finances and Financial Planning the report stated "There are 4 indicators partially established and 2 indicators established. In agreement with the Chief Executives and Directors of NHS Fife and Fife Council the key area that has not been progressed is the delegated hospital budgets. There is further work to be scoped to understand any potential implications of the National Care Service to inform next steps. The position in

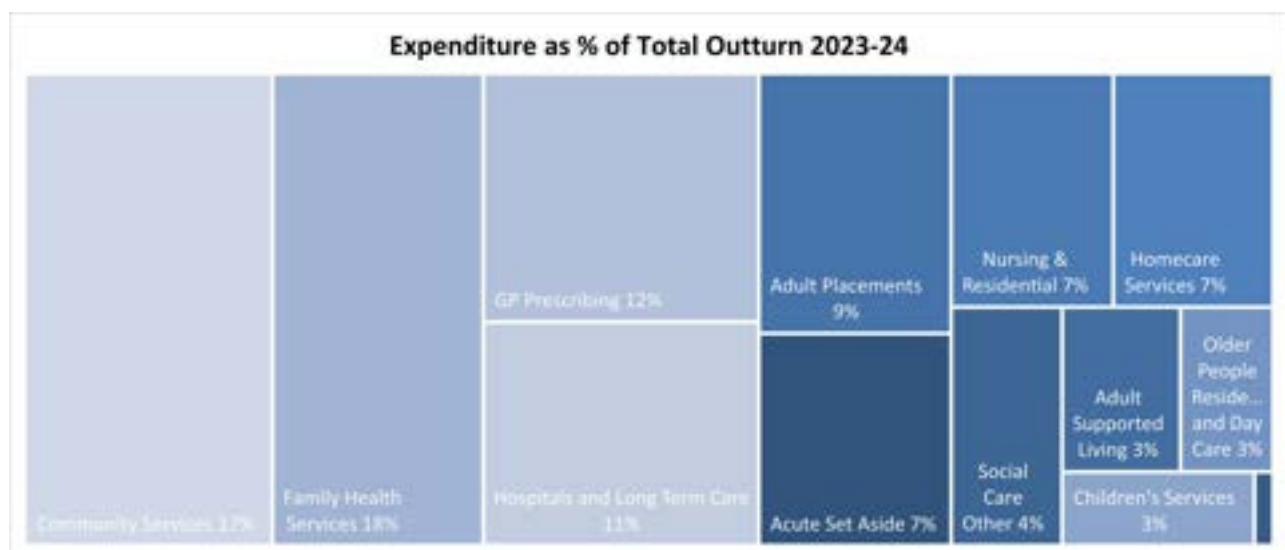
relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland.” The current position regarding the national care service is that the Bill is at stage 2 and is expected to be completed by summer 2024. This was discussed with the Chief Officer and Chief Executives in August 2023 and agreed there will be no further change to set aside arrangements in Fife till there is this national clarity on any pending reform. For assurance however there continues to be strong team working and collaboration across NHS Fife, Fife Council and Fife Health and Social Care Partnership on pathways of care and joint working in relation to unscheduled care, capacity, and flow.

Our reserves balance at the start of 2023-24 was £37.719m. This was split £16.225m earmarked, £14.065m committed and £7.429 available. In year permission was sought from Scottish Government to re-purpose a number of earmarked reserves for use in other areas.

The core position for the HSCP was an overspend of £17.751m, which was mainly due to Prescribing, Mental Health, Social Care costs for Adults and Older People. At year end reserves of £16.004m were held. £12.173m of reserves balances have been utilised to reduce the overspend to £5.578m.

The Medium-term Financial Strategy clearly sets out the agreed budget for 2023-24. The approved Direction at March 2023 states the budget allocated to each partner to allow them to deliver the functions delegated to the partners in accordance with the integration scheme. For 2023-24 the Direction required a transfer in budget from one partner to another. Due to overspends in health delegated budgets, the IJB approved the draw down of reserves to ensure sufficient funds were in place to allow the budget transfer to take place in line with the Direction. This forms part of the use of the £12.173m of reserves to reduce the overspend, and risk share to £5.578m.

The £5.578m is reported as a deficit in the Comprehensive Income and Expenditure Statement as at 31 March 2024, and therefore requires to be funded by risk share, per the Integration Scheme.



Within the core overspend position of £17.751m the main areas of overspend within the Delegated and Managed Services are Prescribing £6.441m, Hospital and Long-Term care £10.603m, Homecare £3.253m, Nursing & Residential £2.636m, Older People Residential Care £2.527m and Adult Placements £4.218m. These are partially negated by underspends on Community Services £4.439m, Adults Fife wide £2.840m and Adults Supported Living £4.682m.

The inability to recruit means a greater reliance on locums and agency staff. Increased volume and cost per item within prescribing and increased social care placements are the main reasons for the overspend. This is partly offset by underspends on staffing vacancies and services which are currently being re-designed to better suits users' needs.

Underspends in core areas are mostly attributable to staffing vacancies, many of which continue to be difficult to recruit to, especially for specialist roles. Work is ongoing to review the skill mix in a bid to successfully recruit to vacant posts.

The IJB commenced 2023-24 with an uncertain and challenging financial position, demand for our services is rising and services must be transformed to ensure we utilise our resources as effectively as possible.

The IJB approved budget was set predicated on implementing an approved saving plan to deliver £21.437m of savings. A report to IJB in March 2023, sought and gained approval to hold £10m of reserves for use to fund delays in Transformational savings commencing as Business cases were developed. At March 2024, the full £10m had been utilised. £11.437m of savings were delivered by services.

Key pressures within the 2023-24 accounts have been:

- The significant increased demand for our services associated with an increasing population, in particular an increasing ageing population and increased complexity of care needs. Adult packages, Homecare, Nursing and Residential Placements and Residential Care for Older People increased in year.
- The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services, particularly in Mental Health Services.
- Volume and Cost increases in Prescribing have been significant. The Optimisation Oversight Group provides governance to ensure the budget is managed as effectively as possible.
- The cost-of-living increase for pay, energy, fuel costs, food costs have an impact on services, with external providers requiring support to deliver services.

## **Reserves**

The Fife Integration Scheme (updated at March 2022), states that an overspend position for delegated and managed services requires a recovery plan, which was undertaken, general reserve balances (if available) then require to be used and then any overspend remaining should be met by partners on a % split basis.

The opening reserves balance at April 2023 was £37.719m. Earmarked reserves of £10.126m were allocated in year. £11.589m of reserves were allocated from uncommitted reserves, £10m of this was utilised to fund year 1 of transformational change savings proposals, which were delayed due to business cases requiring to be developed. This left an overall balance of £16.004m.

Of the £16.004m balance, £12.173m requires to be utilised to fund the overspend and the budget transfer between partners. The remaining £3.831m cannot be utilised as there are current policies in place with SG to utilise the funding or commitments have already been made (such as the move from Analogue to Digital for telephone lines – these are required to allow our Community Alarms to continue working).

Funding for FVCV (Flu Vaccine, Covid Vaccine) was provided in 2023-24 and the balance remaining of £0.900m is carried forward for use in 2024-25.

Our Reserves policy ambition is to hold 2% of our budget in reserves, we will hold no uncommitted balances going into 2024-25.

	Opening Balance @ April 2023	Additions in year	Allocated in year	Closing Balance at March 2024	Utilised to fund overspend	Additions/ Brought forward	Balance at Year End
<b>Reserves Balances</b>							
Earmarked Reserves	16.225	0.047	-10.173	6.099	-3.503	0.900	3.496
Committed/Available Reserves	21.494		-11.589	9.905	-8.670		1.235
<b>Total Reserves</b>	<b>37.719</b>	<b>0.047</b>	<b>-21.762</b>	<b>16.004</b>	<b>-12.173</b>	<b>0.900</b>	<b>4.731</b>

At March 2024, reserves for specific purpose total £4.731m and will be fully utilised in 2024-25.

## Value for Money

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

## Financial Outlook

2023-24 has been another difficult year with high demands on services and the cost-of-living crisis. Moving forward there is likely to be significant financial reduction in contributions from Fife Council and NHS Fife along with an increase in costs across the economy on inflation, energy, supplies, pressure on pay costs and an ageing demographic. We are facing significant challenge and a savings package of £39m has been agreed as part of the budget setting process for 2024-25.

An increased overspend over the last months of the financial year will require further savings to be presented in year as part of a recovery plan to the IJB.

The tables below detail the savings year on year and a high-level summary of savings approved by the IJB in March, which have been identified to close the budget GAP and will be progressed as part of the Medium-Term Financial Strategy.

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

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

Senior Leadership Team will provide regular updates during 2024-25 to provide assurance that these savings targets are on course to be met on a recurring basis.

Given the challenging financial environment there will be enhanced scrutiny of savings and spend. There will be regular tri-partite meetings with both our partners, NHS Fife, and Fife Council. There will be increased dialogue with the Chair and Vice Chair of the IJB and increased scrutiny of savings through the Finance Governance Board.

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

The medium-term financial strategy will be refreshed for 2024-25 and address the various new and additional pressures which face the Health and Social Care Partnership over next financial year and also into future years.



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

- the economic crisis – the cost of inflation, energy and pay costs.
- the ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources.
- continuing difficulties in recruitment leading to the use of higher cost locums and agency.
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits.
- workforce sustainability both internally in health and social care and with our external care partners.
- Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- Variability - Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.
- Partners Non-compliance with IJB Directions.

## Conclusion

2023-24 has been a challenging year financially, requiring significant savings to be delivered, however the HSCP has continued to deliver care, adapt to new ways of working, and support integration whilst dealing with challenges and complex issues. Achieving what we have, has been dependent on the significant contribution of our staff and we would like to recognise this and acknowledge our employees have worked tirelessly to ensure critical services are sustained.

.....

**Fiona McKay**  
**Interim Chief Officer**

**Date**.....

.....

**Arlene Wood**  
**Chair of the IJB**

**Date**.....

.....

**Audrey Valente**  
**Chief Finance Officer**

**Date**.....

## STATEMENT OF RESPONSIBILITIES

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

### The Integration Joint Board is required to:

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

I confirm that these Audited Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 27 September 2024.

Signed on behalf of the Fife Integration Joint Board

.....

**Arlene Wood**

**Chair of the IJB**

**Date** .....

**Responsibilities of the Chief Finance Officer**

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

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

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

The Chief Finance Officer has also:

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

**Statement of Accounts**

I certify that the financial statements give a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2024, and the transactions for the year then ended.

.....

**Audrey Valente CPFA**  
**Chief Finance Officer**

**Date** .....

## **REMUNERATION REPORT**

### **Introduction**

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

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

### **Remuneration: IJB Chair and Vice Chair**

The voting members of the Integration Joint Board are appointed through nomination by NHS Fife and Fife Council. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. The Chair is Arlene Wood, Non-Executive Director of the Fife NHS Board and the Vice Chair is Councillor David Ross of Fife Council.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses or remuneration paid to the Chair or Vice Chair in 2023-24 or prior years.

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

### **Remuneration: Officers of the IJB**

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

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

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

<b>Total (£) 2022-23</b>	<b>Senior Employees Salary, Fees &amp; Allowances</b>	<b>Total (£) 2023-24</b>
93,207	<b>N Connor</b> Chief Officer	111,590
84,446	<b>A Valente</b> Chief Finance Officer	89,211
<b>177,653</b>	<b>Total</b>	<b>200,801</b>

There were no payments to officers in 2023-24 or prior years in relation to bonus payments, taxable expenses, or compensation for loss of office.

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

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

### **Pension Benefits for Fife Council**

Pension benefits for employees are provided through the Local Government Pension Scheme (LGPS), a funded scheme made up of contributions from employees and councillors and the employer. The LGPS in Scotland changed on 1 April 2015 from a final salary scheme to a career average revalued earnings (CARE) scheme. The scheme year runs from 1 April to 31 March. and all members, both employee and councillor, now build up a pension based on 1/49th of pensionable pay received in each scheme year. The normal pension age of the new scheme is linked to State Pension Age but with a minimum age of 65.

Pension benefits for employee members built up before 1 April 2015 are protected which means that membership built up to that date will continue to be based on final salary when the member retires or leaves.

From 1 April 2009 a five-tier contribution system was introduced with contributions from scheme members based on how much pay falls into each tier. It is designed to give more equality between costs and benefits of scheme membership. Prior to 2009 contribution rates were set at 6% for all non-manual employees. From 1 April 2015, part time members'

contribution rates are now based on actual pensionable pay as opposed to whole time pay.

Actual Pay 2023-24	Contribution Rate 2023 24	Actual Pay 2022-23	Contribution Rate 2022 23
Up to and including £25,300	5.50%	Up to and including £23,000	5.50%
Above £25,301 and up to £31,000	7.25%	Above £23,001 and up to £28,100	7.25%
Above £31,001 and up to £42,500	8.50%	Above £28,101 and up to £38,600	8.50%
Above £42,501 and up to £56,600	9.50%	Above £38,601 and up to £51,400	9.50%
Above £56,601	12.00%	Above £51,401	12.00%

## Pension Benefits for NHS

NHS Fife participates in the NHS Pension Scheme (Scotland). The scheme is an unfunded statutory public service pension scheme with benefits underwritten by the UK Government. The scheme is financed by payments from employers and from those current employees who are members of the scheme and paying contributions at progressively higher marginal rates based on pensionable pay, as specified in the regulations. The rate of employer contributions is set with reference to a four-yearly funding valuation undertaken by the scheme actuary. The valuation carried out as at 31 March 2016 confirmed that an increase in the employer contribution rate from 14.9% to 20.9% was required from 1 April 2019 to 31 March 2023. The UK Government since confirmed that these employer rates would remain in place until 31 March 2024. In addition, member pension contributions over the period to 30 September 2023 have been paid within a range of 5.2% to 14.7% and have been anticipated to deliver a yield of 9.6%.

The valuation carried out as at 31 March 2020 confirmed that an increase in the employer contribution rate from 20.9% to 22.5% will be required from 1 April 2024 to 31 March 2027. In addition, member pension contributions since 1 October 2023 have been paid within a range of 5.7% to 13.7% and have been anticipated to deliver a yield of 9.8%.

NHS Board has no liability for other employers' obligations to the multi-employer scheme.

In 2023-24 members paid tiered contribution rates ranging from 5.2% to 14.7% of pensionable earnings.

Senior Employee	In-Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31-03-23	For Year to 31-03-24		Difference from 31-03-23*	As at 31-03-24
	£	£		£	£
N Connor Chief Officer	19,480	23,126	Pension Lump Sum	32,758 86,731	38,622 102,962
A Valente Chief Finance Officer	20,689	21,587	Pension Lump Sum	41,000 63,000	46,000 68,000
<b>Total</b>	<b>40,169</b>	<b>44,713</b>	<b>Pension</b>	<b>73,758</b>	<b>84,622</b>
			<b>Lump Sum</b>	<b>149,731</b>	<b>170,962</b>

Note: A Valente amounts based on all LGPS membership not just current employment.

\* Restatement of N Connor Accrued Pension Benefits in 2022-23 due to revised calculator provided by SPPA

## Exit Packages

There were no exit packages paid in 2023-24 (2022-23, none).

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**Fiona McKay**  
**Interim Chief Officer**  
**Date .....**

.....

**Arlene Wood**  
**Chair of the IJB**  
**Date .....**

## **ANNUAL GOVERNANCE STATEMENT**

The Annual Governance Statement explains the Integration Joint Board's (IJB) governance and internal control arrangements and how the IJB complies with the CIPFA and SOLACE framework "*Delivering Good Governance in Local Government*", which details the requirement for an Annual Governance Statement. The IJB's governance framework places reliance on the Codes of Corporate Governance of Fife Council and NHS Fife in addition to having its own Code of Corporate Governance.

### **Scope of Responsibility**

The Integration Joint Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards; that public money is safeguarded; properly accounted for, and used economically, efficiently, and effectively. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value.

The IJB Vision is to enable the people of Fife to live independent and healthier lives. The IJB also aims to foster a culture of continuous improvement in the performance of the IJB's functions and to make arrangements to secure best value. The Integration Scheme delegated Health and Social Care functions to the IJB and the IJB is responsible for strategic direction and operational oversight of the Integrated Services. A Directions Policy sets out the process for formulating, approving, issuing, and reviewing Directions from the IJB to the partner organisations, NHS Fife and Fife Council.

In discharging operational delivery responsibilities, the Chief Officer places reliance on the NHS Fife and Fife Council's Codes of Corporate Governance and systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. Any issues arising from operations are brought to the attention of the IJB by the Chief Officer.

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

### **2023-24 Governance Framework and System of Internal Control**

In July 2024, the Chief Officer resigned from their position to take-up an external promoted post. The Board appointed an interim Chief Officer to ensure continuity in Leadership until a permanent appointment is made in due course.

The Board of the IJB comprises 16 voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The IJB has 3 Committees supporting the Board: -

The Audit and Assurance Committee chaired by a member of the IJB and comprising 3 further IJB members, provides assurance to the IJB that it is fulfilling its statutory requirements. During 2023-24 the Audit and Assurance Committee met 6 times.



The Quality and Communities Committee (QCC) chaired by a member of the IJB and comprising a further 11 members of the IJB providing assurance to the IJB on the quality and safety of services as defined in the integration scheme. The QCC met on 6 times during the financial year.

The Finance, Performance and Scrutiny (FPS) Committee chaired by a member of the IJB and comprising 6 further IJB members review the financial position and monitor performance against key non-financial targets in accordance with the scope of services as defined in the Integration Scheme. The FP&S Committee met on 6 occasions during 2023-24.

In addition to the above individual Governance Committee meetings an extraordinary, combined committee was convened during 2023-24 to allow all members the opportunity to discuss and scrutinise a transformation project.

The main features of the governance framework in existence during 2023-24 were:

- Bi-monthly meetings of the IJB and associated Governance Committees together with Development Sessions for IJB members.
- Code of Conduct and Register of Interests for all IJB members.
- Bi-monthly Strategic Planning Group and Local Partnership Forum meetings.
- Chief Officer in post for the duration of 2023-24.
- Chief Finance Officer (CFO) in post for the duration of 2023-24.
- Liaison between IJB internal audit and Fife Council and NHS Fife internal audit functions.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision, and delegation. During 2023-24 this included the following:

- Provision of regular financial reports to the IJB.
- Approval and adoption of revised performance framework.
- Approval and adoption of Annual Internal Audit Plan.
- Approval and adoption of Committee Assurance Principles.

### **Overview of Areas for Improvement and Development during 2023-24**

Areas for improvement to further strengthen the IJB's governance arrangements and systems of internal control were identified within the IJB Annual Accounts for 2022-23. A progress update on these actions is detailed below: -

<b>Improvement Area</b>	<b>Action Undertaken</b>
Formal adoption and implementation of self-assessment governance review to provide focus on key areas of development. Further work will be required to refine.	<i>Complete</i> A revised Committee/Board member self-assessment for approved and implemented in September 2023. Action plans have been developed.
Review of Directions Policy	<i>Complete</i> A revised Directions Policy was presented to and approved by the IJB in May 2024.
Creation of new HSCP Website	<i>Complete</i> The design and implementation of a revised HSCP Website was completed and launched on 27 <sup>th</sup> March 2024.
Continuation of review of all strategies which support the Strategic Plan	<i>Ongoing</i> A number of supporting strategies were approved by the IJB during 2023-24 these were Carers Strategy, Commissioning Strategy, Advocacy Strategy and the Home First Strategy. Work is progressing to develop the remaining supporting strategies.
Refresh of Performance Framework	<i>Completed</i> A refreshed Performance Framework for development and formally approved by the IJB on 29 <sup>th</sup> September 2023.
Review of information flow from SLT to Governance Committee/IJB	<i>Ongoing</i> The continuous development of a business reporting tool with enable more effective and efficient information flow.
Roll out of Care Opinion	<i>Complete</i> The full roll-out of Care Opinion was completed in May 2023.

## **Overview of Areas for Improvement and Development for 2024-25**

Following consideration of the adequacy and effectiveness of the IJB governance arrangements, in addition to the ongoing continuous improvement actions from 2023-24, further actions will be progressed in 2024-25 to strengthen the good governance controls. These actions are detailed in the table below: -

<b>Key Actions for 2024-25</b>
<ul style="list-style-type: none"> <li>Strong financial management to contain costs given the ongoing financial challenges.</li> </ul>

- Continuous development of management information enabling proactive financial decisions by budget holders
- Regular dialogue between finance professionals and HSCP managers to enhance the financial monitoring process
- Continue sustained focus on compliance with the issuing and delivery of Directions to partners.
- Maximising the potential to utilise data reporting from the new social work/social care case management system, with a view to improving financial forecasting and reducing risk from reliance on manual recording.
- Refresh of publication scheme.
- Annual refresh of Scheme of Delegation to incorporate recommendations from Internal Audit reports.
- Implementation of Risk Appetite into Committee Reporting.
- Revised business planning reporting tool.
- Development of on-line member induction training.

## **Roles and Responsibilities**

The IJB complies with the CIPFA Statement on “The Role of the Chief Financial Officer in Local Government 2016”. The IJB’s Chief Finance Officer has overall responsibility for the IJB’s financial arrangements and is professionally qualified and suitably experienced to lead the IJB’s finance function and to direct finance staff.

Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

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

The Audit and Assurance Committee performs a scrutiny role and monitors the performance of the Internal Audit services to the IJB. The functions of the Audit and Assurance Committee are undertaken as identified in Audit Committees: Practical Guidance for Local Authorities. The IJB’s Chief Internal Auditor has responsibility to review independently and report to the NHS Audit and Risk Committee annually, to provide assurance on the governance arrangements including internal controls within the IJB. In addition, the Internal Audit sections of Fife Council and NHS Fife are subject to an independent external assessment of compliance with the PSIAS at least once every 5 years.

## **Review of Adequacy and Effectiveness**

The IJB is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review was informed by the IJB's risk management framework, the IJB Assurance Statement, and internal and external audit reports.

In reaching a balanced financial position for 2023-24, the IJB utilised reserves, resulting in a reserves balance below the policy minimum. In addition, to continue to meet their statutory obligation to deliver financial balance NHS Fife increased their brokerage request to Scottish Government. As a result, both partners were required to provide funding as per the risk share agreement contained within Section 8.2 of the Integration Scheme.

The above compounds the level of risk the IJB will be exposed to in relation to financial sustainability in future years.

Strong financial management will be required in order to control and contain costs where possible, recognising that the Health and Social Care Partnership has drawn down significant reserves during 2023-24 to mitigate areas of pressure. The Council continues to replace a number of legacy systems and during the year, the social work/social care case system transferred from SWIFT to Liquidlogic. The system which is required to provide an accurate record management system for service users across social work children and families, adults, older people, and criminal justice. The system also has a payment recording system called controcc which links to Fife Council's Oracle system. The focus has been on implementation and to deal with issues arising from implementation, and this has meant that the data in the system is not yet reliable for financial forecasting. The coming year will see more focus on ensuring that the value of using a more modern system is maximised, and that the integrity of the data is improved to allow improved financial forecasting processes.

Recognising the movement in the outturn position a commitment has been given to undertake further due diligence by way of a lessons learned exercise which will report back any findings and associated action plan to Audit & Assurance Committee in the new financial year.

A suite of whole system measures will be implemented to strengthen controls and reduce risk where possible. A key component to the success of this mitigation is the ongoing dialogue between the Chief Finance Officer and Directors of Finance from both NHS Fife and Fife Council.

The annual internal audit assurance report in respect of Fife IJB's overall arrangements for risk management, governance, and control for the year to 31 March 2024 concluded that,

*Reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2023/24 in the following areas:*

- *Corporate Governance*
- *Clinical and Care Governance*
- *Staff Governance*

• *Information Governance*

*The IJB did have financial governance controls in place, but these were not effective in all areas. The Lessons Learned Financial Movement Review highlighted areas where controls were not sufficient to mitigate risk, alongside existing controls, and corrective action.*

*In my opinion, the corrective actions as described in the Lessons Learned Financial Movement Review presented to the 3 July 2024 FPSC are appropriate and proportionate. Internal audit did not audit the Lessons Learned Financial Movement Review as this is out with the scope of this annual report.*

**Conclusion and Opinion on Assurance**

On the basis of assurances provided, we consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the IJB’s principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment. We remain committed to monitoring implementation as part of the next annual review.

It is our opinion that reasonable assurance, subject to the matters noted above, can be placed upon the adequacy and effectiveness of the Fife Integration Joint Board’s systems of governance.

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**Fiona McKay**  
**Interim Chief Officer**

**Arlene Wood**  
**Chair of the IJB**

**Date** ..... **Date** .....

## Financial Statements

### Comprehensive Income and Expenditure Statement

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

2022-23				2023-24		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
64,717	-	64,717	Hospital	77,071	-	77,071
126,620	-	126,620	Community Healthcare	146,181	-	146,181
191,891	-	191,891	Family Health Services & Prescribing	209,972	-	209,972
15,789	-	15,789	Children's Services	17,737	-	17,737
268,973	-	268,973	Social Care	285,256	-	285,256
1,329	-	1,329	Housing Services	1,737	-	1,737
269	-	269	IJB Operational Costs	304	-	304
46,168	-	46,168	Acute Set Aside	50,920	-	50,920
<b>715,756</b>	-	<b>715,756</b>	<b>Cost of Services</b>	<b>789,178</b>	-	<b>789,178</b>
	(694,169)	(694,169)	Taxation and Non-Specific Grant Income		(756,190)	(756,190)
0	0	<b>21,587</b>	<b>(Surplus) or Deficit</b>	0	0	<b>32,988</b>
		<b>21,587</b>	<b>Total Comprehensive Income and Expenditure</b>			<b>32,988</b>

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

## Movement in Reserves Statement

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

<b>Movements in Reserves During 2023-24</b>	<b>General Fund Balance £000</b>	<b>Total Reserves £000</b>
Opening Balance at 31st March 2023, brought forward	(37,719)	(37,719)
(Surplus)/ Deficit on provision of services	32,988	32,988
<b>Total Comprehensive Income and Expenditure</b>	<b>32,988</b>	<b>32,988</b>
<b>Balance as at 31 March 2024, carried forward</b>	<b>(4,731)</b>	<b>(4,731)</b>
<b>Movements in Reserves During 2022-23</b>	<b>General Fund Balance £000</b>	<b>Total Reserves £000</b>
Opening Balance at 31st March 2022	(79,712)	(79,712)
Returned Covid to Scottish Government	20,405	20,405
Adjusted Balance as at 31 <sup>st</sup> March 2022	(59,307)	(59,307)
(Surplus)/ Deficit on provision of services	21,587	21,587
<b>Total Comprehensive Income and Expenditure</b>	<b>21,587</b>	<b>21,587</b>
<b>Balance as at 31 March 2023, carried forward</b>	<b>(37,719)</b>	<b>(37,719)</b>

## Balance Sheet

The Balance Sheet shows the value of the IJB's assets and liabilities as at 31 March 2024. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

<b>31 March 2023</b>		<b>Notes</b>	<b>31 March 2024</b>
£000			£000
42,605	Short term Debtors	6	5,009
<b>42,605</b>	<b>Current Assets</b>		<b>5,009</b>
4,886	Short-term Creditors	7	278
<b>4,886</b>	<b>Current Liabilities</b>		<b>278</b>
<b>37,719</b>	<b>Net Assets</b>		<b>4,731</b>
37,719	Usable Reserve: General Fund	8	4,731
<b>37,719</b>	<b>Total Reserves</b>		<b>4,731</b>

The Statement of Accounts present a true and fair view of the financial position of the Fife Integration Joint Board as at 31 March 2024 and its income and expenditure for the year then ended.

The audited accounts were issued on 27 September 2024.

.....

**Audrey Valente - CPFA**  
**Chief Finance Officer**

**Date** .....



## Notes to the Financial Statements

### 1. Significant Accounting Policies

#### 1.1 General Principles

The Financial Statements summarises the Integration Joint Board's transactions for the 2023-24 financial year and its position at the year-end of 31 March 2024.

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

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2023-24, supported by International Financial Reporting Standards (IFRS).

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

#### 1.2 Accruals of Income and Expenditure

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

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

#### 1.3 Funding

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

This funding was reported on a net expenditure basis from NHS Fife and Fife Council.

## **1.4 Cash and Cash Equivalents**

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

## **1.5 Employee Benefits**

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

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

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

## **1.6 Material Items of Income and Expenditure**

There are none noted at this time.

## **1.7 VAT**

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

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

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

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

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

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

### **2.1 Set Aside**

The funding contribution from NHS Fife includes £50.920m in respect of 'set aside' resources relating to acute hospital and other resources. The IJB has responsibility for the consumption of, and level of demand placed on, these resources, however the responsibility for managing the costs of providing the services remain with NHS Fife. Therefore, the overspend incurred by the service has not been included in these accounts and is borne by NHS Fife.

### **2.2 Public Sector Funding**

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

Funding from partners has reduced significantly and it is anticipated that this will continue in the coming years. Savings proposals have been developed for the next 3 years and work is ongoing to ensure that these are delivered at pace.

## **3. Events After the Reporting Period**

The Chief Finance Officer issued the draft accounts on 27<sup>th</sup> June 2024. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2024, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

## **4. Expenditure and Income Analysis by Nature**

<b>2022-23</b> £000		<b>2023-24</b> £000
270,302	Services commissioned from Fife Council	286,993
445,185	Services commissioned from Fife NHS Board	501,881
241	Other IJB Operating Expenditure	271
28	Auditor Fee: External Audit Work	33
(694,169)	Partners Funding Contributions & Non-Specific Grant Income	(756,190)
<b>21,587</b>	<b>(Surplus) or Deficit</b>	<b>32,988</b>

## 5. Taxation and Non-Specific Grant Income

2022-23 £000		2023-24 £000
(481,647)	Funding Contribution from NHS Fife	(535,816)
(212,522)	Funding Contribution from Fife Council	(220,374)
<b>(694,169)</b>	<b>Taxation and Non-specific Grant Income</b>	<b>(756,190)</b>

The funding contribution from NHS Fife shown above includes £50.920m in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by NHS Fife which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources. There are no other non-ringfenced grants and contributions.

## 6. Debtors

31 March 2023 £000		31 March 2024 £000
14	NHS Fife	1
42,591	Fife Council	5,008
<b>42,605</b>	<b>Debtors</b>	<b>5,009</b>

## 7. Creditors

31 March 2023 £000		31 March 2024 £000
4,858	NHS Fife	277
-	Fife Council	-
28	External Audit Fee	1
<b>4,886</b>	<b>Creditors</b>	<b>278</b>

## 8. Usable Reserve: General Fund

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

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

2022-23		2023-24						
Balance at 31 March 2023 (restated)		Transfers Out 2023-24	Transfers in 2023-24	Movement in Reserves (MIRS)	Balance at 31 March 2024	Movement in Reserves (MIRS) (Overspend)	Carried forward at Year End	Balance held for use in 2024-25
£000		£000	£000	£000	£000	£000	£000	£000
(952)	Primary Care Improvement Fund *	952						
(1,455)	Mental Health - R&R, PT, Action 15 *	233			(1,222)			(1,222)
(316)	District Nurses	316						
(1,619)	Alcohol and Drugs Partnership	300			(1,319)	1,319		
(1,339)	Community Living Change Plan	195			(1,144)			(1,144)
(800)	Care Homes - Nursing support	800						
(103)	Budival	103						
(9)	Child Healthy Weight	9						
(300)	Acceleration of 22-23 MDT recruitment	245			(55)	55		
(2,166)	Multi-Disciplinary Teams	2,166						
(785)	GP Premises*	602			(183)			(183)
(47)	Afghan Refugees	47						
(259)	Dental Ventilation	79			(180)	180		
(106)	Interface Care	61			(45)	45		
(1,288)	Interim beds	1,288						
(69)	Telecare Fire Safety	69						
(407)	Self-Directed Support (SDS)	407						
(93)	Workforce Wellbeing Funding	68			(25)	25		
(146)	School Nurse	146						
(313)	Remobilisation of Dental Services				(313)	313		
(112)	Near Me	112						
(69)	Learning Disability Health Checks	69						
(100)	Family Nurse Partnership	100						
(279)	Development of Hospital at home	230			(49)	49		
(20)	Breast Feeding	20						
(25)	Delayed Without Discharge	25						
(125)	Long Covid	12			(113)	113		
(2,923)	Urgent care / Navigation Flow Hub*	1519			(1,404)	1,404		
	Anti-Poverty		47		(47)			(47)
	FVCV						(900)	(900)
<b>(16,225)</b>	<b>Total Earmarked</b>	<b>10,173</b>	<b>47</b>	<b>10,126</b>	<b>(6,099)</b>	<b>3,503</b>	<b>(900)</b>	<b>(3,496)</b>
<b>(21,494)</b>	<b>Contingency/ Uncommitted/ Covid Balance *</b>	<b>11,589</b>		<b>11,589</b>	<b>(9,905)</b>	<b>8,670</b>		<b>(1,235)</b>
<b>(37,719)</b>	<b>General Fund Reserve Total</b>	<b>21,762</b>	<b>47</b>	<b>21,715</b>	<b>(16,004)</b>	<b>12,173</b>	<b>(900)</b>	<b>(4,731)</b>

\*Prior year balance restatements – £0.299m was corrected and moved from PCIF to GP Premises. Mental Health and Mental Health Recovery were combined to one line. Urgent Care and Navigation Flow were corrected and combined to one line for 2023-24. Small covid balance was moved from Earmarked to Uncommitted/Covid Balance

## 9. Related Party Transactions

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

### Transactions with NHS Fife

<b>2022-23</b> £000		<b>2023-24</b> £000
(481,647)	Funding Contributions received from NHS Fife	(535,816)
445,185	Expenditure on Services Provided by NHS Fife	501,881
120	Key Management Personnel: Non-Voting Board Members	135
14	External Audit Fee	17
<b>(36,328)</b>	<b>Net Transactions with NHS Fife</b>	<b>(33,783)</b>

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

### Balances with NHS Fife

<b>31 March</b> <b>2023</b> £000		<b>31 March</b> <b>2024</b> £000
14	Debtor balances: Amounts due from NHS Fife	1
4,858	Creditor balances: Amounts due to NHS Fife	277
<b>4,872</b>	<b>Net Balance with NHS Fife</b>	<b>278</b>

## Transactions with Fife Council

<b>2022-23</b> £000		<b>2023-24</b> £000
(212,522)	Funding Contributions received from Fife Council	(220,374)
270,303	Expenditure on Services Provided by the Fife Council	286,992
121	Key Management Personnel: Non-Voting Board Members	136
14	External Audit Fee	16
<b>57,916</b>	<b>Net Transactions with Fife Council</b>	<b>66,770</b>

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

## Balances with Fife Council

<b>31 March</b> <b>2023</b> £000		<b>31 March</b> <b>2024</b> £000
42,577	Debtor balances: Amounts due from Fife Council	5,008
-	Creditor balances: Amounts due to Fife Council	-
<b>42,577</b>	<b>Net Balance with Fife Council</b>	<b>5,008</b>

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

### **10. External Audit Fee**

The IJB has incurred costs of £33,360 in respect of fees payable to Azets with regard to external audit services carried out in 2023-24 (2022-23 £34,470). Additional wider scope work was agreed in September and an additional fee of £3,600 was charged.

### **11. Contingent Assets and Liabilities**

The IJB is not aware of any material contingent asset or liability as at 31 March 2024.

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

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

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

## Reporting on the audit of the financial statements

### Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of Fife Integration Joint Board for the year ended 31 March 2024 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Balance Sheet, Movement in Reserves Statement and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2023/24 (the 2023/24 Code).

In our opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the Fife Integration Joint Board as at 31 March 2024 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2023/24 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

### Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 18 May 2022. Our period of appointment is five years, covering 2022/23 to 2026/27. We are independent of Fife Integration Joint Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to Fife Integration Joint Board. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern basis of accounting

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

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



These conclusions are not intended to, nor do they, provide assurance on Fife Integration Joint Board's current or future financial sustainability. However, we report on Fife Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

## **Risks of material misstatement**

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

## **Responsibilities of the Chief Financial Officer and Fife Integration Joint Board for the financial statements**

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

In preparing the financial statements, the Chief Financial Officer is responsible for assessing Fife Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue Fife Integration Joint Board's operations.

Fife Integration Joint Board is responsible for overseeing the financial reporting process.

## **Auditor's responsibilities for the audit of the financial statements**

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

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

- using our understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of Fife Integration Joint Board;
- inquiring of the Chief Financial Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of Fife Integration Joint Board;
- inquiring of the Chief Financial Officer concerning Fife Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among our audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

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

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

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## **Reporting on other requirements**

### **Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report**

We have audited the parts of the Remuneration Report described as audited. In our opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

### **Other information**

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

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

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

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

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

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial

statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

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

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

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

## **Use of our report**

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Chris Brown, for and on behalf of Azets Audit Services  
Quay 2  
139 Fountainbridge  
Edinburgh  
EH3 9QG

Date:



# Fife Integration Joint Board

**2023/24 Annual Audit Report to Members  
of the Fife Integration Joint Board and the  
Controller of Audit**

**DRAFT**

September 2024



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# Key messages

## Financial statements audit

<b>Audit opinion</b>	We report unqualified opinions within our independent auditor’s report.
<b>Key audit findings</b>	<p>The IJB had appropriate administrative processes in place to prepare the annual accounts and the supporting working papers.</p> <p>We have obtained adequate evidence in relation to the key audit risks identified in our audit plan.</p> <p>The accounting policies used to prepare the financial statements are considered appropriate. We are satisfied with the appropriateness of the accounting estimates and judgements used in the preparation of the financial statements. All material disclosures required by relevant legislation and applicable accounting standards have been made appropriately.</p>
<b>Audit adjustments</b>	<p>We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.</p> <p>We identified some disclosure and presentational adjustments during our audit. These have been reflected in the final set of financial statements and are noted at Appendix 2.</p>
<b>Accounting systems and internal controls</b>	<p>We applied a risk-based methodology to the audit. This approach requires us to document, evaluate and assess the IJB’s processes and internal controls relating to the financial reporting process.</p> <p>Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we include these in this report.</p> <p>We identified no significant weaknesses in accounting and internal control systems during our audit.</p>

## Wider scope audit

<b>Financial Management</b> Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.	<b>Auditor judgement</b> Risks exist to achievement of operational objectives 
	<p>The IJB was faced with an uncertain and challenging financial position alongside an increase in demand for services throughout 2023/24.</p> <p>The IJB reported a deficit position in 2023/24 of £5.578million after utilisation of £12.173million of its reserves balances to reduce the core overspend position of £17.751million.</p> <p>The remaining overspend of £5.578million was funded through additional allocations from both partner bodies in the form of a risk share agreement, as outlined in the Integration Scheme. Utilising the risk share agreement presented further financial challenge to both partner bodies.</p> <p>Due to the significance of the year end outturn movement, the Finance, Performance and Scrutiny Committee requested that a lesson learned exercise be undertaken in order to address the key areas contributing to the increase in forecast overspend. A report outlining the scope and findings from the lessons learned exercise was presented to the Finance, Performance and Scrutiny Committee in July 2024.</p> <p>We have reviewed the lessons learned report and provided recommendations to management as part of the financial management section of this report.</p>

### Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services and the way in which they should be delivered.

### Auditor judgement

Significant unmitigated risks affect achievement of corporate objectives



The IJB has forecast a cumulative budget gap of £48.459million over the period 2024/25 to 2026/27 before actions to address. This budget gap has given rise to a challenging savings target of £39.033million in 2024/25, rising to £52.267million in 2026/27.

The Finance Update report presented to the IJB in July 2024 highlighted a forecast under delivery of the 2024/25 savings target and a potential requirement to identify at least £6million of further savings as part of the recovery plan being presented to the IJB in September 2024. £10million of reserves was required to be utilised to meet the under delivery of savings targets in 2023/24 and the IJB now has no reserves that can be utilised in similar circumstances.

The IJB has recognised that the medium term financial plan presents a very challenging three years and emphasises the need to focus on medium term transformational change to allow delivery of services in the most effective way whilst balancing the budget. The IJB has a good focus on transformation but the lack of reserves puts additional pressure on the resources required to progress with transformation plans.

The IJB has recognised that the level of challenge associated with the financial plan is substantial and that this also reflects the challenging financial environments in which both NHS Fife and Fife Council are currently operating. On this basis, the financial sustainability of the IJB remains a significant risk for 2024/25 and beyond and it is crucial that a partnership and integrated approach is taken to manage the level of financial risk and challenge going forward.



**Vision, Leadership and Governance**

Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

**Auditor judgement**

Effective and appropriate arrangements are in place



Governance arrangements throughout the year were found to be satisfactory and appropriate. We are satisfied that the IJB continued to receive sufficient and appropriate information throughout the period to support effective and timely scrutiny and challenge.

Our assessment has been informed by a review of the corporate governance arrangements in place and the information provided to the Board and Committees.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Strategic Plan for Fife 2023-26, and delivery plans are progressing at a sufficient pace.

**Use of Resources to Improve Outcomes**

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

**Auditor judgement**

Risks exist to achievement of operational objectives



Whilst an established and appropriate performance management framework is in place at the IJB, the pandemic exacerbated what were already tough core service delivery challenges.

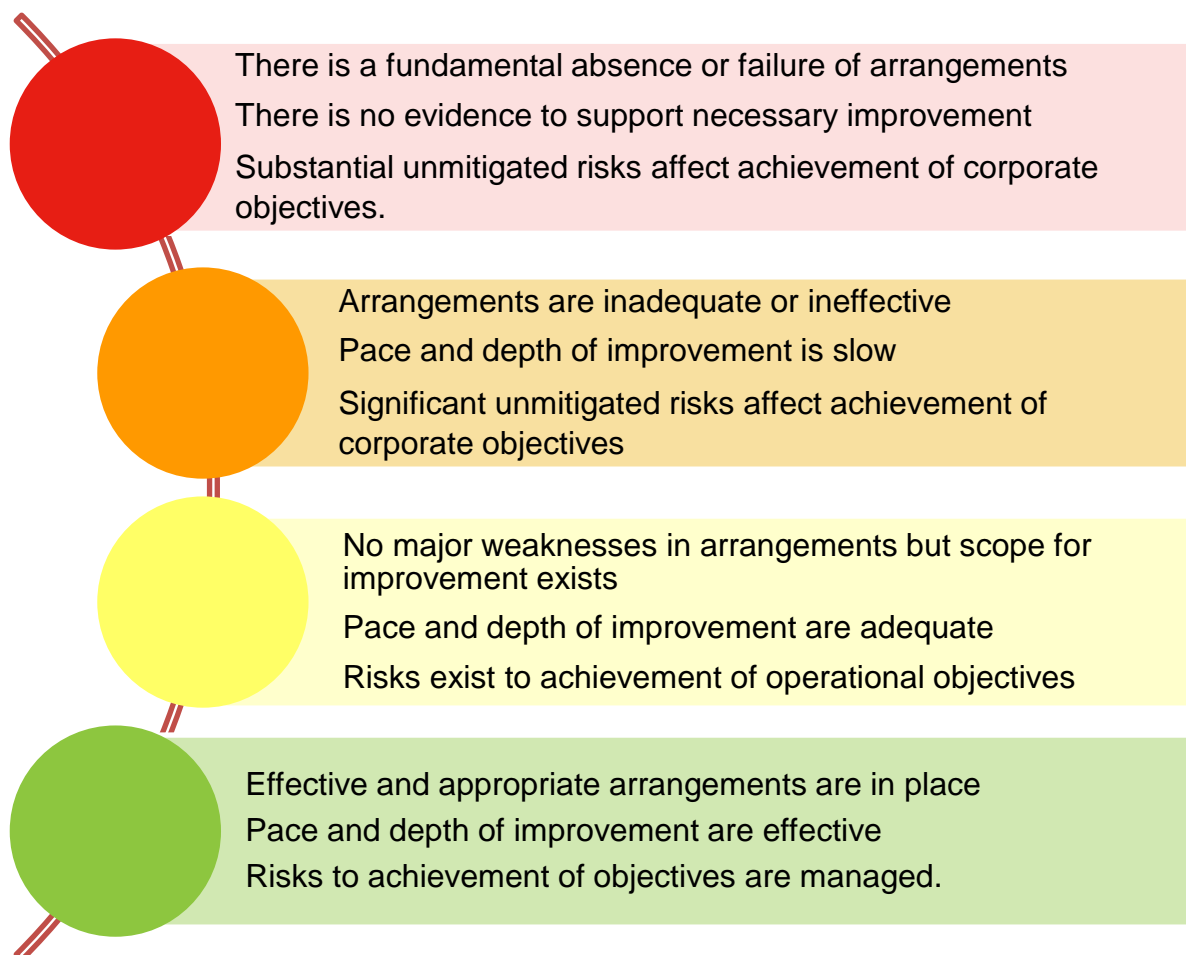
As described in the Financial Sustainability section, there is a risk that the scale of savings required to enable the IJB to achieve a financially sustainable position may impact on its ability to deliver services to a high quality. This also presents a risk of deterioration in the IJB's performance.

Good progress is being made across actions identified under all five workforce pillars within the year 2 workforce action plan.

The IJB is looking ahead towards preparations for the development of workforce plans for 2025-2028. Due to the positive uptake and engagement with the current workforce strategy, the IJB is expecting that the next iteration of the workforce plans will continue to use the 5 Pillars (Plan, Attract, Train, Employ, Nurture) as a framework but with an added focus on consideration of internal and external environments and informing national developments.

## Definition

We use the following gradings to provide an overall assessment of the arrangements in place as they relate to the wider scope areas. The text provides a guide to the key criteria we use in the assessment, although not all of the criteria may exist in every case.



# Introduction

The annual external audit comprises the audit of the financial statements and other reports within the annual report and accounts, and the wider-scope audit responsibilities set out in Audit Scotland's Code of Audit Practice.

We outlined the scope of our audit in our External Audit Plan, which we presented to the Audit and Assurance Committee at the outset of our audit.

## Responsibilities

The IJB is responsible for preparing its annual accounts which show a true and fair view and for implementing appropriate internal control systems. The weaknesses or risks identified in this report are only those that have come to our attention during our normal audit work and may not be all that exist. Communication in this report of matters arising from the audit or of risks or weaknesses does not absolve management from its responsibility to address the issues raised and to maintain an adequate system of control.

We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on, the content of this report, as this report was not prepared for, nor intended for, any other purpose.

We would like to thank all management and staff for their co-operation and assistance during our audit.

## Auditor independence

International Standards on Auditing in the UK (ISAs (UK)) require us to communicate on a timely basis all facts and matters that may have a bearing on our independence.

We confirm that we complied with the Financial Reporting Council's (FRC) Ethical Standard. In our professional judgement, we remained independent, and our objectivity has not been compromised in any way.

We set out in Appendix 1 our assessment and confirmation of independence.

## Adding value

All of our clients quite rightly demand of us a positive contribution to meeting their ever-changing business needs. We add value by being constructive and forward looking, by identifying areas of improvement and by recommending and encouraging good practice. In this way we aim to promote improved standards of governance, better management and decision making and more effective use of public money.

Any comments you may have on the service we provide would be greatly appreciated. Comments can be reported directly to any member of your audit team or to Audit Scotland.

## Openness and transparency

This report will be published on Audit Scotland's website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk).

# Financial statements audit

## Our audit opinion

Opinion	Basis for opinion	Conclusions
Financial statements	<p>We conduct our audit in accordance with applicable law and International Standards on Auditing.</p> <p>Our findings / conclusions to inform our opinion are set out in this section of our annual report.</p>	<p>The annual accounts were presented to the Audit and Assurance Committee on 13 September 2024 and are due to be approved by the Board on 27 September 2024.</p> <p>We issue unqualified opinions in our independent auditor's report.</p> <p>There are no matters which would require modification of our audit report.</p>
Going concern basis of accounting	<p>When assessing whether the going concern basis of accounting is appropriate, the anticipated provision of services is more relevant to the assessment than the continued existence of a particular public body.</p> <p>We assess whether there are plans to discontinue or privatise the IJB's functions.</p> <p>Our wider scope audit work considers the financial sustainability of the IJB.</p>	<p>We reviewed the financial forecasts for 2024/25. Our understanding of the legislative framework and activities undertaken provides us with sufficient assurance that the IJB will continue to operate for at least 12 months from the signing date. Our audit opinion is unqualified in this respect.</p>
Opinions prescribed by the Accounts Commission:	<p>We plan and perform audit procedures to gain assurance that the management commentary, annual governance statement and the audited</p>	<p>The management commentary contains no material misstatements or inconsistencies with the financial statements</p>

Opinion	Basis for opinion	Conclusions
<ul style="list-style-type: none"> <li>• Management Commentary</li> <li>• Annual Governance Statement</li> <li>• The audited part of the Remuneration Report</li> </ul>	<p>part of the remuneration report are prepared in accordance with:</p> <ul style="list-style-type: none"> <li>• statutory guidance issued under the Local Government in Scotland Act 2003 (management commentary);</li> <li>• the Delivering Good Governance in Local Government: Framework (Annual Governance Statement); and</li> <li>• The Local Authority Accounts (Scotland) Regulations 2014 (remuneration report)</li> </ul>	<p>We have concluded that:</p> <ul style="list-style-type: none"> <li>• the information given in the management commentary is consistent with the financial statements and has been properly prepared.</li> <li>• the information given in the annual governance statement is consistent with the financial statements and our understanding of the organisation gained through the audit.</li> <li>• the audited part of the Remuneration Report has been properly prepared.</li> </ul>
<p>Matters reported by exception</p>	<p>We are required to report on whether:</p> <ul style="list-style-type: none"> <li>• adequate accounting records have not been kept; or</li> <li>• the financial statements are not in agreement with the accounting records; or</li> <li>• we have not received all the information and explanations we require for our audit.</li> </ul>	<p>We have no matters to report.</p>

## An overview of the scope of our audit

The scope of our audit was detailed in our External Audit Plan, which was presented to the Audit and Assurance Committee in March 2024. The plan explained that we follow a risk-based approach to audit planning that reflects our overall assessment of the relevant risks that apply to the IJB. This ensures that our audit focuses on the areas of highest risk (the significant risk areas). Planning is a continuous process, and our audit plan is subject to review during the course of the audit to take account of developments that arise.

In our audit, we test and examine information using sampling and other audit techniques, to the extent we consider necessary to provide a reasonable basis for us to draw conclusions. This includes:

- An evaluation of the IJB’s internal control environment, including the IT systems and controls; and
- Substantive testing on significant transactions and material account balances, including procedures outlined in this report in relation to our key audit risks.

## Quality indicators

- We have applied a suite of quality indicators to assess the reliability of the financial reporting and response to the audit.

Metric	Grading (Mature / developing / significant improvement required)	Commentary
Quality and timeliness of draft financial statements	Mature	We received the unaudited financial statements of a good standard in line with our audit timetable. Revisions were provided promptly where required.
Quality of working papers provided and adherence to timetable	Mature	We received working papers of a good standard in line with our audit timetable. Further information was provided promptly where required.
Timing and quality of key accounting judgements	Mature	We did not identify any issues with the timing and quality of key accounting judgements.



Metric	Grading (Mature / developing / significant improvement required)	Commentary
Access to finance team and other key personnel	Mature	We received full access to the finance team and other key personnel. All audit queries and requests were responded to in a timely manner.
<p>Quality and timeliness of the</p> <ul style="list-style-type: none"> <li>• audited part of the Remuneration Report</li> <li>• Management Commentary</li> <li>• Annual Governance Statement</li> </ul> <p>As well as the quality and timeliness of supporting working papers for those statements.</p>	Mature	We did not identify any issues with quality and timeliness of the audited part of the Remuneration and Report, Management Commentary and Annual Governance Statement.
Volume and magnitude of identified errors	Mature	We identified no audit adjustments or unadjusted misstatements. This is in line with the position from the previous year and is in line with our expectations.

## Significant risk areas and key audit matters

Significant risks are defined by auditing standards as risks that, in the judgement of the auditor, require special audit consideration. In identifying risks, we consider the nature of the risk, the potential magnitude of misstatement, and its likelihood. Significant risks are those risks that have a higher risk of material misstatement. Audit procedures were designed to mitigate these risks.

As required by the Code of Audit Practice and the Planning Guidance issued by Audit Scotland, we consider the significant risks for the audit that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the audit team (the 'Key Audit Matters'), as detailed in the tables below.

Our audit procedures relating to these matters were designed in the context of our audit of the annual accounts as a whole, and not to express an opinion on individual accounts or disclosures.

Our opinion on the annual accounts is not modified with respect to any of the risks described below.

The table below summarises the significant risk. Detail behind each risk and the work undertaken is set out on the following pages.

<b>Risk area</b>	<b>Fraud risk</b>	<b>Planned approach to controls</b>	<b>Level of judgement / estimation uncertainty</b>	<b>Outcome of work</b>
<b>Management override of controls</b>	Yes	Assess design & implementation	Low	No adjustment
<b>Fraud in revenue recognition</b>	Yes	Assess design & implementation	Low	No adjustment
<b>Fraud in non-pay expenditure recognition</b>	Yes	Assess design & implementation	Low	No adjustment

## Significant risks at the financial statement level

These risks are considered to have a pervasive impact on the financial statements as a whole and potentially affect many assertions for classes of transaction, account balances and disclosures.

Risk area	Management override of controls
<p><b>Significant risk description</b></p>	<p>Management of any entity is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>Although the level of risk will vary from entity to entity, this risk is nevertheless present in all entities. Due to the unpredictable way in which such override could occur, it is a risk of material misstatement due to fraud and thus a significant risk on all audits.</p> <p>This was considered to be a significant risk and Key Audit Matter for the audit.</p> <p><b>Inherent risk of material misstatement:</b> Very High</p>
<p><b>How the scope of our audit responded to the significant risk</b></p>	<p><b>Key judgement</b></p> <p>Procedures performed to mitigate risks of material misstatement in this area included:</p> <p><b>Audit procedures</b></p> <ul style="list-style-type: none"> <li>• Agreed balances and transactions to Fife Council and NHS Fife financial reports/ledger/correspondence.</li> <li>• Received assurances from constituent body auditors in relation to financial information provided, controls in place and results of testing at constituent bodies.</li> <li>• Reviewed financial monitoring reports during the year.</li> <li>• Reviewed the consolidation adjustments made to arrive at figures in IJB accounts.</li> <li>• Evaluated the rationale for any changes in accounting policies, estimates or significant unusual transactions.</li> </ul>
<p><b>Key observations</b></p>	<p>We did not identify any indication of management override of controls from our audit work. We did not identify any areas of bias in key judgements made by management. Key judgements were consistent with prior years.</p>

## Significant risks at the assertion level for classes of transaction, account balances and disclosures

Key risk area	Fraud in revenue recognition
<p><b>Significant risk description</b></p>	<p>Material misstatement due to fraudulent financial reporting relating to revenue recognition is a presumed risk in ISA 240 (The Auditor's Responsibilities Relating to Fraud in an Audit of Financial Statements).</p> <p>The presumption is that the IJB could adopt accounting policies or recognise income in such a way as to lead to a material misstatement in the reported financial position.</p> <p>Income recognised in the IJB's accounts are contributions received from the IJB's funding partners. Given the nature of this income we have rebutted this risk.</p>

Key risk area	Fraud in non-pay expenditure
<p><b>Significant risk description</b></p>	<p>As most public sector bodies are net expenditure bodies, the risk of fraud is more likely to occur in expenditure. There is a risk that expenditure may be misstated resulting in a material misstatement in the financial statements.</p> <p>Given the financial pressures facing the public sector as a whole, there is an inherent fraud risk associated with the recording of expenditure around the year end leading to a material misstatement in the reported financial position.</p> <p>As the IJB commissions services from the constituent bodies, the IJB does not exercise operational control of the staff and assets to deliver the services itself. The cost of commissioning the services is the expenditure recognised by the IJB rather than the expenditure incurred in delivering the services.</p> <p>Given the nature of expenditure reported in the IJB's annual accounts we have therefore rebutted this risk.</p>

## Materiality

Materiality is an expression of the relative significance of a matter in the context of the financial statements as a whole. A matter is material if its omission or misstatement would reasonably influence the decisions of an addressee of the auditor's report. The assessment of what is material is a matter of professional judgement and is affected by our assessment of the risk profile the IJB and the needs of users. We review our assessment of materiality throughout the audit.

Whilst our audit procedures are designed to identify misstatements which are material to our audit opinion, we also report to the IJB and management any uncorrected misstatements of lower value errors to the extent that our audit identifies these.

Our initial assessment of materiality for the IJB financial statements was £13million. On receipt of the 2023/24 unaudited financial statements, we reassessed materiality and updated it to £15million. We consider that our updated assessment has remained appropriate throughout our audit.

	<b>Materiality £million</b>
	15.000
<b>Performance materiality (75% of materiality)</b>	11.250
<b>Trivial threshold</b>	0.750

**Materiality**

Our assessment is made with reference to the IJB’s cost of delegated services. We consider this to be the principal consideration for the users of the annual accounts when assessing financial performance.

Our assessment of materiality equates to approximately 2% of the IJB’s cost of delegated services as disclosed in the 2023/24 unaudited annual accounts.

In performing our audit, we apply a lower level of materiality to the audit of the Remuneration & Staff Report and Related Parties disclosures.

For the Remuneration Report we consider any errors which cause result in a movement between the relevant bandings on the disclosure table to be material.

For Related Party transactions, in line with the standards we consider the significance of the transaction with regard to both the IJB and the Counter party, the smaller of which drives materiality considerations on a transaction by transaction basis.

**Performance materiality**

Performance materiality is the working level of materiality used throughout the audit. We use performance materiality to determine the nature, timing and extent of audit procedures carried out. We perform audit procedures on all transactions, or groups of transactions, and balances that exceed our performance materiality. This means that we perform a greater level of testing on the areas deemed to be at significant risk of material misstatement.

Performance materiality is set at a value less than overall materiality for the financial statements as a whole to reduce to an appropriately low level the probability that the aggregate of the uncorrected and undetected misstatements exceed overall materiality.

**Trivial misstatements**

Trivial misstatements are matters that are clearly inconsequential, whether taken individually or in aggregate and whether judged by any quantitative or qualitative criteria.

## Audit differences

We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.

We identified disclosure and presentational adjustments during our audit which have been reflected in the final set of financial statements and are disclosed in Appendix 2.

## Internal controls

As part of our work we considered internal controls relevant to the preparation of the financial statements such that we were able to design appropriate audit procedures. Our audit is not designed to test all internal controls or identify all areas of control weakness. However, where, as part of our testing, we identify any control weaknesses, we report these at Appendix 3. These matters are limited to those which we have concluded are of sufficient importance to merit being reported.

## Follow up of prior year recommendations

We followed up on progress in implementing actions raised in the prior year as they relate to the audit of the financial statements. Full details of our findings are included in Appendix 4.

## Other communications

### Other areas of focus

Area of focus	Audit findings and conclusion
<b>Significant matters on which there was disagreement with management</b>	There were no significant matters on which there was disagreement with management.
<b>Significant management judgements which required additional audit work and / or where there was disagreement over the judgement and / or where the judgement is significant enough that we are required to report it to</b>	There were no significant management judgements which required additional audit work, where there was disagreement over the judgement or where the judgement is significant enough that requires reporting.

Area of focus	Audit findings and conclusion
<p><b>those charged with governance before they consider their approval of the accounts</b></p>	
<p><b>Prior year adjustments identified</b></p>	<p>There were no prior year adjustments.</p>
<p><b>Concerns identified in the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Consultation by management with other accountants on accounting or auditing matters</b></li> <li>• <b>Matters significant to the oversight of the financial reporting process</b></li> <li>• <b>Adjustments / transactions identified as having been made to meet an agreed system position / target</b></li> </ul>	<p>No concerns were identified in relation to these areas.</p>

### Accounting policies

The accounting policies used in preparing the financial statements are unchanged from the previous year.

Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies adopted by the IJB.

The accounting policies, which are disclosed in the financial statements, are in line with the Code and are considered appropriate.

There are no significant financial statements disclosures that we consider should be brought to your attention. All the disclosures required by relevant legislation and applicable accounting standards have been made appropriately.

### Key judgements and estimates

As part of the planning stages of the audit we sought all accounting estimates made by management and determined which of those are key to the overall financial statements. Management did not identify any accounting estimates. We considered this appropriate to the annual accounts.

In addition, we are satisfied with the appropriateness of the accounting judgements used in the preparation of the financial statements.



### **Fraud and suspected fraud**

We have previously discussed the risk of fraud with management and the Audit and Assurance Committee. We have not been made aware of any incidents in the period nor have any incidents come to our attention as a result of our audit testing.

Our work as auditor is not intended to identify any instances of fraud of a non-material nature and should not be relied upon for this purpose.

### **Non-compliance with laws and regulations**

As part of our standard audit testing, we have reviewed the laws and regulations impacting the IJB. There are no indications from this work of any significant incidences of non-compliance or material breaches of laws and regulations.

### **Written representations**


We will present the final letter of representation to the Chief Finance Officer to sign at the same time as the financial statements are approved.

### **Related parties**

We are not aware of any related party transactions which have not been disclosed.

# Wider scope of public audit

Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector. The wider-scope audit specified by the Code of Audit Practice broadens the audit of the accounts to include consideration of additional aspects or risks in areas of financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

<b>Financial Management</b> Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.	<b>Auditor judgement</b> Risks exist to achievement of operational objectives 
	<p>The IJB was faced with an uncertain and challenging financial position alongside an increase in demand for services throughout 2023/24.</p> <p>The IJB reported a deficit position in 2023/24 of £5.578million after utilisation of £12.173million of its reserves balances to reduce the core overspend position of £17.751million.</p> <p>The remaining overspend of £5.578million was funded through additional allocations from both partner bodies in the form of a risk share agreement, as outlined in the Integration Scheme. Utilising the risk share agreement presented further financial challenge to both partner bodies.</p> <p>Due to the significance of the year end outturn movement, the Finance, Performance and Scrutiny Committee requested that a lesson learned exercise be undertaken in order to address the key areas contributing to the increase in forecast overspend. A report outlining the scope and findings from the lessons learned exercise was presented to the Finance, Performance and Scrutiny Committee in July 2024.</p> <p>We have reviewed the lessons learned report and provided recommendations to management as part of the financial management section of this report.</p>

### Financial sustainability

Financial sustainability looks forward to the medium and longer term to consider whether the Board is planning effectively to continue to deliver its services and the way in which they should be delivered.

### Auditor judgement

Significant unmitigated risks affect achievement of corporate objectives




The IJB has forecast a cumulative budget gap of £48.459million over the period 2024/25 to 2026/27 before actions to address. This budget gap has given rise to a challenging savings target of £39.033million in 2024/25, rising to £52.267million in 2026/27.

The Finance Update report presented to the IJB in July 2024 highlighted a forecast under delivery of the 2024/25 savings target and a potential requirement to identify at least £6million of further savings as part of the recovery plan being presented to the IJB in September 2024. £10million of reserves was required to be utilised to meet the under delivery of savings targets in 2023/24 and the IJB now has no reserves that can be utilised in similar circumstances.

The IJB has recognised that the medium term financial plan presents a very challenging three years and emphasises the need to focus on medium term transformational change to allow delivery of services in the most effective way whilst balancing the budget. The IJB has a good focus on transformation but the lack of reserves puts additional pressure on the resources required to progress with transformation plans.

The IJB has recognised that the level of challenge associated with the financial plan is substantial and that this also reflects the challenging financial environments in which both NHS Fife and Fife Council are currently operating. On this basis, the financial sustainability of the IJB remains a significant risk for 2024/25 and beyond and it is crucial that a partnership and integrated approach is taken to manage the level of financial risk and challenge going forward.

<p><b>Vision, Leadership and Governance</b></p> <p>Vision, Leadership and Governance is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.</p>	<p><b>Auditor judgement</b></p> <p>Effective and appropriate arrangements are in place</p> <p>Governance arrangements throughout the year were found to be satisfactory and appropriate. We are satisfied that the IJB continued to receive sufficient and appropriate information throughout the period to support effective and timely scrutiny and challenge.</p> <p>Our assessment has been informed by a review of the corporate governance arrangements in place and the information provided to the Board and Committees.</p> <p>We are satisfied that appropriate arrangements are in place to oversee the delivery of the Strategic Plan for Fife 2023-26, and delivery plans are progressing at a sufficient pace.</p> 
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### Use of Resources to Improve Outcomes

Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency, and effectiveness through the use of financial and other resources and reporting performance against outcomes.

### Auditor judgement

Risks exist to achievement of operational objectives



Whilst an established and appropriate performance management framework is in place at the IJB, the pandemic exacerbated what were already tough core service delivery challenges.

As described in the Financial Sustainability section, there is a risk that the scale of savings required to enable the IJB to achieve a financially sustainable position may impact on its ability to deliver services to a high quality. This also presents a risk of deterioration in the IJB's performance.

Good progress is being made across actions identified under all five workforce pillars within the year 2 workforce action plan.

The IJB is looking ahead towards preparations for the development of workforce plans for 2025-2028. Due to the positive uptake and engagement with the current workforce strategy, the IJB is expecting that the next iteration of the workforce plans will continue to use the 5 Pillars (Plan, Attract, Train, Employ, Nurture) as a framework but with an added focus on consideration of internal and external environments and informing national developments.

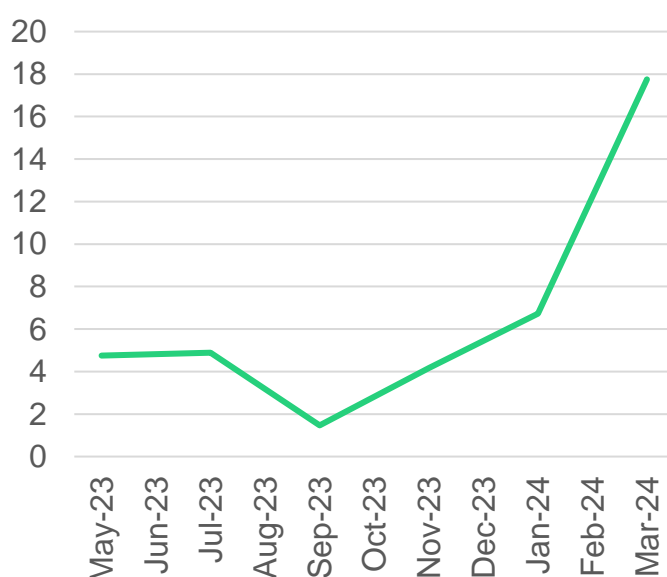
## Financial management

### Financial performance 2023/24

Throughout 2023/24 the IJB was faced with an uncertain and challenging financial position alongside an increase in demand for services.

Deficit positions were forecast in each Finance Update report presented to the IJB in 2023/24, as detailed in exhibit 1.

**Exhibit 1: Forecast Deficit position (£'m)**



**Source: Finance Update reports and analysis**

As can be seen, the most significant movement was from January to March 2024, representing an increase in the forecast deficit position of £11.026million. The IJB has identified that the main reasons for the movement are:

- Additional Social Care packages commissioned - £4million
- Year-end accounting entries - £1.3million
- Additional costs of patients in delay - £1.3million
- Additional costs in mental health and GP prescribing - £1million
- Lack of management information on which to project - £2.9million

The outturn position as at 31 March 2024 for the services delegated to the IJB was as follows:

	<b>Budget £000</b>	<b>Actual £000</b>	<b>Variance £000</b>
Delegated and Managed Services	699,692	705,270	5,578
Set Aside Acute Services	50,920	50,920	-

This position was achieved after utilisation of £12.173million of IJB reserves balances to reduce the core overspend position of £17.751million to £5.578million.

The remaining overspend of £5.578million was funded through additional allocations from both partner bodies in the form of a risk share agreement, as outlined in the Integration Scheme. Utilising the risk share agreement presented further financial challenge to partner bodies as NHS Fife was required to request further brokerage from Scottish Government and Fife Council had to utilise reserves to ensure financial balance.

### **Reserves position**

The 2023/24 opening reserves position was £37.719million, consisting of £16.225million earmarked, £14.065million committed and £7.429million available reserves. As part of setting the 2023/24 financial plan, committed reserves of £10million were also agreed to be utilised as part of the 2023/24 budget to cushion the savings required in year.

After allocation of reserves for 2023/24 commitments, the closing reserves balance at March 2024 was forecast to be £16.004million. In-year permission was sought from Scottish Government to re-purpose a number of earmarked reserves for use in other areas, including £12.173million to fund the IJB's final overspend position. In addition, the year end balance of Flu Vaccine, Covid Vaccine funding (£0.900million) was carried forward for use in 2024/25 increasing the IJB's closing reserves balance to £4.371million. These amounts cannot be utilised as there are current policies in place with Scottish Government to utilise the funding or commitments have already been made against the balances.

The utilisation of reserves described above resulted in the IJB holding an actual closing reserves balance at 31 March 2024 of £4.731million. This is below the IJB's minimum policy to hold 2% of budget in reserves and of this balance none is available for general use.

### **Savings plan**

In March 2023, the Board approved a balanced budget for 2023/24 through planned delivery of a savings target of £21.437million.

The IJB delivered £11.437million (53%) of the 2023/24 savings target. This represents a decrease compared to the prior year where the IJB delivered 66% of its savings target. As detailed above, £10million of reserves were earmarked and allocated for delays in delivering cashable savings which compensated for the 2023/24 shortfall in the achievement of savings.

This failure to deliver savings targets places substantial additional pressure on the future financial position of the IJB and therefore requires careful management.

The table below shows performance against the approved savings plan. The main areas that were not achieved relate to Digital Sensor Technology- transform overnight care, Community Rehabilitation and Care and Home First Commissioning Transformation.

**Exhibit 2: 2023/24 savings plan**

Savings Proposal	Target £m	Actual £m	(Under)/over achieved £m
Digital Sensor Technology- transform overnight care	3.000	0.000	(3.000)
Community Rehabilitation and Care	1.000	0.000	(1.000)
Home First Commissioning Transformation	1.000	0.000	(1.000)
Securing a sustainable Medical Workforce and reducing locum spend	0.500	0.000	(0.500)
Modernising Administration Services	0.500	0.500	0.000
Integrated Management Teams	0.500	0.000	(0.500)
Medicines Efficiencies programme 2023-25	3.650	2.650	(1.000)
Nurse Supplementary Staffing	2.000	1.000	(1.000)
Transforming Centralised Scheduling	0.087	0.087	0.000



<b>Savings Proposal</b>	<b>Target £m</b>	<b>Actual £m</b>	<b>(Under)/over achieved £m</b>
Implementation of Payment Cards	1.000	1.000	0.000
Community Redesign	1.000	1.000	0.000
Day Service Redesign (older people)	0.500	0.500	0.000
Use of Underspends	5.000	3.000	(2.000)
Supported Living Rents Income Maximisation	1.000	1.000	0.000
Integrated Workforce- Community Treatment and Care Services (CTAC) and Community Immunisation Services (CIS)	0.400	0.400	0.000
Maximising Core Budget (Alcohol and Drugs)	0.300	0.300	0.000
<b>Total</b>	<b>21.437</b>	<b>11.437</b>	<b>(10.000)</b>

**Source: Finance Report Provision Outturn as at March 2024- June 2024**

### **Lessons Learned Exercise**

Due to the significance of the year end outturn movement, the Finance, Performance and Scrutiny Committee requested that a lesson learned exercise be undertaken in order to address the key areas contributing to the increase in forecast overspend. A report outlining the scope and findings from the lessons learned exercise was presented to the Finance, Performance and Scrutiny Committee in July 2024. An action plan was developed based on the lessons learned exercise and it was agreed at the Board development session in September 2024 that this will be monitored through regular updates to the Audit and Assurance Committee.

We have reviewed the report from the lessons learned review into the movements in financial projections in the final quarter of 2023/24 as part of our wider scope audit work on financial management.

We have fed back our comments on the report to the IJB Chief Finance Officer and can confirm that there is nothing in the report which is inconsistent with our knowledge gained from our audits of the IJB or either of the other partner bodies.

The proposed corrective actions seem reasonable and appropriate, and we are satisfied that a root cause analysis of the main issues leading to the overspends in each partner body has been carried out. We have not audited the content of the root cause analysis but have seen evidence that it has been appropriately undertaken.

The report meets our expectations of a lessons learned review subject to the following point:

- We suggest, in review of the tight financial position, that the Audit and Assurance Committee consider requesting Internal Audit to provide independent assurance on the effectiveness of controls identified as part of agreed corrective actions.

### **Recommendation 1**

## **Prevention and detection of fraud and irregularity**

The IJB does not directly employ staff and so places reliance on the arrangements in place within Fife Council and NHS Fife for the prevention and detection of fraud and irregularities. Arrangements are in place to ensure that suspected or alleged frauds or irregularities are investigated by the partner bodies. Overall, we found arrangements to be sufficient and appropriate.

## Financial sustainability

### Significant audit risk

Our audit plan identified a significant risk in relation to financial sustainability under our wider scope responsibilities:

#### Financial sustainability – extract from audit plan

The IJB's latest medium term financial plan was approved in March 2023. The plan shows a cumulative budget gap of £34.704million over the period 2023/24 to 2025/26 to be mitigated by a challenging savings target of £21.437million in 2023/24, rising to £34.900million in 2025/26.

Reserves of £10million were also agreed to be utilised as part of the 2023/24 budget to cushion the savings required in year. The remaining reserves balance available for use by the IJB totals £10.770million, of which £2.149million is committed, which presents a risk that this balance is too low to adequately mitigate medium to longer term financial challenges. The IJB has acknowledged that the use of reserves is not a sustainable solution, as it only provides short-term one-off funding, and that transformational change is required to ensure long term sustainability.

Work is currently ongoing to review planning assumptions to reflect the current financial environment in which the IJB operates, as part of development of the 2024/25 budget and revised medium term financial plan. The 2024/25 budget is expected to reflect key financial pressures facing the IJB including receipt of a flat cash settlement from NHS Fife and a partly funded pay award from Fife Council. The 2024/25 budget is due to be approved by the IJB in March 2024.

In an environment of heightened financial pressures, increasing demand and the growing need to redesign services, robust and timely financial planning is essential in supporting the sustainability of the IJB in the medium to longer term.

Our detailed findings on the IJB's arrangements for achieving long term financial sustainability are set out below.

### 2024/25 Financial Plan

The 2024/25 financial plan was presented to the IJB in March 2024 for scrutiny and approval. The financial plan shows a forecast funding gap of £39.066million.

Delegated budgets from partners total £674.525million for 2024/25 (2023/24: £649.041 million). This includes an uplift of £2.1million from Fife Council to contribute to funding the pay award.

In December 2023, the Scottish Government committed to provide additional funding to integrated authorities of £241.5million which consists of the following:

- To deliver a £12 per hour minimum pay settlement to adult social care workers in private and third sectors (£230million)
- An inflationary uplift on free personal nursing care payments (£11.5million)

Fife IJB's share of this funding is £17.003million which has been incorporated into the 2024/25 budget.

Set against this, the projected cost of delegated services for 2024/25 is £713.591million, with the most significant increases arising from:

- Pay inflation (£5.438million)
- Pharmacy Inflation (£2.347million)
- External providers: living wage and funding requirements (£16.350million).

The IJB continues to monitor financial pressures and risks in the delivery of the financial plan on an ongoing basis through the IJB's Financial Risk Register and finance update reports presented and scrutinised at each Board meeting.

### **Savings plan**

Delivery of savings is a fundamental component of achieving a surplus financial position. For 2024/25, identified savings of £39.033million were approved by the IJB to bridge the identified 2024/25 gap.

As detailed in the financial management section, the IJB did not meet its savings target in 2022/23 or 2023/24 and in 2023/24 only 53% of the savings target was achieved by services with £10million of reserves being used to cushion the unachieved savings in year.

For 2024/25, the savings target has increased by £17.6million compared to 2023/24, where full achievement of this challenging target would still leave a small funding gap of £0.033million. This savings target represents a level significantly higher than in previous years where the IJB has faced challenges delivering savings targets in full. It is important that the IJB closely monitors the delivery of savings identified to ensure that achievement of savings does not impact on its quality of service delivery.

The Finance Update report presented to the IJB in July 2024 highlighted that only 53% of 2024/25 savings targets were on track to be delivered or had already been delivered.

In addition, a forecast overspend position of £24.353million was highlighted within the July 2024 finance update. In line with the Integration Scheme, the process for resolving budget overspend positions within the year is to agree a recovery plan to balance to total budget. This position therefore triggered the requirement for the IJB to produce a recovery plan which is due to be presented to the September 2024 IJB

meeting. Early indications suggest that the recovery plan will include the requirement for the IJB to identify further savings opportunities, with this totalling a further £6million at the time of writing.

As detailed above, in 2023/24 the IJB utilised £10million of reserves to meet the under delivery of savings targets. The main purpose of holding a reserve is to create a contingency to cushion the impact of unexpected events or emergencies and the IJB now has no reserves that can be utilised in similar circumstances. This increases the risk to the IJB's future financial sustainability where an under delivery of the 2024/25 savings target is already being forecast.

## Medium Term Planning

The IJB approved its medium term financial plan (2024/25 to 2026/27) alongside the Medium Term Financial Strategy 2024-2027 (MTFS) in March 2024. The updated MTFS is aligned to the 2023-2026 Strategic Plan, supporting strategies, the workforce strategy and refreshed participation and engagement strategy. Key risks and uncertainties set out in the plan include:

- The economic crisis- the cost of inflation, energy and pay costs;
- The ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources;
- Continuing difficulties in recruitment leading to the use of higher cost locums and agency staff;
- The Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- Workforce sustainability both internally in health and social care and within external care partners and;
- Variability- projected financial impact could arise from the impact of both local and national decisions or unexpected change in demand.

The financial plan shows a cumulative budget gap of £48.459million over the period 2024/25 to 2026/27 set alongside a challenging savings target of £39.033million in 2024/25, rising to £52.267million in 2026/27.

	<b>2024/25 £million</b>	<b>2025/26 £million</b>	<b>2026/27 £million</b>
Cost of continuing	679.591	706.713	734.156
Pressures	34.000	34.000	34.000
Funding available	674.525	697.048	719.697
<b>Total gap</b>	<b>39.066</b>	<b>43.665</b>	<b>48.459</b>

**Source: Fife Integration Joint Board Annual Accounts 2023/24**

The IJB has recognised that the medium term financial plan presents a very challenging three years and emphasises the need to focus on medium term transformational change to allow delivery of services in the most effective way whilst balancing the budget.

A significant amount of work has been undertaken through the transformational change programme which spans the entirety of the health and social care partnership. The programme requires a focus on what services are delivered, how they are delivered, and where they are delivered from. During 2023/24 and 2024/25 to date, there has been significant investment to create a transformation team which has progressed a series of programmes and projects. These projects will measure improvements in both outcomes and quality of services and track financial benefits such as cost avoidance through prevention and early intervention, efficiency savings and cashable savings from transforming services.

However, the IJB has acknowledged that given the projected lack of reserves, there is a risk that they will not have sufficient resource to progress with transformation plans, impacting on the IJB's financial sustainability. The IJB has committed to carefully monitor this position throughout 2024/25.

The IJB has recognised that the level of challenge associated with the financial plan is substantial and that this also reflects the challenging financial environments which both NHS Fife and Fife Council are currently operating in. On this basis, the financial sustainability of the IJB remains a significant risk for 2024/25 and beyond and it is crucial that a partnership and integrated approach is taken to manage the level of financial risk and challenge going forward.

## National Care Service (Scotland)

The National Care Service (Scotland) Bill was introduced to Parliament on 20 June 2022. The initial Bill would allow Scottish Ministers to transfer responsibility for social care from local authorities and certain healthcare functions from the NHS to a new National Care Service. The Scottish Government has committed to establishing a functioning National Care Service by the end of the parliamentary term in 2026. The Bill makes provision for the Scottish Ministers to establish and fund new bodies, called “care boards”, to plan and deliver services locally. The relationship between the Scottish Ministers and the care boards is expected to work in a similar way to the current approach taken by IJBs and their partner bodies.

The Bill is currently at stage two of approval where Changes to Detail can be proposed by MSPs for consideration by a committee. The Committee's call for views closes in September 2024.

The Scottish Government provided an update on the Bill in July 2023. This highlighted potential amendments to the Bill due to an initial consensus proposal between the Scottish Government and Cosla. The proposal agreed was to form a partnership approach and overarching shared accountability system with Scottish Ministers, local authorities and NHS Boards. In addition, the update proposed that local authorities will retain functions, staff and assets. There has been no further updates on the Bill communicated to the IJB in 2023/24 and to date.

Due to recognition of the significant impact the Bill will have on the IJB once it has been passed in parliament, the IJB Chief Officers continue to have regular communication with the Scottish Government.

## Vision, leadership and governance

### Governance arrangements

The Board of the IJB comprises 16 voting members, nominated by either Fife Council or NHS Fife, as well as non-voting members including a Chief Officer appointed by the Board.

The Chief Officer in post for 2023/24, Nicky Connor, left the IJB in July 2024. The post has been filled in the interim period by Fiona McKay (previously Head of Strategic Performance, Planning & Commissioning) to ensure continuity in leadership. Lynne Garvey, the IJB's Head of Community Care Services, has been appointed as the new Chief Officer for the IJB and will take up post from November 2024.

The Board continued to hold bi-monthly development sessions during 2023/24. The sessions covered topics including:

- Leadership and Transformation
- Performance, governance and culture
- A Focus on Mental Health - Mental Health Strategy
- Role of the Independent Sector and 2024-25 Budget and Beyond

From review of the Board development sessions, we have concluded that it provides those charged with governance with the information and platform to continue to discharge its responsibilities effectively.

The Board is responsible for ensuring the overall governance of the IJB. In driving forward the strategic direction of the IJB and ensuring the governance framework is operating as intended, the Board continues to be supported by three committees:

- Audit and Assurance Committee;
- Quality and Communities Committee; and
- Finance, Performance and Scrutiny Committee.

In addition, the Senior Leadership Team (SLT) are continuing to work to establish a 'Team Fife' culture to support a vision of being amongst the best performing Health and Social Care Partnerships by 2025. This is known as Mission 2025.

During 2023/24, the IJB delivered two Systems Leadership Programmes for senior and middle managers to help roll out of the systems leadership ethos across the health and social care partnership. Two further programmes are planned for 2024 which have already gained significant interest throughout the partnership.



## Board and Committee meetings

Committee meetings have continued to be held virtually rather than in person, to date, to comply with requirements for non-essential travel and physical distancing, and the preferred mechanism is through MS Teams, in line with the sector and the IJB's partner bodies. During 2023/24, Board meetings have continued to adopt a blended approach and development sessions have remained in-person.

Throughout 2023/24, the Board has been able to maintain all aspects of board governance, including its regular schedule of Board and Committee meetings.

Through our review of committee papers we are satisfied that there continues to be effective scrutiny, challenge and informed decision making through the financial period.

## Strategic Plan for Fife 2023-2026

The IJB approved its Strategic Plan for Fife 2023-2026 in January 2023. The strategic plan was developed using a partnership approach and aligns to both Fife Council's 'Plan for Fife' and NHS Fife's 'Population Health and Wellbeing Strategy'.

The strategy recognises the challenges currently faced within health and social care including the impact that the COVID-19 pandemic has had on the demand for services, inequalities within the health population and the way in which the IJB has adapted the way it works internally and with partner organisations.

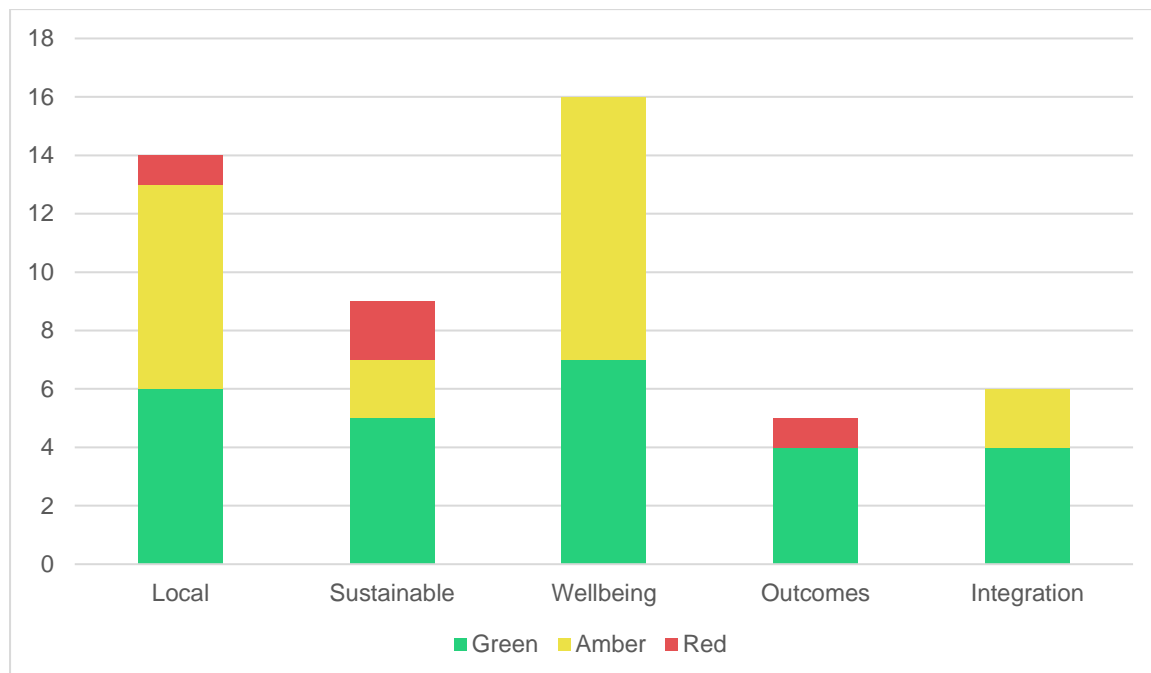
The strategy takes cognisance of the IJB's overarching vision, mission and values, and is structured under five strategic ambitions:

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

The Strategic Plan 2023- 2026 is supported by annual delivery plans which set out the programme of work for each year and highlight the improvements that require to be made to further improve health and social care services in Fife. The Delivery Plan 2023 was approved by the IJB in March 2023 and consists of 50 separate actions.

The year one annual report was presented to the March 2024 IJB meeting alongside the year 2 delivery plan. The report highlighted that 52% of actions were completed during 2023/24 (green RAG status), 40% were partially completed (amber RAG status) and 8% were delayed (red RAG status). All red actions have either been carried forward into the 2024 delivery plan or have been updated and replaced with new relevant actions, for example, in response to national changes.

**Exhibit 3: RAG Status of year one delivery plan grouped by strategic ambition**



**Source: Strategic Plan 2023-2026 Year One Report 2023 - March 2024**

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Strategic Plan for Fife 2023-26, and delivery plans are progressing at a sufficient pace.

### Internal audit

An effective internal audit service is an important element of the IJB’s overall governance arrangements. The IJB’s internal audit service is provided by FTF Internal Audit Service. During our audit we considered the work of internal audit wherever possible to inform our risk assessment and our work on the governance statement.

A draft internal audit report was presented to the Audit and Assurance Committee in June 2024 with a final report being presented in September 2024.

This report provided reasonable assurance and confirmed that “Reliance can be placed on the IJB’s governance arrangements and systems of internal controls for 2023/24 in the following areas:

- Corporate Governance
- Clinical and Care Governance
- Staff Governance
- Information Governance

The IJB did have financial governance controls in place but these were not effective in all areas. The Lessons Learned Financial Movement report highlighted areas where controls were not sufficient to mitigate risk, alongside existing controls and corrective action.

In my opinion, the corrective actions as described in the Lessons Learned Financial Movement report presented to the 3 July 2024 FPSC are appropriate and proportionate. Internal audit did not audit the Lessons Learned Financial Review as this is out with the scope of this annual report.”

In addition, internal audit has not advised management of any additional disclosure requirements for the governance statement or any inconsistencies between the governance statement and information they are aware of from its work.

## Use of resources to improve outcomes

### Performance Management Arrangements

#### Performance management framework

The IJB has developed a performance management framework which comprises key performance indicators (KPIs) including national, local and management targets which are reported to each second meeting of the Finance, Performance and Scrutiny Committee. Every other meeting of the Finance, Performance and Scrutiny Committee is used to deeper dive into areas of poor performance.

Performance reports are also presented to each meeting of the Board. These reports focus on more detailed considerations of the areas of performance that have been provided with a red RAG status as part of the full report presented to the Finance, Performance and Scrutiny Committee. In addition, in line with the requirements of the Public Bodies (Joint Working) Act 2004, the IJB prepares an annual public performance report that considers progress against both the National Health and Wellbeing Outcomes and the key priorities identified within its strategic plan.

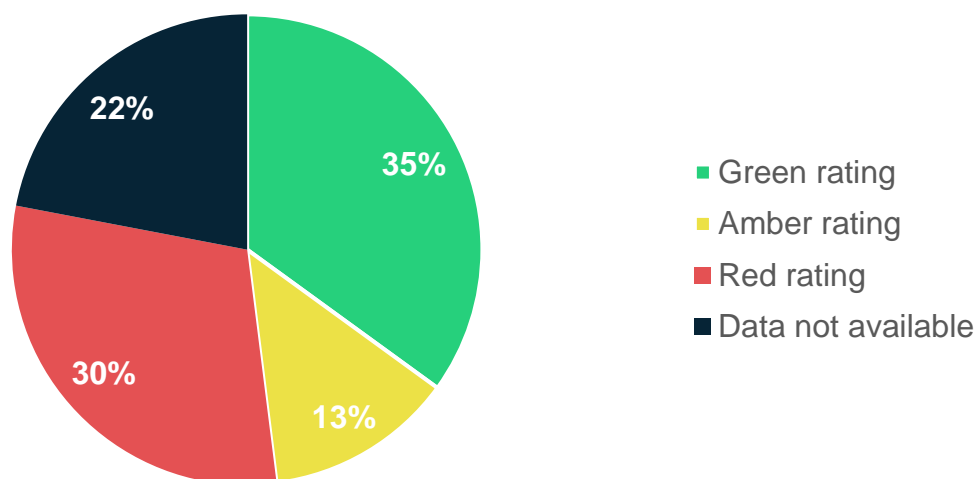
During 2023/24, a Planning and Performance Board was set up by the IJB. The Board comprises members of the Senior Leadership Team (SLT) and meets bi-monthly to examine and scrutinise the IJB's performance. Work is also ongoing to develop a new performance scorecard which will provide greater scope of coverage of the IJB's activity and allow users to further drill down to portfolio level indicators. This work is expected to be completed by the end of 2024 and the scorecards will be scrutinised at the meetings of the newly established Planning and Performance Board.

Through review of Board papers, we concluded that performance is given an appropriate level of scrutiny and challenge.

#### Performance in 2023/24

IJB's have been required by the Public Bodies (Joint Working) Act 2004 to report on the core suite of Integration Indicators within their Annual Performance Reports. The 2023/24 annual performance report compares the IJB's performance against the Scottish average in 23 core national indicators. As noted in exhibit 4, there was insufficient data available to conclude on performance for five indicators due to national data being unavailable or no nationally agreed definition for the indicators.

#### Exhibit 4: National Indicators – Fife’s performance for 2023 to 2024 compared to Scotland rate



**Source: Annual Performance Report 2023-24- July 2024**

As exhibit 4 demonstrates, performance continues to be mixed compared to the Scottish average. In line with prior year performance, the IJB continues to perform worse than the national average in 13 of the core indicators.

The seven indicators given a Red RAG rating due to Fife’s performance being below expected levels and there being a statistically significant decline compared to previous performance and/or a decline compared to national performance are as follows:

- NI 3- Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided (51% compared to Scotland rate of 59.6% and prior year comparative of 69.7%);
- NI 4- Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated (53% compared to Scotland rate of 61.4% and prior year comparative of 63.1%);
- NI 12- Emergency admission rate per 100,000 population (13,809 compared to Scotland rate of 11,707 and prior year comparative of 12,872);
- NI 14- Emergency readmissions to hospital within 28 days of discharge rate per 1,000 discharges (118 compared to Scotland rate of 104 and prior year comparative of 117);
- NI 16- Falls rate per 1,000 population aged 65+ (28.1 compared to Scotland rate of 23.0 and prior year comparative of 26.8);

- NI 17- Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (68.7% compared to Scotland rate of 77% and prior year comparative of 67.2%); and
- NI 18- Percentage of adults with intensive care needs receiving care at home (59.2% compared to Scotland rate of 64.8% and prior year comparative of 59.5%).

The IJB has committed to continue to closely monitor performance in these areas and work to improve performance against the Scottish average by working with partner agencies on new strategies and transformation programmes.

As described in the Financial Sustainability section, there is a risk that the scale of savings required to enable the IJB to achieve a financially sustainable position may impact on its ability to deliver services to a high quality. This also presents a risk of deterioration in the IJB's performance.

## Workforce Planning

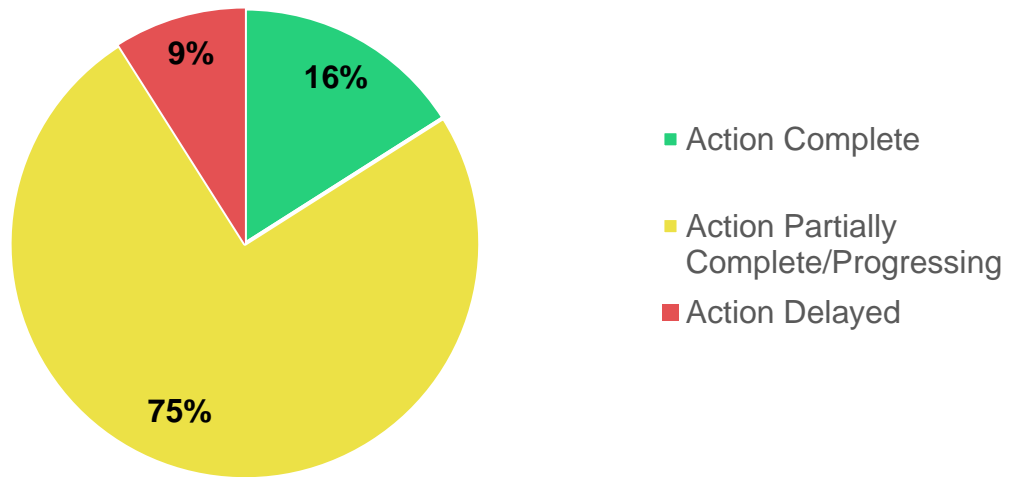
The Workforce Strategy 2022-25 was approved by the IJB in November 2022, accompanied by action plans and supporting governance arrangements. The strategy recognises the challenges currently faced within the workforce and the impact of risks to the IJB including factors such as an ageing workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

Internal Audit carried out a review of the IJB's workforce strategy during 2023/24. The report provided reasonable assurance on the IJB's approach to workforce planning and recognised the inclusive working relationship and collaboration between the partners, NHS Workforce representatives, Fife Council, independent and Third Sector and the Health and Social Care Partnership Organisational Development team in developing the strategy. Internal Audit identified four moderate risk action points, three of which have been addressed and the fourth, relating to collection and utilising of workforce data, is on track to be delivered in line with the year 2 workforce action plan.

In line with internal audit's recommendations, an update report on the year 2 workforce action plan was presented to the IJB in May 2024. All actions within the plan were presented with a RAG status to enable a clear indication of whether an action is not progressing, progressing, partially completed and ongoing or completed.

The update report highlighted that good progress is being made across actions identified under all five workforce pillars. As detailed in exhibit 5, 91% of actions as at April 2024 were either complete or partially complete and on track to be delivered as part of the annual report.

### Exhibit 5: Workforce Strategy Year 2 Update



Source: Workforce Strategy Action Plan Year 2: Update- May 2024

An annual report on the delivery of the year two action plan is due to be presented to the IJB in November 2024, alongside the approval of the year three workplan.

The IJB is beginning to undergo preparations for the development of workforce plans for 2025-2028. A report was presented to SLT in August 2024 which included the expected activity and timeline required to develop the next iteration of workforce plans. Due to the positive uptake and engagement with the current workforce strategy, the IJB is expecting that the next iteration of the workforce plans will continue to use the 5 Pillars (Plan, Attract, Train, Employ, Nurture) as a framework but with an added focus on consideration of internal and external environments and informing national developments.

We are satisfied that appropriate arrangements are in place to oversee the delivery of the Workforce Strategy 2022-25 and that workforce action plans are progressing at a good pace.

### Best Value

IJBs have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance and monitoring progress towards their strategic objectives.

The IJB approved a best value framework in 2019 and undertake a review against the best value framework on an annual basis. The position statement for 2023/24 is due to be presented to the IJB in November 2024.

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## Appendix 1: Responsibilities of the IJB and the Auditor

### IJB Responsibilities

The Code of Audit Practice (2021) sets out the responsibilities of both the IJB and the auditor and are detailed below.

Area	IJB responsibilities
<b>Corporate governance</b>	<p>The IJB is responsible for establishing arrangements to ensure the proper conduct of its affairs including the legality of activities and transactions, and for monitoring the adequacy and effectiveness of these arrangements. Those charged with governance should be involved in monitoring these arrangements.</p>
<b>Financial statements and related reports</b>	<p>The IJB has responsibility for:</p> <ul style="list-style-type: none"> <li>• preparing financial statements which give a true and fair view of the financial position of the IJB and its expenditure and income, in accordance with the applicable financial reporting framework and relevant legislation;</li> <li>• maintaining accounting records and working papers that have been prepared to an acceptable professional standard and support the balances and transactions in its financial statements and related disclosures;</li> <li>• preparing and publishing, along with the financial statements, an annual governance statement, management commentary (or equivalent) and a remuneration report in accordance with prescribed requirements. Management commentaries should be fair, balanced and understandable.</li> </ul> <p>Management is responsible, with the oversight of those charged with governance, for communicating relevant information to users about the IJB and its financial performance, including providing adequate disclosures in accordance with the applicable financial reporting framework. The relevant information should be communicated clearly and concisely.</p> <p>The IJB is responsible for developing and implementing effective systems of internal control as well as financial, operational and compliance controls. These systems should support the achievement of its objectives and safeguard and secure value for money from the public funds at its disposal. The IJB is also</p>

Area	IJB responsibilities
	responsible for establishing effective and appropriate internal audit and risk-management functions.
<b>Standards of conduct for prevention and detection of fraud and error</b>	The IJB is responsible for establishing arrangements to prevent and detect fraud, error and irregularities, bribery and corruption and also to ensure that its affairs are managed in accordance with proper standards of conduct by putting proper arrangements in place
<b>Financial position</b>	<p>The IJB is responsible for putting in place proper arrangements to ensure its financial position is soundly based having regard to:</p> <ul style="list-style-type: none"> <li>• Such financial monitoring and reporting arrangements as may be specified;</li> <li>• Compliance with statutory financial requirements and achievement of financial targets;</li> <li>• Balances and reserves, including strategies about levels and their future use;</li> <li>• Plans to deal with uncertainty in the medium and long term; and</li> <li>• The impact of planned future policies and foreseeable developments on the financial position.</li> </ul>
<b>Best Value</b>	<p>The IJB has a specific responsibility to make arrangements to secure Best Value. Best Value is defined as continuous improvement in the performance of the body's functions. In securing Best Value, the local government body is required to maintain an appropriate balance among:</p> <ul style="list-style-type: none"> <li>• The quality of its performance of its functions</li> <li>• The costs to the body of that performance</li> <li>• The cost to persons of any service provided by it for them on a wholly or partly rechargeable basis.</li> </ul> <p>In maintaining the balance, the IJB shall have regards to:</p>

Area	IJB responsibilities
	<ul style="list-style-type: none"><li>• Efficiency</li><li>• Effectiveness</li><li>• Economy</li><li>• The need to meet the equal opportunity requirements.</li></ul> <p>The IJB should discharge its duties in a way which contributes to the achievement of sustainable development.</p>

## Auditor responsibilities

### Code of Audit Practice

The Code of Audit Practice (the Code) describes the high-level, principles-based purpose and scope of public audit in Scotland. The 2021 Code came into effect from 2022/23.

The Code of Audit Practice outlines the responsibilities of external auditors appointed by the Auditor General and it is a condition of our appointment that we follow it.

### Our responsibilities

Auditor responsibilities are derived from the Code, statute, International Standards on Auditing (UK) and the Ethical Standard for auditors, other professional requirements and best practice, and guidance from Audit Scotland.

We are responsible for the audit of the accounts and the wider-scope responsibilities explained below. We act independently in carrying out our role and in exercising professional judgement. We report to the IJB and others, including Audit Scotland, on the results of our audit work.

Weaknesses or risks, including fraud and other irregularities, identified by auditors, are only those which come to our attention during our normal audit work in accordance with the Code and may not be all that exist.

### Wider scope audit work

Reflecting the fact that public money is involved, public audit is planned and undertaken from a wider perspective than in the private sector.

The wider scope audit specified by the Code broadens the audit of the accounts to include additional aspects or risks in areas of financial management; financial sustainability; vision, leadership and governance; and use of resources to improve outcomes.

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## Financial management



Financial management means having sound budgetary processes. Audited bodies require to understand the financial environment and whether their internal controls are operating effectively.

### **Auditor considerations**

Auditors consider whether the body has effective arrangements to secure sound financial management. This includes the strength of the financial management culture, accountability, and arrangements to prevent and detect fraud, error and other irregularities.

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## Financial sustainability



Financial sustainability means being able to meet the needs of the present without compromising the ability of future generations to meet their own needs.

### **Auditor considerations**

Auditors consider the extent to which audited bodies show regard to financial sustainability. They look ahead to the medium term (two to five years) and longer term (over five years) to consider whether the body is planning effectively so it can continue to deliver services.

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## Vision, leadership and governance



Audited bodies must have a clear vision and strategy and set priorities for improvement within this vision and strategy. They work together with partners and communities to improve outcomes and foster a culture of innovation.

### **Auditor considerations**

Auditors consider the clarity of plans to implement the vision, strategy and priorities adopted by the leaders of the audited body. Auditors also consider the effectiveness of governance arrangements for delivery, including openness and transparency of decision-making; robustness of scrutiny and shared working arrangements; and reporting of decisions and outcomes, and financial and performance information.

---

## Use of resources to improve outcomes



Audited bodies need to make best use of their resources to meet stated outcomes and improvement objectives, through effective planning and working with strategic partners and communities. This includes demonstrating economy, efficiency and effectiveness through the use of financial and other resources, and reporting performance against outcomes.

### **Auditor considerations**

Auditors consider the clarity of arrangements in place to ensure that resources are deployed to improve strategic outcomes, meet the needs of service users taking account of inequalities, and deliver continuous improvement in priority services.

---

## Best Value

Appointed auditors have a duty to be satisfied that local government bodies have made proper arrangements to secure best value.

Our work in respect of the IJB's best value arrangements is integrated into our audit approach, including our work on the wider scope areas as set out in this report.

## Audit quality

The Auditor General and the Accounts Commission require assurance on the quality of public audit in Scotland through comprehensive audit quality arrangements that apply to all audit work and providers. These arrangements recognise the importance of audit quality to the Auditor General and the Accounts Commission and provide regular reporting on audit quality and performance.

Audit Scotland maintains and delivers an [Audit Quality Framework](#).

The most recent audit quality report can be found at <https://www.audit-scotland.gov.uk/publications/quality-of-public-audit-in-scotland-annual-report-202223>

## Independence

The Ethical Standards and ISA (UK) 260 require us to give the IJB full and fair disclosure of matters relating to our independence. In accordance with our profession's ethical guidance and further to our External Audit Annual Plan issued confirming audit arrangements we confirm that there are no further matters to bring to the IJB's attention in relation to our integrity, objectivity and independence as auditors that we are required or wish to draw to the IJB's attention.

We confirm that Azets Audit Services and the engagement team complied with the FRC’s Ethical Standard. We confirm that all threats to our independence have been properly addressed through appropriate safeguards and that we are independent and able to express an objective opinion on the financial statements.

In particular:

Non-audit services: There were no non-audit services provided to the IJB.

Contingent fees: No contingent fee arrangements are in place for any services provided.

Gifts and hospitality: We have not identified any gifts or hospitality provided to, or received from, any member of the Board, senior management or staff.

Relationships: We have no relationships with the Board, its directors, senior managers and affiliates, and we are not aware of any former partners or staff being employed, or holding discussions in anticipation of employment, as a director, or in a senior management role covering financial, accounting or control related areas.

Our period of total uninterrupted appointment as at the end of 31 March 2024 was two years.

## Audit services

The total fees charged to the IJB for the provision of services in 2023/24 were as follows:

	2023/24	2022/23
Auditor Remuneration	£36,420	£37,360
Pooled costs	£1,330	£0
Contribution to PABV costs	£7,770	£6,540
Audit support costs	£0	£1,300
Sectoral cap adjustment	(£12,160)	(£10,730)
Extension of wider scope audit to review lessons learned report	£3,600	N/A
<b>Total audit fees</b>	<b>£36,960</b>	<b>£34,470</b>

The audit fees charged reconcile to the fees disclosed in the financial statements.

## Appendix 2: Audit differences identified during the audit

We are required to inform the IJB of any significant misstatements within the financial statements presented for audit that have been discovered during the course of our audit.

We are pleased to report that there were no material adjustments or unadjusted differences to the unaudited annual accounts.

### Misclassification and disclosure changes

Our work included a review of the adequacy of disclosures in the financial statements and consideration of the appropriateness of the accounting policies and estimation techniques adopted by the IJB.

We identified a number of reclassification adjustments and some minor presentational issues in the IJB's accounts, and these have all been amended by management. Details of all disclosure changes amended by management following discussions are as below.

No	Detail
1.	Annual Governance Statement - inclusion of the Chief Officer leaving and other minor amendments.
2.	Remuneration Report – inclusion of full pension scheme narrative to be consistent with partner body disclosures and other minor amendments
3.	Management Commentary- inclusion of narrative on the direction which was not followed and other minor amendments.
4.	External Audit Fee- update to note 10 to reflect 2023/24 external audit fee per audit plan.

Overall, we found the disclosed accounting policies and the overall disclosures and presentation to be appropriate.



## Appendix 3: Action plan

Our action plan details the weaknesses and opportunities for improvement that we have identified during our 2023/24 audit.

The recommendations are categorised into three risk ratings:

**Key:**

- 1. Significant deficiency**
- 2. Other deficiency**
- 3. Other observation**

1. Lessons Learned Exercise	Other deficiency
<p><b>Observation</b></p>	<p>Due to the significance of the year end outturn movement, the Finance, Performance and Scrutiny Committee requested that a lesson learned exercise be undertaken in order to address the key areas contributing to the increase in forecast overspend. A report outlining the scope and findings from the lessons learned exercise was presented to the Finance, Performance and Scrutiny Committee in July 2024. An action plan was developed based on the lessons learned exercise and it was agreed at the Board development session in September 2024 that this will be monitored through regular updates to the Audit and Assurance Committee.</p> <p>We reviewed the report and it meets our expectations of a lessons learned review subject to the following point:</p> <ul style="list-style-type: none"> <li>• We suggest, in review of the tight financial position, that the Audit and Assurance Committee consider requesting Internal Audit to provide independent assurance on the effectiveness of controls identified as part of agreed corrective actions.</li> </ul>
<p><b>Implication</b></p>	<p>There is a risk that controls identified as part of agreed corrective actions do not operate as effectively as intended.</p>
<p><b>Recommendation</b></p>	<p>We recommend that the Audit and Assurance Committee consider requesting Internal Audit to provide independent assurance on the effectiveness of controls identified as part of agreed corrective actions.</p>
<p><b>Management response</b></p>	<p>An action plan detailing the corrective actions identified in the lessons learned report has been developed. This plan includes responsible owners, timescales, progress and measures to ensure the actions have been successfully implemented.</p> <p>The action plan was discussed at the IJB development session and will be shared and agreed with partner organisations.</p> <p>It is our intention to provide regular updates on the action plan and provide assurance these additional measures</p>

## 1. Lessons Learned Exercise

### Other deficiency

are in place and appropriate. This will be reported through the Audit & Assurance Committee.

Effective Financial Controls are already in place. The services delivered are very much demand led by the needs of the people of Fife. Given the complexities and sensitivity of their needs, there will be occasions where difficult decisions are taken to commission packages to keep individuals safe in the community.

Improved management information as a result of the move to the new social care system is being developed, combining performance and financial information to allow proactive financial decisions to be made. The dashboards will enhance the management information available to budget holders to aid decision making whilst recognising the complex landscape in which we work.

We believe that the action plan will provide an opportunity for the Audit & Assurance Committee to consider the effectiveness and completeness of the action plan.

Responsible officer:

Audrey Valente, Chief Finance Officer & all owners of Actions within the Action Plan

Implementation date: March 2025

## Appendix 4: Follow up of prior year recommendations

We have followed up on the progress the IJB has made in implementing the recommendations raised by the previous auditor last year.

<b>1. Financial pressures and identified savings</b>	
<b>Recommendation</b>	Ensure that financial plans and strategies fully reflect pressures and that savings identified remain deliverable.
<b>Implementation date</b>	<b>March 2024</b>
<b>Ongoing</b>	<p>The updated MTFs and budget for 2024/25 appropriately reflects financial pressures which face the IJB. In addition, each finance update includes a tracker of approved savings targets against the forecast position in order to closely monitor and take action into areas of underachievement against approved savings.</p> <p>For 2024/25, the savings target has increased by £17.6million compared to 2023/24, where full achievement of this challenging target would still leave a small funding gap of £0.033million. This savings target represents a level significantly higher than in previous years where the IJB has previously faced challenges delivering savings targets in full.</p> <p>Revised implementation date: Audrey Valente, Chief Finance Officer Responsible officer: March 2025</p>

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**Meeting Title:** Integration Joint Board

**Meeting Date:** 27 September 2024

**Agenda Item No:** 8.2

**Report Title:** Finance Update

**Responsible Officer:** Fiona McKay, Interim Director of Health & Social Care / Chief Officer

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

## 1 Purpose

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

- Assurance
- Discussion
- Decision

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

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

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

- Managing resources effectively while delivering quality outcomes.

## 2 Route to the Meeting

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

- NHS Fife Finance Team
- Fife Council Finance Team
- Finance Governance Board 9 September 2024
- Finance, Performance & Scrutiny Committee 11 September 2024
- IJB Development Session September 2024

There was a rich discussion at both the F,P&S committee as well as the

Development session. It was agreed that given the financial position currently being reported difficult decisions were required to reach financial balance. Recognising that the governance route to date does not accommodate any final decisions, members were supportive of this report being presented at the formal meeting of the IJB.

### **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 £21.571m.

A recovery plan will require to be actioned and is included at appendix 5.

#### **3.2 Background**

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

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

#### **3.3 Assessment**

As at 31 July 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £21.571m

- 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

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.

A recovery plan is attached at appendix 5.

### **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

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

### **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.

## 4.4 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 31 July 2024 as outlined in Appendices 1-4 of the report; and
- **Note** 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, detailed plan at Appendix 5
- **Decision** approve the financial monitoring position as at July 2024
- **Decision** formally approve and issue the Direction
- **Decision** formally approve the recovery plan

## 5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at July 2024

Appendix 2 – Direction

Appendix 3 - Approved 2024-25 Savings Tracker

Appendix 4 – Fife H&SCP Reserves

Appendix 5 – Recovery Plan

## 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 31st July 2024**

11th September 2024



Supporting the people of Fife together



# FINANCIAL MONITORING

## PROVISIONAL OUTTURN AS AT JULY 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 £21.571m 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 £7.193m since May (£35.488m since April) as shown in Table 1 below:

<b>Opening Budget</b>	<b>671.633</b>
Adjustments between roll forward and opening budget	11.180
Family Health Services	20.509
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	-0.142
<b>Budget at July</b>	<b>707.121</b>

### 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. Discussions remain ongoing with partner Directors of Finance to ensure IJB directions are delivered. There is a risk that services to the people of Fife may require to be reduced if this direction is not delivered.

A Directions to reflect additional allocations received from SG is at Appendix 2.

## 5. Financial Performance Analysis of Projected Outturn as at 31<sup>st</sup> July 2024

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £21.571m overspend. Shown in Table 2 below.

Fife Health & Social Care Partnership								
Projected Outturn as at July 2024								
Objective Summary	Budget May	Budget July	Forecast Outturn May	Forecast Outturn July	Variance as at May	Variance as at July	Movement in Variance	
	£m	£m	£m	£m	£m	£m	£m	£m
Community Services	138.239	144.379	136.234	141.122	(2.005)	(3.257)	(1.252)	
Hospitals and Long Term Care	58.074	58.862	69.128	70.128	11.054	11.266	0.212	
GP Prescribing	81.166	81.166	81.166	82.422	0.000	1.256	1.256	
Family Health Services	120.355	120.799	121.780	122.131	1.425	1.332	(0.093)	
Children's Services	17.384	17.205	18.264	17.945	0.880	0.740	(0.140)	
Homecare Services	56.569	56.569	59.061	60.367	2.493	3.798	1.306	
Older People Nursing and Residential	56.017	56.017	61.183	58.054	5.167	2.037	(3.130)	
Older People Residential and Day Care	16.307	16.307	18.205	18.047	1.898	1.740	(0.158)	
Older People Fife Wide/ Hospital Discharge	1.499	1.499	1.499	1.385	0.000	(0.115)	(0.115)	
Occupational Therapy & ICASS	5.344	5.344	5.344	5.909	0.000	0.566	0.566	
Adults Fife Wide	6.926	6.926	9.276	6.627	2.350	(0.299)	(2.649)	
Adult Supported Living	29.452	29.452	27.390	28.274	(2.062)	(1.178)	0.884	
Social Care Fieldwork Teams	21.583	21.583	20.480	20.310	(1.103)	(1.274)	(0.170)	
Adult Placements	83.511	83.511	87.144	87.946	3.633	4.435	0.802	
Social Care Other	(1.345)	(1.345)	(0.952)	(0.985)	0.393	0.360	(0.033)	
Business Enabling/Professional	7.214	7.214	7.445	7.376	0.232	0.163	(0.069)	
Housing	1.633	1.633	1.633	1.633	0.000	0.000	0.000	
<b>Total Health &amp; Social Care</b>	<b>699.928</b>	<b>707.121</b>	<b>724.281</b>	<b>728.692</b>	<b>24.353</b>	<b>21.571</b>	<b>(2.782)</b>	

The projected outturn overspend of £21.571m is also in portfolio level in Table 3 below, and variance analysis included is by portfolio.

	Budget May	Budget July	Forecast Outturn May	Forecast Outturn July	Variance as at May	Variance as at July	Movement in Variance
	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	274.115	275.191	275.940	277.479	1.825	2.288	0.463
Complex & Critical Care	205.152	209.292	213.770	216.948	8.617	7.656	(0.962)
Community Care	198.233	198.980	213.376	211.674	15.143	12.694	(2.449)
Professional & Business Enabling	9.999	10.413	10.866	10.485	0.868	0.073	(0.795)
Other	12.429	13.245	10.329	12.105	(2.100)	(1.140)	0.960
<b>Total HSCP</b>	<b>699.928</b>	<b>707.121</b>	<b>724.281</b>	<b>728.692</b>	<b>24.353</b>	<b>21.571</b>	<b>(2.782)</b>

## 5.1 Primary & Preventative Care

### **Variance**

The budget as at July is £275.191m. The projected outturn is £277.479m, an adverse variance against budget of £2.288mm. Within this portfolio there are savings of £6.690m and these savings are projected to be met in full. See Appendix 3 for detail.

The main variances are GP Prescribing which is currently projecting to overspend by £1.256m, this represents a 5.49% increase in volume and £1.3m on Primary Medical Services due to; ongoing overspends associated with 2c practices due in part to reliance on locum GPs, increased maternity/sickness across GPs and increasing Premises costs.

The movement from the May position is an adverse movement of £0.463m and relates to Prescribing projecting to overspend by the end of the financial year offset by an improvement in projections within PPC.

## 5.2 Integrated Complex & Critical

### **Variance**

The budget as at July is £209.292m. The projected outturn is £216.948m, an adverse variance against budget of £7.656mm. Savings of £15.000m have been allocated to Complex & Critical Care Services. The projected overspend includes non-achievement of savings of £6.577m. Detail can be found in Appendix 3.

The remaining variances excluding non-delivery of savings (£1.079m) are attributable to the following:-

Mental Health Services has a projected overspend of £4.114m, which is as a result of the increasing use of locum staff and difficulties in recruitment. This is partially offset by underspends of £1.270m across Learning Disability and Psychology services due to vacant posts and difficulties in recruiting.

Adult Placements has a projected overspend of £1m, this is mainly due to taxi costs of £0.800m and a reduction in Housing Benefit Income of £0.400m with the move to Universal Credit. This is offset by underspends by £1.2m in Community Support Service and £1.2m in Social Care Fieldwork Teams due to staffing vacancies.

The movement from the May position is a favourable movement of £0.962m and relates to an increased delivery of approved savings, offset by a reduction in the projected underspend on Group Homes staffing.

## 5.3 Integrated Community Care

### **Variance**

The budget as at July is £198.980m. The projected outturn is £211.674m, an adverse variance against budget of £12.694m. Savings of £10.073m are included in Integrated and Community Care. The projected overspend includes non-achievement of savings of £3.236m. Detail can be found in Appendix 3.

The remaining variances excluding non-delivery of savings (£9.458m) are attributable to the following:-

Care of the Elderly is projecting to overspend by £5.253m due to continued use of agency staffing and surge beds. Specialist Inpatients is projecting to overspend due to use of agency staffing of £0.510m. Underspends of £1.3m in ICASS, £0.560m in Community Nursing and £0.510m in Admin Staffing due to vacancies partly offset these overspends.

Residential Care is projecting a £1.490m overspend. This is mainly due to the use of agency staff in care homes £2m offset by £1.1m of vacant posts. Catering and cleaning charges are £0.500m overspent against budget.

Older People Nursing & Residential projected outturn is an overspend of £1.537m. This is due to a greater number of beds being utilised than budget available.

Homecare Services is projecting an overspend of £3m. This is due to overspends on Direct payments £1.3m and External Care at Home packages of £2.2m. There are also overspends on fleet charges and spot hires of £0.600m, Meals on Wheels of £0.200m and Community Alarms of £0.100m. The position is partially offset by underspends due to vacancies in Internal Homecare and capacity in the community funding of £1.7m. The capacity in the community was planned to be used for recruitment, however the increase in uptake of the Direct Payments has utilised this funding.

The movement from the May position is a favourable movement of £2.449mm and relates to an improved projection in relation to financial assessments.

## **5.4 Professional & Business Enabling**

### ***Variance***

The budget as at July is £10.413m. The projected outturn is £10.866m, giving an overspend position of £0.073m. Savings of £2.770m are included in Professional & Business Enabling. The projected overspend includes non-achievement of savings of £0.100m. Detail can be found in Appendix 3.

The movement from the May position is a favourable movement of £0.795m and relates to an increase in savings being delivered.

## **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 31<sup>st</sup> March 2024.

The financial tracker included at Appendix 3, provides an update on all savings and includes a RAG status. The current reported position would suggest that there is likely to be £28.170m (72%) of savings delivered during 2024-25. Delivery of savings has become the focus of attention and resources have been prioritised to this area of work to progress delivery.

## **7. Reserves**

Reserves brought forward at April 2024 were £4.731m



<b>Reserves Balances</b>	<b>Opening Balance @ April 2024</b>
Earmarked Reserves	3.496
Reserves Committed	1.235
<b>Total Reserves</b>	<b>4.731</b>

Further details are shown in Appendix 4

## 8. Recovery Plan

As per section 8.2.1 of the Integration Scheme

*'Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB'*

Appendix 5 to this paper details the proposed recovery plan for the IJB to consider and approve. The detail within this recovery plan has been discussed with partners and there is full support for the actions proposed. We have engaged with appropriate professional leads, and we understand any risks associated with these proposals. The proposals total £13.505m and although they do not fully bring budget back in line, the remaining balance roughly equates to the value on the non-delivered savings. There is a high level of confidence that the savings will be delivered in full, however, it is likely that part of these savings will not be delivered until next financial year. Although there is a risk to the outturn position this year there is a level of assurance that the recovery actions plus full delivery of savings will mitigate any risk in future years. Work will continue over the course of the financial year to identify further recovery actions, and these will be reflected in the revised projected outturn.

Given the recovery plan does 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;*

Failing this 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. Lessons Learned Report

A lessons learned report was brought to the last Committee to provide assurance in relation to the financial controls in place.

External Audit have reviewed the lessons learned report and in their Annual Audit Report have noted that that 'there is nothing in the report which is inconsistent with our knowledge gained from our audits of the IJB or either of the other partner bodies.

The proposed corrective actions seem reasonable and appropriate, and we are satisfied that a root cause analysis of the main issues leading to the overspends in each partner body has been carried out. We have not audited the content of the root cause analysis but have seen evidence that it has been appropriately undertaken'.

Continuous improvement is important to the HSCP, and therefore a SMART action plan has been developed as a result of the lessons learned. This was discussed at the IJB development session on 17<sup>th</sup> September. It is our intention to provide regular updates on the action plan and provide assurance, appropriate measures are in place and updates will be reported through our Audit & Assurance Committee.

## **10. Risks and Mitigation**

Due to the position reported last financial year there remains a risk that Directions will not be delivered by partners. This will remain under review and the CFO will ensure open dialogue continues with a view to all budget transfers approved by the IJB being reflected in both partner organisation financial ledgers.

Statutory Guidance on The Public Bodies (Joint Working) (Scotland) Act 2014, states at 2.7 of the guidance

'As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory.'

There is a risk that we are unable to progress some savings due to the whole system approach required jointly with partners.

There is a possibility that the risk share agreement will be implemented.

## **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.

Senior Leadership Team will work with their services to ensure continued opportunities are sought.

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.

The Financial Risk Score will be reviewed.

**Audrey Valente**  
Chief Finance Officer  
27<sup>th</sup> September 2024



## DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	<b>Reference Number</b>	2024.003
2	<b>Report Title</b>	Finance Update 2024-25
3	<b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>	27 September 2024
4	<b>Date Direction Takes Effect</b>	27 September 2024
5	<b>Direction To</b>	NHS Fife
6	<b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b>	Yes – 2024.001
7	<b>Functions Covered by Direction</b>	All functions delegated to NHS Fife by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a> )
8	<b>Full Text of Direction</b>	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavoring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.
9	<b>Budget Allocated by IJB to carry out Direction</b>	For the financial year 2024 to 2025, Fife IJB allocated a budget of £384.710 million as at March. This direction reflects additional funding of £37.904m to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.



**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

		<b>Opening Budget</b>	<b>671.633</b>
		Adjustments between roll forward and opening budget - FC	-4.049
		Adjustments between roll forward and opening budget - NHS	15.229
		Housing - Fife Council	1.633
		Family Health Services	20.509
		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	-0.142
		<b>Budget at July</b>	<b>707.121</b>
<b>10</b>	<b>Performance Monitoring Arrangements</b>	Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year	
<b>11</b>	<b>Date Direction will be reviewed</b>	Not applicable	

## DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)

1	<b>Reference Number</b>	2024.004
2	<b>Report Title</b>	Finance Update 2023-24
3	<b>Date Direction issued by Fife Integration Joint Board through the Chief Officer</b>	27 September 2024
4	<b>Date Direction Takes Effect</b>	27 September 2024
5	<b>Direction To</b>	Fife Council
6	<b>Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)</b>	Yes – 2024.002
7	<b>Functions Covered by Direction</b>	All functions delegated to Fife Council by Fife Integration Joint Board as detailed in Fife Health and Social Care Integration Scheme, Parts 1 of Annex 1 (available here: <a href="http://www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022">www.fifehealthandsocialcare.org/Fife-HSC-Integration-Scheme-Approved-March-2022</a> )
8	<b>Full Text of Direction</b>	In conjunction with the current scheme of integration, for those services that are not covered by a specific direction, Fife Council and NHS Fife will continue to provide services within current budgets, and in accordance with statutory and regulatory obligations, policies, and procedures, endeavouring to meet national and local targets and the strategic objectives laid out in the Strategic Plan 2023 to 2026.
9	<b>Budget Allocated by IJB to carry out Direction</b>	For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council as at March. This direction reflects a change to funding of £2.416 million for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.



**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

		<b>Opening Budget</b>	<b>671.633</b>
		Adjustments between roll forward and opening budget - FC	-4.049
		Adjustments between roll forward and opening budget - NHS	15.229
		Housing - Fife Council	1.633
		Family Health Services	20.509
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		<b>Budget at July</b>	<b>707.121</b>
<b>10</b>	<b>Performance Monitoring Arrangements</b>	Regular monitoring of the financial position will take place during 2024-25 to ensure services are delivered within the resource envelope. A recovery plan will be prepared and brought forward for consideration should overspends be reported during the financial year	
<b>11</b>	<b>Date Direction will be reviewed</b>	Not applicable	

Savings Tracker 2024-25

Appendix 3

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	1.030	0.970	Red	Green
Previously Agreed Savings	Securing a sustainable Medical Workforce and reducing locum spend	1.500	0.800	0.700	Red	Green
Previously Agreed Savings	Community Rehabilitation & Care	1.000	-	1.000	Red	Green
	Substitute for Community Rehabilitation & Care		0.470	-0.470	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	0.206	0.207	Amber	Green
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	2.000	0.000	Amber	Green
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	1.700	0.700	Red	Green
Efficiency	Maximising Core Budgets	1.000	1.000	0.000	Green	Green
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	Green
Efficiency	Reduce spend on Homecare Travel Costs	0.160	0.160	0.000	Green	Green
Efficiency	Commissioning Centre of Excellence	0.150	0.050	0.100	Amber	Green
Efficiency	Further expansion and ambition of medicines efficiencies programme	4.300	4.300	0.000	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	3.544	2.456	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	2.000	0.500	Red	Green
Reserves	Use of Reserves	1.700	0.750	0.950	Red	Red
	<b>TOTAL</b>	<b>39.033</b>	<b>28.170</b>	<b>10.863</b>	<b>72%</b>	

Appendix 4

<b>Reserves Balances</b>	<b>Opening Balance @ April 2024</b>	<b>Allocated in year</b>	<b>Closing Balance at March 2025</b>
Earmarked Reserves	3.496		3.496
Reserves Committed	1.235		1.235
<b>Total Reserves</b>	<b>4.731</b>		<b>4.731</b>

<b>Earmarked Reserves</b>	<b>Opening Balance April 2024</b>	<b>Additions/ Allocated in Year</b>	<b>Closing Balance at March 2025</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
GP Premises	0.183		0.183
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
<b>Total Earmarked</b>	<b>3.496</b>	<b>0.000</b>	<b>3.496</b>

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

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

Appendix 5 - Recovery Actions

Title	Recovery Type	Performance & delivery	Resources including workforce	Quality of Care	Organisational/Reputation & Legal	Proposed Recovery Actions £m
Temporary reduction in targeted services which will be aligned to the waiting well policy. Based on the mobilisation plan developed during covid, services will be reduced where it is safe to do so. This will lead to the reduced need for bank and agency as staff will be deployed into vacancies on a voluntary basis	In year	Based on an assessment and clear understanding of impact on performance and clinical safety services will be reduced until the end of the financial year. Performance will remain under review throughout the remainder of the financial year and steps taken to address performance where required.	We have discussed with trade unions and staff side, and they have highlighted the requirement for this to be offered to staff on a voluntary basis. This provides an opportunity for job enrichment and supports an individual's career progression through the organisation. It also creates a resilient workforce that has the ability to recover or adapt quickly to adversity and change.	There is a risk that quality of care may be impacted but benchmarking with other HSCP services across Scotland will allow an evidence-based approach to service reduction and in line with the waiting well policy patients will be signposted to self-help and other resources during this time and there will be processes for managing reprioritisation if there is clinical deterioration	Given this proposal is aligned to the waiting policy it is envisaged that there are minimal anticipated implications. However, this will be closely monitored, and action taken to address this if required.  Deterioration in service	5.000
Review respite provision framework.	In Year	Current framework allows for 6 weeks respite per annum for those assessed as requiring respite. This provision will be reduced to 3 weeks. This will apply to all new cases but will also be for existing awards where funding has not been fully utilised. This will be in effect until March 2025.	Social work workforce will require to review individuals with unused respite in excess of 3 weeks to bring into alignment with new framework. All new situations where respite is assessed as required will be provided a maximum of 3 weeks respite.	Statutory duties under the Carers Act and the Social Work Scotland Act may not be met to the extent that is assessed and while there will be some service provided, the impact on quality of experience for the service user and/or carer may be affected.	There is risk that the Council delegated statutory functions are not met and that service users with an assessed need are not having that need met.  There is a requirement to remain flexible in our decision making given the complex needs of individuals. There may be exceptional circumstance and our policy needs to allow flexibility in relation to the 3-week support provided	2.000

<p>Raising the threshold for accessing services from social work</p>	<p>In year/ Perm</p>	<p>Review of service user support provision to identify alternative support and unused support provision.</p> <p>Implement all options available to maximise support provision.</p> <p>Reduce funding available for commissioned services offered to people who have been assessed as requiring support for community and hospital discharge.</p>	<p>Social work to review service users regarding the impact of this action to ensure we do not leave the most vulnerable at unacceptable risk.</p> <p>Equity of approach to applying this action will be required across the whole system to ensure we are meeting the widest range of need and risk identified for those in the community and in hospital.</p> <p>Service users who require a social work service may be required to wait and we will prioritise those with the greatest level of need and who are at significant risk of harm.</p> <p>We will review the form and function of all social work teams to ensure social work functions to meet risk through protective legislation and the Council delegated welfare functions are met across our workforce with a targeted use of Reviewing Team/Staff and create additional reviewing capacity across all teams with qualified social workers.</p>	<p>We will undertake social work assessments and reviews that will prioritise significant risk of harm and need.</p> <p>An alternative for funded service provision will be required if reduction in current service provision is progressed through review to remain in line with statutory duties.</p> <p>The impact of raising the threshold for accessing social work services will require review to maintain an understanding of impact on risk of harm and the quality of life and experience to vulnerable service users.</p> <p>Decisions for the equitable provision of social work services will be made on the basis of significant need and risk.</p> <p>All social work teams will be utilised to ensure reviewing activity of the impact of this action is carried forward in accordance with statutory duties to review services provided on behalf of the HSCP.</p>	<p>A risk of not meeting our delegated Council statutory functions in taking forward this action.</p> <p>There is potential for the Council to be challenged by Scottish Government for actions taken that remove services to those where a duty of care has been identified.</p> <p>There is potential for challenges from the European Commission for Human Rights, the Mental Welfare Commission, and the Care Inspectorate in relation to failing to meet our statutory duties and the duty of care.</p> <p>There is a risk that raising the threshold for accessing social work services will increase the risk of harm to vulnerable individuals with significant need.</p>	<p>5.000</p>
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Additional SG Funding (Pensions, Winter)	Perm	N/a	Ensure the HSCP receives an equitable share of funding allocations.	N/a	N/a	1.200
Reprovision of Assessment and Rehabilitation Centres to community-based model (ARCs)	Perm	The overall aim of the redesigned model is to implement an enhanced locality-based model of care within the community setting that is more integrated, equitable, sustainable, and responsive across Fife.	The service transformation requires organisational change.  The team will work collaboratively with the Professional Leads, HR, and staff-side to support all staff that is impacted by the changes. This will include group and individual meetings to ensure all staff are well supported and informed throughout the change process.	The redesign of the ARCs will:  - Facilitate a sustainable and fit for the future model of care. - Facilitate an enhanced integrated, equitable and person-centred service provision across Fife. - Increase capacity within the Service and utilise resources more effectively. - Deliver outcome focused patient care.	There are no negative implications anticipated with the redesigned model.  The current ARC model of care isn't equitable across Fife as there are only three covering four localities with the remaining three localities having no provision at all. The redesign will ensure the service is available Fife wide and delivered in people's homes.	0.150
Realign staff at the front door of VHK for assessment	Perm	Encourage a supported 'Home First' approach that ensures whenever possible patients should have access to timely assessments carried out by a home assessor in the first instance.  This model continues to ensure that patients are given the opportunity to return home which is vital for their long-term wellbeing outcomes.	In working collaboratively both Care at Home and Integrated discharge teams will ensure a timely approach to assessment for patients requiring care at home support or an increase to existing services.	Continues to support the Home First Programmes desired outcome where the discharge is planned with the patient at the centre of the conversations, resulting in a person-centred approach to discharge planning.	Improved system of working, with smoother, more seamless integration between NHS and Health and Social care teams that aims to prevent delay where at all possible resulting in reduction in length of hospital stay.	0.040

Ongoing transformation of urgent care services (Primary Care Out of hours and Minor Injury Services) across Fife	Perm	<p>Applying a systems leadership approach in collaboration with acute services and stakeholders, the review will support ongoing transformation across Urgent Care Service Fife, to deliver best value based on clinical need within the resources available.</p> <p>It will ensure we provide models of care aligned with current and future demand within both the in and out of hours periods</p>	<p>This will ensure further integration of our multidisciplinary workforce, enhance team effectiveness, supervision, support and staff experience.</p> <p>It will redesign and look to make effective use of current resources across our 4 established urgent care centres (Adamson, St Andrews, Queen Margaret and Victoria Hospital)– agreed at IJB as part of a previous programme of transformation (June 2019)</p>	<p>With the ability to clinically schedule unscheduled care to the right place at the right time with the right professional, there will be an improved care experience.</p> <p>Consistent and timely access to care will be assured in line with current robust systems and processes including telephone and direct consultation, home visits and transport for consultation where clinically appropriate</p>	<p>It is anticipated once implemented, the enhanced models of care and pathways will improve the care experience and reduce any organisational risks currently being managed.</p> <p>It will deliver an enhanced model of care that is resilient, accessible with enhanced sustainability. A robust communication plan is designed to engage with the workforce regarding the review and what it means to them and inform our communities to ensure awareness of care pathways and how to access urgent care in the right place at the right time with the right person</p>	0.020
Managed Clinical Networks review	Perm	Coordination of a network of staff who meet to discuss best care based on policy driven initiatives and implement and assure that we are delivering best practice.	Not a front-line service and staff resources will be used to focus on critical areas of work. This work can be undertaken by clinical and care governance teams.	There are no implications anticipated given mitigating factors that will be implemented.	There are no implications anticipated.	0.050
OT Amnesty	Perm	FELS is planning an equipment amnesty during the week of the 30 <sup>th</sup> September. They are asking people to check their attics, garages, sheds etc for unused equipment that can be collect, refurbished, and reused to prevent the need to purchase new replacements.	Communications will provide messaging from FELS promoted via information on the NHS, H&SCP and Fife Council websites, social media, internal news channels and a press release to the local press. This will also be communicated to the independent sector including Care Homes.	Equipment will be readily available without the need to buy more.	There are no implications anticipated.	0.045
<b>Total</b>						<b>13.505</b>





# Fife Health & Social Care Partnership

Supporting the people of Fife together

<b>Meeting Title:</b>	<b>Integration Joint Board</b>
<b>Meeting Date:</b>	<b>27<sup>th</sup> September 2024</b>
<b>Agenda Item No:</b>	<b>8.3</b>
<b>Report Title:</b>	<b>Performance Report Executive Summary</b>
<b>Responsible Officer:</b>	<b>Fiona McKay, Interim Director of Health and Social Care</b>
<b>Report Author:</b>	<b>Donna Mathieson, Principal Information Analyst (Strategic Planning &amp; Performance)</b>

## 1 Purpose

**This Report is presented to the Committee 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 committee.

The full August 2024 performance report was discussed at the Finance, Performance and Scrutiny Committee of 11<sup>th</sup> September 2024. 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 but has been simplified. 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. This is laid out in the revised Performance

Framework. This framework outlines an approach based on enhanced data and analytics capability which is currently under construction.

Updating the indicators will:

- increase the scope of performance covered.
- allow further inclusion of other proxy indicators.
- Make better use of improved but ongoing data and analytic capability.

Indicators will be developed in the coming months through the SLT Performance Board.

Activity to construct data flows and analytics required to underpin the new approach are ongoing, but it is the intention that the next report will include updated indicators and further format development.

### **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 EqIA has not been completed and is not necessary. The report is part of the governance arrangements for the Partnership to monitoring service performance and targets.

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

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

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

### 3.3.7 Other Impact

None

### 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

none

## 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	

## Report Contact

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# Fife Health & Social Care Partnership



## Performance Report Executive Summary

August 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 is at the lowest it has been in 13-months at 67 days, 25 days above the target. In contrast START average length of stay is at the lowest in over 4 years with 35 days, 5 days below the target. Older people Care at Home externally commissioned services have decreased however, internal service has been rising since January.

Delayed discharge (% of bed days lost) within an acute and community hospital is sitting at an average of 46, 7% above the target with Mental Health at 7, 30% below target.

Waiting times (18 weeks RTT) for CAMHS (70.8%) and Psychological Therapies (67.8%) are both below the target of 90%. Drug and Alcohol waiting times (93.1%) is back above the 90% target.

Smoking cessation is consistently below the target trajectory and was last achieved in January 2022. Mar 2024 cumulative actual quits are 47.8% of the required target. Childhood Immunisations for 6in1 at 12months (95.1%) is above the target with MMR2 at 5 years (85.7%) below the required target.

Health and social care absence rates have fallen to 11.1%, 1.1% less than March last year. NHS Fife absence rate had increased to 7.39% in June, higher than the 4-year average.

52% of complaints were responded to within the statutory timescale, 4% higher than the 12-month average for July, however this is still below the 80% target required.

**William Penrice**  
**Service Manager**

## 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.


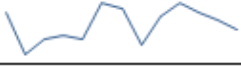
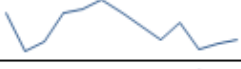

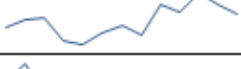


## Proxy MSG Indicators

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 Jul 23 to Jul 24	Change over 13 months
Emergency Admissions (VHK)	Jul-24	3164	+ 1.3%	
Emergency Admissions from A&E (VHK)	Jul-24	1847	- 3.4%	
A&E Conversion Rate (VHK)	Jul-24	30.6%	- 2.5%	
A&E Attendances (all sites)	Jul-24	7765	+ 4.4%	
A&E Attendances (VHK)	Jul-24	6009	+ 4.4%	
A&E % seen within 4 hours (All sites)	Jul-24	75.3%	- 0.7%	
A&E % seen within 4 hours (VHK)	Jul-24	68.2%	- 0.7%	

## Performance Report Scorecard - June 2024

Performance Indicator	Current Target	Reporting Period	Current Performance	Performance against Target	13-month Trend	Summary
Assessment Beds - Length of stay upon discharge	42 Days	Jul-24	67			Average of 67 days in July, 59% more than the 42-day target, however this is the lowest in 13 months.
STAR Beds Length of stay upon discharge	42 Days	Jul-24	20			Average is 20 days. It is 52% less than the service expectation of 42 days.
START Length of stay upon discharge	42 Days	Jul-24	35			Average LoS meets the target at 35 days in July, 49% less than July 23 and 25% less than 12-month average.
Nursing & Residential Long Term Care Population		Jul-24	2,524	N/A		There were 2,524 individuals residing at month end, the highest population recorded in 4 years.
Demand for new Care at Home Services Number of waiting		Jul-24	87	N/A		There were 87 people waiting at month end, equating to 691 hours. 80% reduction in the 12-month average compared to the previous 12-months to July.
Demand for new Care at Home Services Number of hours		Jul-24	691	N/A		
Older People - Weekly hrs Externally Commissioned Care at Home		Jul-24	20,230	N/A		Weekly hours 20,230. This is 2.3% higher than the 12-month average.
Weekly Hrs Care at Home Internal Services		Jul-24	11,866	N/A		Last week in July 11,866 hours were provided, 13.4% higher than July 2023.
Adults - Weekly hrs Externally Commissioned packages of Care		Jun-24	11,764	N/A		Last week in June 11,764 hours were provided for CAH, 7.5% more than the 12-month average. Supported Living hours were 38,354, 0.01% more than the 12-month average for June.
Adults - Weekly Hrs Externally Commissioned Supported Living		Jun-24	38,354	N/A		
Technology Enabled Care - Total Number Provided in Month		Jun-24	7,610	N/A		The number of clients was 7,610 of which 40 were new clients, 4.77% lower than last June.
Technology Enabled Care Total Number New Services in Month		Jun-24	40	N/A		

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



## Performance Report Scorecard - June 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	Jul-24	46			Acute/Community DD for July is currently 46 average daily bed days lost (+7% above target), however this is the lowest number in the last 13 months.
	Operational Performance Mental Health Delayed Discharges	10	Jul-24	7			MH DD for July is currently 7 (-30% below target).
	Public Health & Wellbeing CAMHS Waiting Time	90%	Jun-24	70.8%			Performance has dropped to 70.8%, 3.3% lower than June 2023.
	Public Health & Wellbeing Psychological Therapies Waiting Time	90%	Jun-24	67.8%			Performance has dropped to 67.8%, 3.1% lower than June 24 however 0.3% higher than June 23.
	Public Health & Wellbeing Mental Health Readmissions (28days)		Mar-24 (3mth Ave)	3.6%	N/A		The 3mth Ave in March 24 is 3.6%, this is 2.5% lower the March 23 and the lowest for any March since recording in June 2020.
	Public Health & Wellbeing Smoking Cessation	473	Mar-24 Year 23/24	227			Performance against trajectory for the whole year is 48% of the annual target.
	Public Health & Wellbeing Drug & Alcohol Treatment Waiting Times	90%	Mar-24	92.5%			Performance is 93.1% (3.1% above target), this is the first quarter this target was achieved in 23/24.
	Public Health & Wellbeing Childhood Immunisation (6in1)	95%	Quarter 4 23/24	95.1%			6in1 Performance has increased to 95.1%, 0.2% higher than Dec-23 and 2.6% higher than Mar-23.
	Public Health & Wellbeing Childhood Immunisation (MMR2)	92%	Quarter 4 23/24	85.7%			MMR2 Performance has dropped to 85.7%, 3.9% lower than Dec-23, the lowest in the last 3 years.
	Public Health & Wellbeing Infant Feeding 6-8week review		Mar-24	31.6%	N/A		% exclusively breastfed has increased to 31.6%, 1.1% higher than Feb-24 and the highest in 7 months.
Public Health & Wellbeing Developmental Concerns 27-30months		Quarter 4 23/24	18.4%	N/A		% of 1 or more concerns has increased to 18.4%, 3.3% greater than Dec-23 and the highest since Sep-22.	
Management Information	Health & Social Care Partnership (H&SCP) Staff Absence		Mar-24	11.1%	N/A		11.1% absence rate, 0.8% less than this time last year, and 1.4% lower than 3-year average
	NHS Staff Absence		Jul-24	7.7%	N/A		7.72% absence rate, 1.34% higher than then last July, and 1.30% higher than 4-year average.
	Complaints to H&SCP responded to within statutory target	80%	Jun-24	60.0%			60% of complaints responded to within timescale, 3.75% higher than 4-year average for June.
	Information Requests to H&SCP responded to within statutory target	80%	Jul-24	96.0%			96% were responded to within timescale, 16% above target, 13% higher than last July.


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		67 days Jul 24	
<p>This model supports people to leave hospital and finalise their assessment within a Care Home.</p> <p>Average Length of Stay on Discharge for individuals in July was 67 days. This is 20% lower than the 12-month average to July (84 days on average) and slightly below the previous 12-month average to July (68). The average for July is still 59% higher than the 42-day target.</p> <p>The average length of stay is affected by those in an assessment bed waiting on placement within a care home of their choice with a suitable vacancy. The average length of stay on discharge continues to fluctuate. This is mainly due to a number of individuals first choice of care home not having capacity to admit, resulting in a wait for the desired care home becoming available. It is always the intention to provide an individual's first choice care home as part of a person-centred approach. Reviews of those waiting on a long-term placement are completed on a regular basis, and in some cases, discussion may take place around alternative care home choices.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
Short Term Re ablement beds (STAR)	42 Days	Jul 24	20 days Jul 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 July was recorded at 20 days, this is the lowest recorded length of stay in the past 4 years. This is 52% less than the target of 42 days. This 78.5% less than the 12-month average to July (93) and 78.0% less than the previous 12-month average to July (91).</p> <p>The average length of stay is affected by those in a STAR Bed, who's circumstances have changed, and they are now awaiting a long-term care home placement within a care home of their choice with a suitable vacancy, which may not have a suitable vacancy or capacity to accept admission into their care home from the STAR bed placement.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Short Term Assessment &amp; Review Team (START)</b>	42 Days	Aug 18	45 Days Feb 24	
<p>The START service is delivered by Fife Health &amp; 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.</p> <p>In February 2024, START recorded 45 days for an average period of support to individuals who finished their involvement with the service. This is a decrease of 6 days when compared to January 2024 (51 days on average) and a decrease of 11 days to the year previous (56 days in February 2023).</p> <p>The demand has continued to rise which impacts on the ability of assessors to complete the final review at the 6-week point. If continuing care and support is required then transferring from Start to an ongoing support provider, either internal or external, also requires their capability of providing more support to service users and the capacity to do so when again demand is increasing month on month.</p>				


## Health Board Indicators



Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Number of Bed Days Lost to delays:</b>				
Acute/Community	43	Jun 23	46	Jul 24 
Mental Health/Learning Disabilities	10	Jul 24	7	Jul 24 
<p><b>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.</b></p> <p>The average daily number of bed days lost to '<b>Standard</b>' delays in both Acute &amp; Community has decreased to 46 in Jul-24 (from 55 in Jun-24), this is still slightly above the monthly target of 43. 93% of these delays are within a Community Hospital, with only 7% in Acute. In MH/LD services, the average daily number has decreased to 7 in Jul-24 (from 9 in Jun-24). This is below the monthly target of 10 and performance target has been achieved for the 4th month in a row.</p> <p>Bed Days lost to '<b>Code 9</b>' delays in Acute &amp; Community, the average daily number increased to 38 (from 26 in Jun-24), this is the highest daily average since Jan-23 and equates to 5.5% of Total Occupied Bed Days. For MH/LD services, the average daily number increased from 12 in Jun-24 to 13 in Jul-24.</p> <p>At Jul-24 Census, there were 81 patients in delay (39 Standard delays; 42 Code 9 delays), a slight decrease from 83 the previous month. The most recent monthly publication from Public Health Scotland, for data up to end of Jun-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 32.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>CAMHS 18 weeks referral to treatment time (RTT)</b>	90%	Mar 23	70.8%	Jun 24 
<p><b>At least 90% of Children and Adolescent Mental Health Service (CAMHS) clients will wait no longer than 18 weeks from referral to treatment.</b></p> <p>Monthly performance decreased from 86.0% in May-24 to 70.8% in Jun-24 dipping below the local trajectory. There were no patients was waiting longer than 35 weeks for treatment, and those waiting between 19-35 weeks has decreased to 15 from 28 the month prior.</p> <p>The percentage of those waiting less than 18 weeks in Jun-24 increased to 91.26%. The number of referrals received in Jun-24 was 202, an increase from May-24 but lower than those received in Jun-23. The overall waiting list is currently 170 children as at Jun-24, this is the lowest figure recorded since CAMHS data has been report dating back to 2013.</p> <p>Benchmarking for the quarter ending Mar-24 shows NHS Fife in the lower-range of all mainland boards, 70.4% against the Scotland average of 86%.</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Psychological Therapies 18 weeks referral to treatment time (RTT)</b>	90%		67.8% Jun 24	
<b>90% of patients to commence Psychological Therapies based treatment within 18 weeks of referral</b>				
<p>The number of new patients starting treatment can fluctuate due to nature of clinician’s caseloads. In Jun-24 559 patients started therapy, this was less than the 639 in May-24 but more than the 533 April-24. There was a reduction in the number of patients treated within 18 weeks, leading to a decrease in performance to 67.8%, which is below local target for 2024/25 of 73.0%. This was in part due to fewer people starting online therapy but also due to the focus of activity, within CAMHS and Psychology, on the longest waits.</p> <p>The overall waiting list was 2216, with the number waiting over 18 weeks decreasing to 841 and the number over 52 weeks decreasing to 183. Referrals for all ages reduced by 112 from month prior and is less than the number received in Jun-23. The % of referrals that were rejected in Jun-24 was 11.7%.</p> <p>NHS Fife was in the mid-range of NHS Boards as of the last quarterly PHS publication in June (for the QE Mar-24) and was below the Scottish average (72.3% compared to 79.3%).</p>				


Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Smoking Cessation</b>	473	N/A	277 Mar 24	
<b>We will deliver a minimum of 473 successful 12-week smoking quits in the 40% most deprived areas of Fife.</b>				
<p>There were 30 successful quits in Mar-24, which is 10 short of the monthly target required for March and 4 less than that achieved in Mar-23. Achievement against the trajectory for the whole year is 47.8% (Mar-23 was 63.6%).</p> <p>For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: although 'Other' services saw their success rate increase from 23% in Feb-24 to 43% in Mar-24.</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>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Drug and Alcohol Waiting Times (21 day Referral to Treatment)</b>	90%	Mar 24	93.1%	Mar 24 
<p><b>90% of patients to commence Drug or Alcohol treatment within 3 weeks from referral.</b></p> <p>Performance in quarter 4 ending Mar-24 was 93.1% this is the first quarter in the financial year 2023/2024 that Fife have achieved above the 90% target. This is a 9.2% increase on the previous quarter. This puts the 12-month average at 87% compared to the previous 12-month average of 94% for the year 2022/2023.</p> <p>In March 2024, the quarter 4 average paced Fife 6th out of 11 mainland boards, Fife was 1.2% above the Scottish average for this quarter.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Childhood Immunisation:</b>				
6in1	95%	Mar 24	95.1%	Mar 24 
MMR2	92%		85.7%	Mar 24 
<p><b>NHS Boards are expected to meet the World Health Organisation (WHO) target of 95% uptake of childhood vaccinations.</b></p> <p><b>6-in-1 at 12 months of age:</b> The latest published data (for QE Mar-24) shows that NHS Fife uptake increased very slightly from 94.9% in the last quarter to 95.1% in the most recent quarter, which is above target and above the average of 94.7% (based on last 18 quarters). Rotavirus &amp; MenB saw increases on previous quarter; PCV saw a 0.6% decrease in uptake. NHS Fife was in the upper-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.3%.</p> <p><b>MMR at 5 years of age:</b> NHS Fife uptake decreased from 89.6% in the previous quarter to 85.7% in QE Mar-24, which is below target, below the average of 88.7% and below the uptake seen in QE Mar-23 (86.4%). Hib/MenC &amp; MMR1 saw decreases on previous quarter; 4-in-1 saw a 5% increase in uptake. NHS Fife was in the lower range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.1%.</p>				

## Management Performance Indicators

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Complaints</b>	80%	Mar 21	52%	Jul 24 
<p><b>80% of Complaints responded to within statutory timescales.</b></p> <p>During July 2024 the Partnership closed 31 complaints. This included 11 complaints closed by Social Care (10 closed within timescale), and 20 complaints closed by NHS Fife (6 closed within timescale). Overall, 52% of complaints were responded to within the statutory timescales in July.</p> <p>Performance in July is below the target of 80% but is higher than the 12-month average (48% on average). There were 16 Stage 2 complaints closed and these are more complex in nature therefore 12 closed out with timescale. From 15 stage 1 complaints 12 closed within timescale.</p>				

Indicator	Standard/Local Target	Last Achieved	Current Performance	Benchmarking
<b>Information Requests</b>	80%	Jul 24	96%	Jul 24 
<p><b>80% of Information Requests responded to within statutory timescales.</b></p> <p>During July 2024, the Health and Social Care Partnership closed 25 information requests, of these 24 (96%) were responded to within required timescales.</p> <p>In comparison, during July 2023 HSCP closed 35 information requests of which 80% within target time. 4-year average for July equates to 86% closed within statutory timescale.</p> <p>Overall, the Partnership has closed 238 requests so far for 2024 and the performance is 87%, this is just above the target of 80% of requests responded to within required timescales.</p>				



**Meeting Title:** Integration Joint Board

**Meeting Date:** 27<sup>th</sup> September 2024

**Agenda Item No:** 9.1

**Report Title:** Quality and Communities Committee:  
Terms of Reference Review

**Responsible Officer:** Dr Helen Hellewell, Deputy Medical Director

**Report Author:** Vanessa Salmond, Head of Corporate Governance

## **1 Purpose**

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

- 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:**

- Outcomes
- Integration

## **2 Route to the Meeting**

The Quality and Communities Committee (Q&CC) initially discussed this revision at their July 2024 Q&CC meeting thereafter the Terms of Reference (ToRs) were further refined, and Committee agreed and supported this final version being submitted to the IJB for formal approval at their September meeting.

## **3 Report Summary**

### **3.1 Situation**

The Q&CC ToRs have been refined to take cognisance of recommendations following a recent Internal Audit Review of Clinical and Care Governance arrangements. In terms of maintaining a continued focus on our governance arrangements this revision ensures the Committee ToRs remain fit-for-purpose.



## **Background**

**3.2** The contents of the attached ToRs (Appendix 1) should provide assurance to the IJB that that Quality & Communities Committee is fulfilling all its statutory duty, policy requirement and strategic approach to safe, effective quality care.

### **3.3 Assessment**

As per agreed governance process, the IJB is asked to approve the revised ToRs. In addition, approval of the revised ToRs will fulfil the requirements of the audit recommendation.

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

Provides assurance to the IJB that the Committee is working effectively to ensure the delivery of safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.

#### **3.3.2 Workforce**

N/A

#### **3.3.3 Financial**

N/A

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

N/A

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

N/A

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

N/A

#### **3.3.7 Other Impact**

N/A

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

N/A

## **4 Recommendation**

- **Decision** – It is recommended that the IJB formally approve the revised ToRs for the Q&C Committee.

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Quality & Communities Committee Terms of Reference.

**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	

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**INTEGRATION JOINT BOARD  
QUALITY & COMMUNITIES COMMITTEE  
TERMS OF REFERENCE**

<b>Addition</b>	<b>Deletion</b>	<b>Amendment</b>	<b>Description:</b>	<b>Ref:</b>	<b>Date:</b>
X			Creation of Document Control Log	Page 1-2	September 2024
		X	Amended designations to Deputy Medical Director and Director of Nursing	Page 3:- Paragraph 2.2	September 2024
		X	Amended designations to Deputy Medical Director and Director of Nursing	Page 3:- Paragraph 2.5	September 2024
X			Text inserted: one representative from NHS Fife and one from Fife Council is present and when one of the following committee members: Patient Representative or Carers Representative or Third or Independent Sector Leads is also present	Page 4: Paragraph 4.1	September 2024
X			Text inserted: including when this involves transitions of care.	Page 4: Paragraph 5.5	September 2024
X			Text inserted: Provide assurance to the IJB that the mechanisms, activity and planning are supported and delivered effectively and that there is a culture of continuous improvement.	Page 4: Paragraph 5.6	September 2024
X			Text inserted: This committee is cognisant of the whole system approach to our governance arrangements as demonstrated in Diagram 1 (Reporting to Fife IJB, NHS Fife and Fife Council).	Page 5: Paragraph 7.1	September 2024

<b>Documentation Control</b>		
File Name: Quality & Communities Committee ToR	Version No: 0.2	Version Date: 27.09.2024
Originator: Deputy Medical Director	Page 1 of 6	Review Date: 20.06.25 Page 219 of 473

X			Text inserted: This Committee will conduct its business in a manner consistent with the agreed Committee Assurance Principles and the Fife Integration Scheme so that assurances are linked to relevant risk, streamlined, reliable and sufficient.	Page 5: Paragraph 7.2	September 2024
X			Insertion: Diagram 1 -	Page 5: Paragraph 7.3	September 2024

Documentation Control		
File Name: Quality & Communities Committee ToR	Version No: 0.2	Version Date: 27.09.2024
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## 1. PURPOSE

- 1.1 The key purpose of this Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach to:-
- 1.1.1 safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.
  - 1.1.2 locality capacity building, locality planning, community development, participation and engagement and support to carers.
  - 1.1.3 help the people of Fife to live independent and healthier lives by transforming health and care, supporting early intervention and prevention and working closely with delegated, third and independent services to reduce health inequalities.
  - 1.1.4 clinical and care governance and that quality of care is being led professionally and clinically.
  - 1.1.5 the Health and Wellbeing Outcomes, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan.

## 2. COMPOSITION

- 2.1 Following expressions of interest from IJB members, the Chair of the Board will agree the membership of the Quality & Communities Committee.
- 2.2 This will be composed of: Not less than 4 members of the IJB, excluding the Advisors (Deputy Medical Director, Director of Nursing, Principal Social Work Officer and Head of Strategic Planning, Performance and Commissioning).
- 2.3 The Committee will include at least two voting members of the IJB, one from NHS Fife and one from Fife Council.
- 2.4 Representation on the Committee will also be invited from non-voting members of the IJB including Patient Representative, Carers Representative and the Third and Independent Sector Leads.
- 2.5 The Chair and Vice-Chair will be appointed by the Chair of the IJB from the voting members and will serve for a two-year term with an option to reappoint at the discretion of the Chair of the IJB.
- 2.6 The Deputy Medical Director, Fife HSCP is the current Lead Officer for the Committee. The Director of Nursing, Fife HSCP and Principal Social Work Officer Fife HSCP will deputise / rotate as Lead Officer.
- 2.7 The Head of Strategic Planning, Performance and Commissioning will attend as adviser for Localities, Participation and Engagement.

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### 3. MEETINGS

- 3.1 The Quality & Communities Committee will meet a minimum of 6 times per financial year.
- 3.2 Where a member of the Committee misses 3 consecutive meetings, they will cease to be a member of the committee unless there are exceptional circumstances which have been discussed with the Chair prior to their absence.
- 3.3 No meeting of the Quality & Communities Committee will be rescheduled or cancelled, once agreed for the year, without prior discussion/notification with the Chair of the Committee and Lead Officer.

### 4. QUORUM

- 4.1 The meeting shall be quorate when one representative from NHS Fife and one from Fife Council is present and when one of the following committee members: Patient Representative or Carers Representative or Third or Independent Sector Leads is also present.

### 5. REMIT

- 5.1 Develop and approve an Annual Work Plan for the Committee beginning on 1 April each year monitoring progress throughout the year.
- 5.2 Provide assurance to the IJB that the clinical and care governance requirements of recommendations for decision and/or direction have been considered by the Committee.
- 5.3 Monitor the implementation of locality capacity building, locality planning, community development, participation and engagement and support to carers and to seek assurance that the services being delivered are high quality, safe, effective, person-centred and provide best value for the people of Fife.
- 5.4 Assure the IJB that services respond to requirements arising from regulation, accreditation and other inspections recommendations.
- 5.5 Monitor the integrated clinical and care governance activity being delivered within the Health and Social Care Partnership, including when this involves transitions of care.
- 5.6 Provide assurance to the IJB that the mechanisms, activity and planning are supported and delivered effectively and that there is a culture of continuous improvement.
- 5.7 Oversee the integrated clinical and care governance and risk management activities in relation to the development and delivery of the Strategic Plan ensuring cognisance of the Plan for Fife and NHS Fife Health and

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Wellbeing Strategy.

- 5.8 Provide strategic focus and vision through strong connection to the Strategic Planning Group and the Integrated Professional Advisory Group.
- 5.9 Monitor integrated clinical and care governance risk register on behalf of the IJB.
- 5.10 Assure the IJB that appropriate and effective clinical and care governance mechanisms and structures are in place for clinical and care governance throughout the whole of the Health and Social Care Partnership.
- 5.11 This Committee will undertake an annual process of self-assessment / self - evaluation as directed by the Board.
- 5.12 Produce an Annual Statement of Assurance (as in Section 7 of the Governance Manual) for submission to the IJB and to both partner organisations.

## 6. AUTHORITY

- 6.1 In discharging its responsibilities in line with the agreed workplan, the Quality & Communities Committee may seek information from:
  - 6.1.1 Members of the Senior Leadership Team.
  - 6.1.2 Professional, Director or other Officers of the Board.
  - 6.1.3 External experts.

## 7. REPORTING ARRANGEMENTS

- 7.1 A Chair Report and minutes from this Committee are provided to the IJB allowing the Chair to assure, reassure or escalate issues arising from this Committee to the Integration Joint Board. This committee is cognisant of the whole system approach to our governance arrangements as demonstrated in Diagram 1 (Reporting to Fife IJB, NHS Fife and Fife Council).
- 7.2 This Committee will conduct its business in a manner consistent with the agreed Committee Assurance Principles and the Fife Integration Scheme so that assurances are linked to relevant risk, streamlined, reliable and sufficient.
- 7.3 Diagram 1 provides an overview of Fife Health and Social Care Partnership's clinical and care governance reporting routes.

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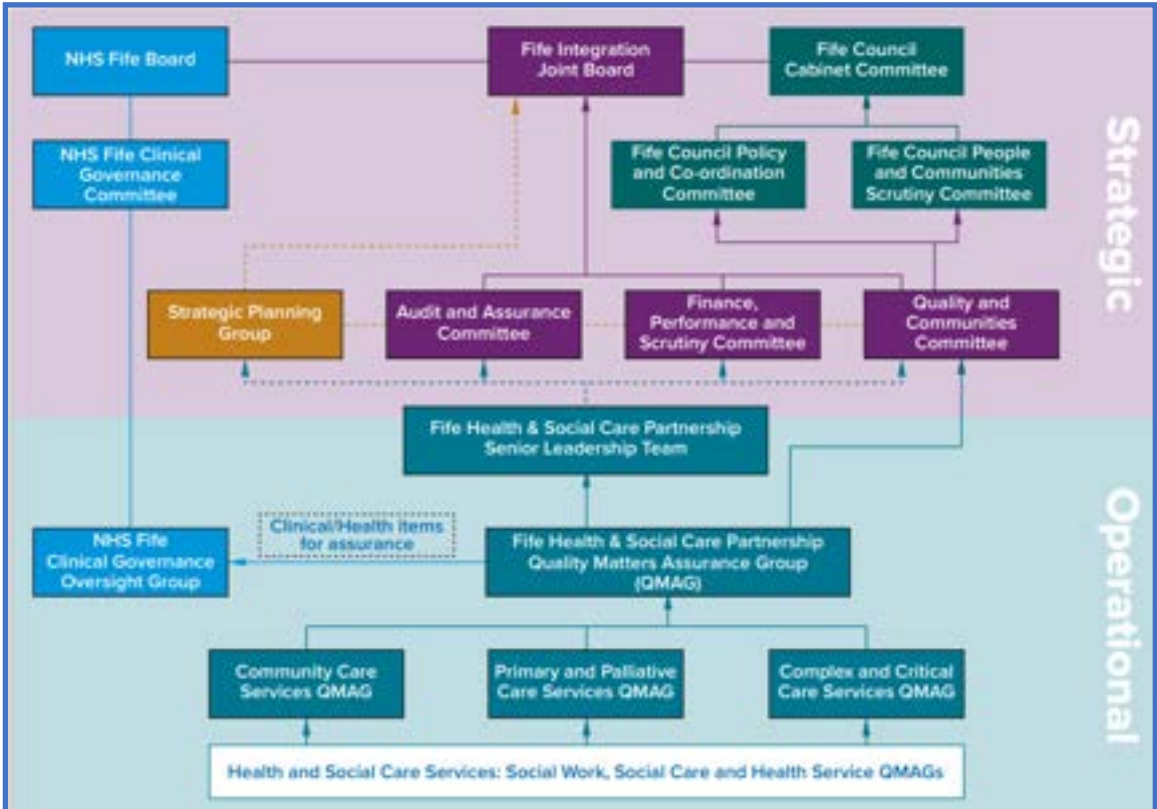


Diagram 1

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**Meeting Title:** Integration Joint Board  
**Meeting Date:** 27th September 2024  
**Agenda Item No:** 9.2  
**Report Title:** Membership of Integration Joint Board  
**Responsible Officer:** Audrey Valente, Chief Finance Officer  
**Report Author:** Vanessa Salmond, Head of Corporate Services

## 1 Purpose

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

- Noting

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

- 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 Report Summary

### 2.1 Situation

This report is provided to advise Members of changes in the Voting and Stakeholder Membership of the Integration Joint Board.

### 2.2 Background

The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the legislation for Membership of Integration Joint Boards and that there should be an equitable number of Voting Members for each of the constituent authorities around the Integration Joint Board.

Any future changes in IJB membership will be conveyed to members via a formal report to the Integration Joint Board.

## 2.3 Assessment

### Membership

There have been a number of changes in membership within the IJB as follows:-

Cllr Graeme Downie resigned as Vice Chair of the IJB in July 2024.

Cllr David Ross joined the IJB with effect from July 2024.

Cllr David Ross has been appointed as Vice Chair of the IJB with effect from September 2024.

Cllr Sam Steele stood down from the Finance, Performance and Scrutiny Committee in August 2024 and was replaced by Cllr David Alexander.

Following the very sad passing of our colleague Eleanor Haggett, Kenny McCallum joined the IJB as Fife Council Staff Side Stakeholder representative (non-voting).

At the time of writing this report we are awaiting confirmation from NHS Fife on a Staff Side Stakeholder representative (non-voting), to bring the IJB membership to full complement.

### Chair/Vice-Chair Transition

The current tenure of the IJB Chair, Arlene Wood is due to end in October 2024. As per the terms of the Standing Orders, the Chair and Vice-Chair will be appointed on a rotational basis between Fife Council and NHS Fife, thus Cllr David Ross will become Chair of the IJB and Arlene Wood will become Vice-Chair with effect from October 2024. These appointments will be for period of 3 years or prior if the member ceases to be a Councillor or a member of NHS Fife Board.

Arlene Wood will become Chair of the Strategic Planning Group with effect from October 2024.

### Board Calendar

It is proposed that the scheduled dates for the Integration Joint Board and Development Sessions for the remainder of 2024/25 fiscal year and beyond are re-scheduled to Wednesday where possible to accommodate member attendance. Proposed dates are detailed below:-

<b>Meeting Type</b>	<b>Original Date (Friday)</b>	<b>Re-Scheduled Date (Wednesday)</b>
Development Session	25 <sup>th</sup> October 2024	30 <sup>th</sup> October 2024
Board Meeting	29 <sup>th</sup> November 2024	4 <sup>th</sup> December 2024
Development Session	13 <sup>th</sup> December 2024	18 <sup>th</sup> December 2024
Board Meeting	31 <sup>st</sup> January 2025	29 <sup>th</sup> January 2025
Development Session	28 <sup>th</sup> February 2025	26 <sup>th</sup> February 2025
Board Meeting	28 <sup>th</sup> March 2025	26 <sup>th</sup> March 2025

### **2.3.1 Quality / Customer Care**

There are no quality/customer care implications to this report.

### **2.3.2 Workforce**

There are no workforce implications to this report.

### **2.3.3 Financial**

There are no financial impacts associated with this report.

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

There are no Legal implications for this report.

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

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

### **2.3.6 Environmental / Climate Change**

There are no environmental/climate change impacts associated to this report.

### **2.3.7 Other Impact**

No other impacts anticipated from this report.

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

The contents of this report have been shared with the Chief Officer and Chair of the Integration Joint Board.

## **3 Recommendation**

Based on the information provided within this report, IJB members are asked to:

- Note: The above member transitions as detailed at paragraph 2.3 above.
- Note: IJB Members would like to formally record thanks and welcome new members to the Board.
- Decision: Approve the revised Board dates to accommodate members availability, noting Board and Development Sessions will be scheduled for a Wednesday.

## **4 List of Appendices**

There are no appendices to this report.

## **5 Implications for Fife Council**

Fife Council are currently holding reserves on behalf of the IJB.

**6 Implications for NHS Fife**

No implications for NHS Fife.

**7 Implications for Third Sector**

No implications for the Third Sector.

**8 Implications for Independent Sector**

No implications for the Independent Sector.

**9 Directions Required to Fife Council, NHS Fife or Both**

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

**Report Contact**

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**Author Job Title:** Head of Corporate Governance and IJB Secretary

**E-Mail Address:** [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)



**Meeting Title:** Integration Joint Board

**Meeting Date:** 27 September 2024

**Agenda Item No:** 9.3

**Report Title:** Professional Assurance Framework

**Responsible Officer:** Fiona McKay, Chief Officer/Director of Health and Social Care

**Report Author:** Jennifer Rezendes, Principal Social Work Officer

## 1 Purpose

**This Report is presented to the IJB for:**

- Decision.

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

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

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

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

## **2 Route to the Meeting**

This 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.

- Local Partnership Forum, 10 September 2024
- Quality and Communities Committee. Meeting on 4 September 2024.
- Senior Leadership Team Assurance Group. Meeting on 22 July 2024. Agreement received to progress the framework through to the IJB.
- Chief Social Work Officer, 4 July 2024. Meeting to discuss the content of the Professional Assurance framework, the intentions for how this would provide assurance through to CSWO, and any further expectations of the CSWO in this area. Agreement received for the progression of the Professional Assurance Framework and the production of a Principal Social Work Officer Report (annually) and for the Integrated Clinical and Care Governance Framework.
- Professional Assurance Meetings, multiple meetings across 2023 and 2024. Service Managers in Complex and Critical Care and Community Care portfolios have undertaken self-assessment across the 8 Professional Assurance Domains and confirm they are able to meet its aims. Presentation of the domains for professional assurance across all social work and social care teams during team meetings. Feedback from these sessions has been incorporated.
- Head of Clinical and Care Governance, several dedicated meetings across 2023 and 2024. Supported development of governance arrangements to inform Portfolio QMAG workplan discussions. Feedback incorporated from guidance on effective governance approaches.
- Chairs of Portfolio QMAG in Complex and Critical Care and Community Care, across 2023 and 2024. Supported by the Head of Clinical and Care Governance, meetings were held to shape the workplans of Portfolio QMAGs to ensure Professional Assurance for social work and social care were included. Feedback from these discussions was incorporated.
- Principal Organisational and Development Lead and Team, discussions across 2023 and 2024. Discussions to set out vision and aim of the Professional Assurance Framework, mapping of actions to support obtaining workforce detail required to meet the Professional Assurance requirements for the registered workforce in line with legislative functions and ongoing workforce activities. All feedback provided incorporated into the final document.
- Quality Assurance and Performance Meeting, twice monthly across 2023 and 2024. Meeting with performance, risk and governance colleagues to discuss interconnections with existing structures for scrutiny and the ability to meet the

expectations of this framework. All feedback received incorporated into this final draft.

### **3 Report Summary**

#### **3.1 Situation**

*The attached Social Work and Social Care Professional Assurance Framework and Appendix sets out the assurance that will be required from social work and social care services delivered within the Health and Social Care Partnership (HSCP). This framework will enable the Integration Joint Board to receive assurance that the delegated services from the local authority into the HSCP are being delivered to the highest quality and in line with legislation, guidance, and policy.*

*Currently, there is no nationally approved Social Work and Social Care Professional Assurance Framework, this framework has been designed by the PSWO and discussed with colleagues locally and nationally to ensure it captures the expectations of the professions in meeting the statutory obligations of the local authority and IJB.*

*The Framework meets the duty under the Public Bodies (Joint Working) (Scotland Act) 2014 to set out the governance and oversight arrangements for social work and social care to ensure that the Integration Joint Board are sighted on the adherence to, and quality of, the delegated functions carried forward by the HSCP services delivered by the social work and social care workforce. In addition to this, as employers of a registered workforce, we must ensure that structures are in place to enable the social work and social care workforce to carry forward their roles in line with the Scottish Social Services Council Codes of Practice for Employers and Employees, and this framework will enable this expectation.*

*The Framework will enable the Principal Social Work Officer to provide assurance on professional practices to the Integration Joint Board, the Chief Officer of the HSCP, the Chief Social Work Officer, the Chief Executive of Fife Council, and the Elected Members of Fife Council.*

*The framework sets out how assurance will be achieved and to what frequency this will be provided to the existing Quality Matters Assurance Groups, the Senior Leadership Team, the Quality and Communities Committee, the Local Partnership Forum, and the Integration Joint Board.*

*This programme of assurance will enable the Principal Social Work Officer to carry forward their duties in offering advice, guidance, and assurance into the governance routes required. It is recommended that the content and approach set out in the Framework and the accompanying Report are discussed in the group and that a decision is made to agree and adopt this approach.*

#### **3.2 Background**

The development of Fife's Social Work and Social Care Professional Assurance Framework is drawn from the legislation, guidance, policy, and regulation/registration standards that frame all engagement undertaken with the people who use social work and social care services. The Framework will enable the Integration Joint Board and the whole HSCP Team to identify the key domains that contribute to the delivery of the aims of integration and will support an understanding of the role of social work and social care in the

delivery of services in accordance with the 9 Health and Wellbeing Outcomes.

A brief overview of the context guiding social work and social care intervention is included below for information:

- All social work and social care practices are carried forward through welfare and protection legislative frameworks which confer specific functions onto the workforce. The Chief Social Work Officer is a role set out in statute (the Social Work (Scotland) Act 1968) to ensure that these functions are carried forward in a human-rights and person-centred manner, evidencing the values of the social work profession through engagement with people who use our services, their families, and unpaid carers. Fife's Principal Social Work Officer holds delegated responsibility for the assurance of all Chief Social Work Officer functions within the HSCP and is responsible for setting out the professional assurance framework required to achieve this assurance.
- Services delivered by the HSCP and its workforce, are regulated through both the Care Inspectorate and the Scottish Social Services Council (SSSC). Each sets out expectations for the quality of service delivery and the qualification, training, and wellbeing of the workforce. The SSSC Codes of Practice for Employers and Employees sets the standard for workforce for all registered social service workers and must be adhered to by those registered as, and those employing, social service workers.
- Further to the above, the Public Bodies (Joint Working) (Scotland) Act 2014, in particular its Annex on Clinical and Care Governance, sets out additional expectations around how social work and social care services should be governed through integrated arrangements.

Fife's Integrated Clinical and Care Governance Framework has been developed closely in line with the Social Work and Social Care Professional Assurance Framework, and the accompanying Report to this SBAR provides the detail and context through which the Framework has been developed.

### **3.3 Assessment**

Social Work and Social Care audit practices are long standing and well established within the HSCP, with services having adopted scrutiny approaches across the range of statutory responsibilities in both social work and through the registered services delivered in social care. The existing HSCP and Portfolio Quality Matters Assurance Groups offer professional scrutiny and oversight from the delivery of services into the Integration Joint Board. There is opportunity for enabling professional oversight, Senior Leadership Team agreement, and Local Partnership Forum and Quality and Communities Committee sign off, ahead of presenting assurance to the Integration Joint Board. Further work is being undertaken with the Chief Social Work Officer and Fife Council to identify proportionate assurance to be provided into the Fife Council Governance structure.

Assurance on service and workforce practices is comprised of a range of factors and these have been set out into 8 Domains of Professional Assurance. Appendix 1 sets out a visual representation of these Domains and these are expanded on within the body of the accompanying Report.



Social Work and Social Care Professional Assurance is captured across the following Domains:

- Domain 1: Service User and Carer Engagement
- Domain 2: Case File Audit and Practice Experience
- Domain 3: Supervision
- Domain 4: Workforce and Wellbeing
- Domain 5: Feedback: Complaints and Compliments
- Domain 6: Reports by Exception: Care Home and Care at Home Commissioned Services Reporting, Safeguarding and Public Protection, Research and Professional Developments
- Domain 7: Data Returns
- Domain 8: Future Developments

These 8 Domains have been tested across social work and social care service areas, with reassurance received from Social Work and Social Care Service Managers that the information being requested is proportionate, meets legislative responsibilities, and enables them a framework through which they can consistently provide information to reflect practices and support the Partnership in developing future services in line with its responsibilities.

The Professional Assurance Framework and its recommendations for evidence of assurance have been discussed with the Chairs of Portfolio QMAGs who have incorporated these areas into their workplans. The HSCP QMAG and Quality and Communities Committee workplans reflect the expectations set out in this framework and future work is ongoing to identify the information that will be provided to Fife Council's People and Communities Committee.

The Chief Social Work Officer is in agreement with the Social Work and Social Care Professional Assurance Framework and finds it a comprehensive, yet accessible manner in which professional governance has been presented.

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

This framework will enable the Partnership to evidence the quality of services delivered from social work and social care gathered through two Domains in the framework, Service User and Carer Engagement, and Feedback: Complaints and Compliments. In this way we can analyse themes and make improvements based on how people experience our services.

### **3.3.2 Workforce**

The framework directly addresses workforce and wellbeing and supervision through two Domains, enabling the assurances required to support the sustainability of the social work and social care workforce to be identified and taken forward.

### **3.3.3 Financial**

There is no financial impact.

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

This framework supports the Partnership in meeting its delegated legislative functions from the Local Authority by providing mitigations through scrutiny of functions required to be taken forward by its local authority employed workforce.

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

Social Work Services are delivered through a human rights and person centred approach. This framework sets out what evidence will be required from services to ensure the Partnership are able to meet its duties in these areas.

As a result of the nature of social work and social care professions, and the statutory frameworks through which they are delivered, an impact assessment has not been completed or deemed necessary.

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

No environmental/climate change impact.

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

### **3.3.7 Other Impact**

None

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

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.

- Quality and Communities Committee. Meeting 4 September 2024.
- Senior Leadership Team Assurance Group, 22 July 2024. Approved with minor suggested amendments, all of which have been incorporated.
- Chief Social Work Officer, 4 July 2024. Meeting to discuss the content of the Professional Assurance framework, the intentions for how this would provide assurance through to CSWO, and any further expectations of the CSWO in this area. Agreement received for the progression of the Professional Assurance Framework and the production of a Principal Social Work Officer Report (annually) and for the Integrated Clinical and Care Governance Framework.
- Professional Assurance Meetings, multiple meetings across 2023 and 2024. Service Managers in Complex and Critical Care and Community Care portfolios have undertaken self-assessment across the 8 Professional Assurance Domains and confirm they are able to meet its aims. Presentation of the domains for professional assurance across all social work and social care teams during team meetings. Feedback from these sessions has been incorporated.
- Head of Clinical and Care Governance, several dedicated

meetings across 2023 and 2024. Supported development of governance arrangements to inform Portfolio QMAG workplan discussions. Feedback incorporated from guidance on effective governance approaches.

- Chairs of Portfolio QMAG in Complex and Critical Care and Community Care, across 2023 and 2024. Supported by the Head of Clinical and Care Governance, meetings were held to shape the workplans of Portfolio QMAGs to ensure Professional Assurance for social work and social care were included. Feedback from these discussions was incorporated.
- Principal Organisational and Development Lead and Team, discussions across 2023 and 2024. Discussions to set out vision and aim of the Professional Assurance Framework, mapping of actions to support obtaining workforce detail required to meet the Professional Assurance requirements for the registered workforce in line with legislative functions and ongoing workforce activities. All feedback provided incorporated into the final document.
- Quality Assurance and Performance Meeting, twice monthly across 2023 and 2024. Meeting with performance, risk and governance colleagues to discuss interconnections with existing structures for scrutiny and the ability to meet the expectations of this framework. All feedback received incorporated into this final draft.

#### **4 Recommendation**

The Social Work and Social Care Professional Assurance Report and Framework are recommended for agreement by the Local Partnership Forum.

#### **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 – Social Work and Social Care Professional Assurance Framework

Appendix 2 – Social Work and Social Care Professional Assurance Framework  
Appendix

#### **6 Implications for Fife Council**

The Professional Assurance Framework will meet the requirement to reassure that services delivered by the Partnership by social work and social care are undertaken in alignment with the legislative functions placed on the Local Authority and delegated to the Health and Social Care Partnership.

#### **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	<input checked="" type="checkbox"/>
2	Fife Council	<input type="checkbox"/>
3	NHS Fife	<input type="checkbox"/>
4	Fife Council & NHS Fife	<input type="checkbox"/>

**Report Contact**

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**Fife Health  
& Social Care  
Partnership**



Supporting the people of Fife together

## **Social Work and Social Care Professional Assurance Framework**

Author

Jennifer Rezendes

Principal Social Work Officer

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## Acronym Meanings

13za (section of the Social Work Scotland Act)  
 ADP (Alcohol and Drug Partnership)  
 ARP (Assessment and Review Practitioner)  
 ASP- Adult Support and Protection (Scotland) Act 2007  
 ASP LSI Audit (Adult Support and Protection Large Scale Investigation Audit)  
 AWI (Adults with Incapacity Act)  
 CI (Care Inspectorate)  
 CPL (Continuous Practice Learning)  
 CSWO (Chief Social Work Officer)  
 FC (Fife Council)  
 GIRFE- Getting it Right for Everyone  
 HOS (Head of Service)  
 HSCP FOI (Health and Social Care Partnership Freedom of Information Team)  
 HSCP QMAG (Health and Social Care Partnership Quality Matters Assurance Group)  
 IJB (Integration Joint Board)  
 LAER/SAER: (Local Adverse Event Review/Significant Adverse Event Review)  
 LPF (Local Partnership Forum)  
 MAT Standards (need to check this)  
 MHCTA (Mental Health Care and Treatment (Scotland) Act 2003)  
 MHO (Mental Health Officer)  
 MWC (Mental Welfare Commission)  
 NHS (National Health Service)  
 NQSW (Newly Qualified Social Worker)  
 OCSWA (Office of the Chief Social Work Advisor to Scottish Government)  
 PE (Practice Educator)  
 PSWO (Principal Social Work Officer)  
 Q&CC (Quality and Communities Committee)  
 QMAG (Quality Matters Assurance Group)  
 SDS- Social Care (Self Directed Support) (Scotland) Act 2013  
 SLT (Senior Leadership Team)  
 SSSC (Scottish Social Services Council)  
 SW Scotland Act (Social Work Scotland Act 1968)  
 SWA (Social Work Assistant)  
 SWCC (Social Work Contact Centre)

## Introduction to the Professional Assurance Framework

Fife Health and Social Care Partnership (HSCP) is committed to delivering the highest quality of Social Work and Social Care services for service users, their families, and carers. Through our Professional Assurance Framework (**Appendix 1**), which is rooted in the expectations set out in the Codes of Practice for Social Service Workers and Employers, we aim to evidence our person-centred and rights-based approach to our integrated service delivery. We will meaningfully consider our practices, our learning, and our development from these, and the feedback we receive from those who engage with our services, to help us deliver high quality and sector leading services.

The purpose of this framework is to describe the component pieces that make up our approach to Professional Assurance for Social Work and Social Care Services and to reflect the processes we use to obtain assurance of these. The Framework will guide the overall Quality and Performance management approach by the Partnership, linking closely with Fife HSCPs Performance Monitoring Framework and the Fife HSCP Integrated Clinical and Care Governance Framework.

The quality of services delivered will be analysed against statutory functions, national and local policy expectations, and practice guidance. We will root our approaches in human-rights and social justice enhancing principles. The mechanisms within this Framework will enable our skilled and professional workforce to self-assess practices and to work with the Principal Social Work Officer (PSWO) Team to gain a shared understanding of best practice approaches.

The Professional Assurance Framework will enable the HSCP to understand how we:

- Put the person at the centre of everything that we do.
- Ensure practice is high quality, effective, accountable and evidence based.
- Evidence the quality of our service delivery in line with how we use our resources.
- Take a consistent approach to how we understand, monitor, and evaluate the quality of our practices.
- Identify and celebrate good practice and successes within our services.
- Take action to support quality improvements when necessary.
- Drive forward a programme of continuous improvement through organisational learning, professional curiosity, and in developing our culture of openness.

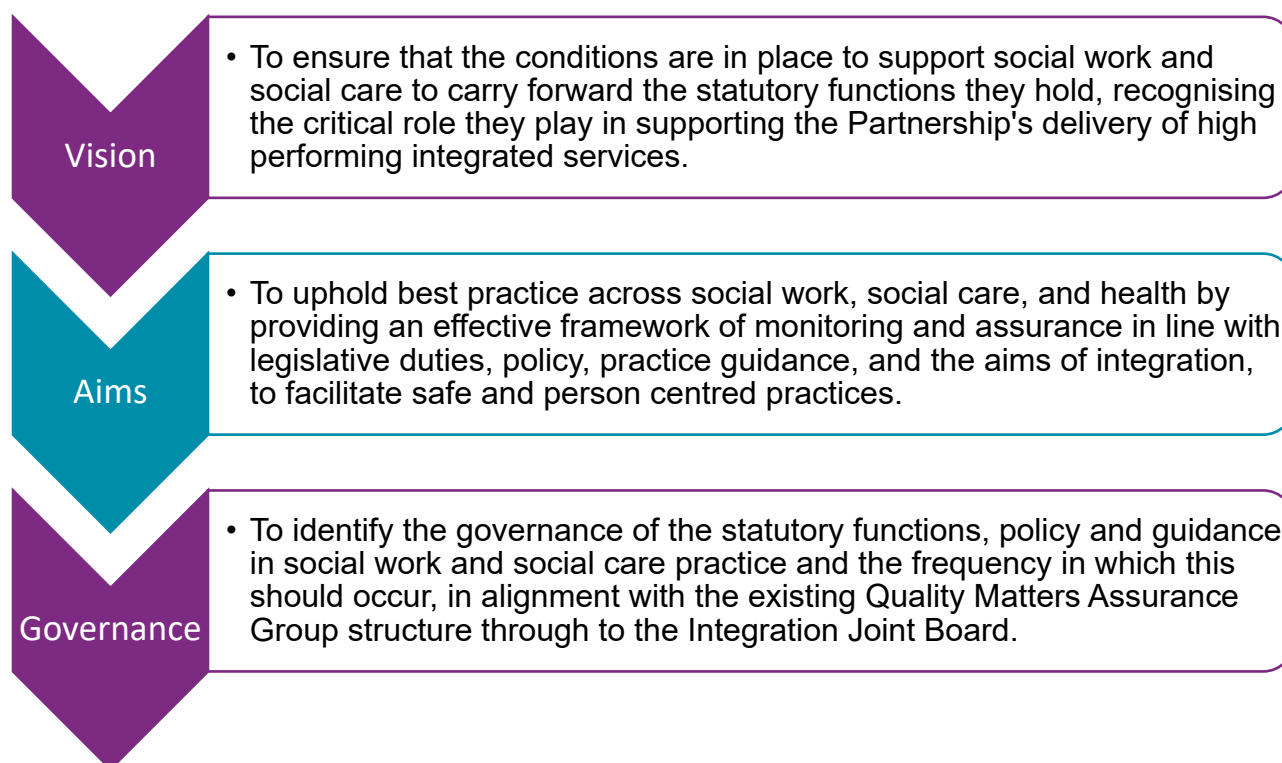


Our proactive approach to continuous learning will empower our social work and social care workforce to make professional judgements within a supportive environment and enable us to effectively:



## Vision, Aim, Governance

We are committed to keeping the person at the centre of our work, to embedding rights-based approaches, and to ensuring we have a confident and knowledgeable workforce to deliver services in line with best practices and service user feedback.



Social work and social care professional governance builds on the existing arrangements in place. Through the Quality Matters Assurance Group (QMAG), the Senior Leadership Team (SLT) Group, and our Integration Joint Board (IJB) Committees, each portfolio area can critically reflect on their practices and to provide assurance of high-quality service delivery to the Integration Joint Board. This enables the Partnership to remain compliant with the statutory functions delegated to it by Fife Council and to the policy obligations, guidance and expectations for human rights-based practices set out by Scottish Government.

## Assurance for Social Work and Social Care Practice

Relationship based and person-centred practice is well understood to be the most impactful approach to helping the people we engage with to meet their outcomes. Our Professional Assurance Framework provides an outline of the domains we will use to reflect our relationship-based engagement and the programme of assurance that we will use to evidence safe and person-centred practices across social work and social care.



### Professional Quality Assurance Methods

This Professional Assurance Framework will focus on self-assessment and quality assessment methods at social work and social care practitioner level, evidenced through individual and team practices. It will include audit of our practices in line with statutory functions and principles, analysis of themes emerging from feedback that we receive from those who use our services, preparation for and learning from external inspection, and development of our workforce through supervision and from areas of learning from research and best practice external to Fife.

In using the framework, services will be enabled to put the right support and challenge in place to improve practice when required, and to evidence our professional practices through the annual Principal Social Work Officer and Chief Social Work Officer Reports.

*Professional Assurance: Services to collect examples of practice across the statutory functions, provide best practice examples, challenges, and learning across all domains in the Professional Assurance Framework, enabling best evidence of professional actions in practice to support the Annual Principal and Chief Social Work Officer Reports.*

### Fife's Performance Monitoring Framework

Fife's Performance Monitoring Framework sets out the blueprint for what we will collect and measure in relation to our practices. Professional Assurance for social work and social care relies on adherence to functions set out in legislation, and the evidence that guidance and principles, key areas of quality assurance, are met. Used together, performance monitoring supports Professional Assurance conversations and scrutiny, increasing professional curiosity and supporting contextual understanding of the information gathered to allow us to tell the story of what it is like to receive a social work and social care service in Fife. Information gathered through performance monitoring should be actively reviewed by services to gain a better understanding of practice trends in line with performance.

*Professional Assurance: Operational Reports covering various areas of practice are being developed within services to identify key indicators for measurement. The information learned through this scrutiny should be considered across the professional standards and quality that frames social work and social care interventions.*

## Professional Assurance Domains

People who use and experience our services are at the heart of everything that we do. Aligning our Social Work and Social Care Assurances to a “people at the centre” approach through the following eight domains will help us report on our practices across a set framework, while also offering scope for service creativity in the evidence provided. Holding the person at the centre, services can reflect best practice, showcase our integrated approaches, and draw on existing data capture to inform our future developments to embed a quality and learning culture.



### Domain 1: Service User and Carer Engagement.

It is essential that the views of service users, families, and carers are captured across the Partnership and is a central theme running through the principles within legislation, guidance, and policy drivers. Promoting independence and enabling people to give meaning and effect to their human rights is a core element of responsibility for social work and social care service workers and is embedded in several requirements set out in the Scottish Social Services Council (SSSC) Codes of Practice.

For the purposes of this domain, Service User feedback should be considered to include feedback from the service user, their family, and any unpaid carers. Existing practices within the Partnership will facilitate our gathering of evidence of how we obtain and use service user feedback. For example, social work has opportunity to consider the views of service users, their families, and carers during assessment and review engagement and through the Annual and Quarterly Case File Audit. Additionally, feedback mechanisms to gather service user views who live in our residential and care homes, or who receive services from our care at home or day services, are standard practice, and opportunities where social care services can ensure they gather this information.

All services should be encouraged to draw on current approaches in place as well as creating any innovative ways to support evidence gathering in this domain.

This can include (but is not limited to):

- Annual statutory surveys (in alignment with Adult Support and Protection, Carers, and Self-Directed Support duties for example).
- Service specific surveys (such as Care at Home, Care Home, Residential, and engagement through day support, through Shared Lives, etc).
- Direct engagement with service users via consultation (when we consult with our communities on strategy or service changes, through our Locality structure, Getting It Right for Everyone (GIRFE), etc).
- Within assessments / review records / case notes (when we routinely ask what matters to the people we support, and how they have experienced our services and interventions).

Good practices around recording, sharing, and storing our service consultations and the feedback mechanisms we put in place to evidence a “you said, we did” approach, will enable us to gain a better understanding of how the feedback has been used by the service. All managers are encouraged to actively consider how direct feedback can influence the development of services. Consideration should be given to the use of the Participation and Engagement Team in the development of effective mechanism to draw on service user feedback.

*Professional Assurance: An annual report from Portfolio and HSCP QMAGs through to Quality and Communities Committee and the IJB reflecting feedback received from service users, their families, and carers with examples of best practice and learning.*

## Domain 2: Case File Audit and Practice Experiences

Activities undertaken in this domain reflect adherence to legislative functions, principles set out in guidance, and policy drivers. Evidence of person-centred practices should be clearly identifiable through our current scrutiny arrangements. Our case file audit tool has been developed to support this, and we will continue to develop and shape our audit tools as the expectations from legislation, guidance, and policy evolve. Throughout our audit activity, services should reflect examples of good practices of providing integrated services and any learning emerging for the service around the application of its statutory functions. Examples of person-centred practice should be identified at Portfolio and HSCP QMAGs, and provided to the Quality & Communities Committee, into the IJB to support assurance and understanding of social work and social care interventions.

### Information Considered: Social Work and Social Care Recording

The importance of accurate recording is vital to our ability to evidence our interventions in people’s lives. All interventions and services delivered through social work legislation should be clearly and accurately recorded and should be subject to a regular audit programme. In Fife we use the electronic case management system, Liquid Logic, which holds the information that reflects our work.

O'Rourke (2010), in her book *Recording in social work*, advocates that recording is important for the following reasons<sup>1</sup>:

1. Evidence policy, process and practice have been followed appropriately, demonstrating professionalism and competency.
2. Provide the rationale behind professional judgement.
3. Making it clear how a decision was arrived at.
4. Being accountable for why a particular course of action was taken (or not).
5. Give a clear picture of the person's story, their wishes, views, and preference which can be used by them, and or others to empower and better understand their situation and any care or support needs.

All Social Work Services delivered in Adult and Older Adult Services, including the Social Work Contact Centre, the Mental Health Officer Team, the Compass Team, and through our Hospital Teams, should regularly review their recording practices in service audits to ensure adherence to relevant standards. Further information on recording can be found in the reference section of this document.

Documents that would be considered at audit for social work case files are:

- Assessments and reviews recorded on Personal Outcome Support Assessment/Review forms.
- Carer Support Plans.
- Risk Assessment documents.
- Documents related to use of protective legislation and deprivation of liberty.
- Legal authority documents such as, Guardianship and Power of Attorney.

Recording within our Social Care Services is crucial for our ability to effectively support people and is central to good, person-centred support. The Care Inspectorate provide guidance on the records registered care providers must keep reflecting social care interventions<sup>2</sup> and further information on the quality of good recording and its importance in the support of the people who receive services from us, can be found in work done by the Social Care Institute for Excellence.<sup>3</sup>

All information held in files within Care and Residential Homes and by our Care at Home, Adult Resources, Shared Lives and Day Services, will be reviewed for adherence to rights-based standards. The information recorded in these documents provides the basis for support and intervention, and it is therefore vital that they are reviewed regularly, updated

<sup>1</sup> O'Rourke L (2010) *Recording in social work: not just an administrative task*. Bristol: Policy Press

<sup>2</sup> Care Inspectorate (2020) Records that all registered care services (except child minders) must keep and guidance on notification. [Rcds services \(except cm\) must keep and guidance on notification reporting \(300420\).pdf \(careinspectorate.com\)](https://www.careinspectorate.com/300420/records-that-all-registered-care-services-except-child-minders-must-keep-and-guidance-on-notification-reporting)

<sup>3</sup> Social Care Institute for Excellence (2021) Social Care Recording. [Social care recording | SCIE](https://www.scie.org.uk/social-care-recording/)

where appropriate, and considered for adherence to outcome focused service delivery. Examples of documents to consider:

- Personal support plans.
- Anticipatory or Advanced Statements.
- Risk Assessment documents.
- Legal authority documents and reflection of deprivation of liberty considerations.

## Methods

Social Work and Social Care Services are required to show evidence of review, monitoring and audit against the legislation, guidance, and policy through which it operates. The National Health and Wellbeing Outcomes<sup>4</sup> and the Principles for Planning and Delivering Integrated Health and Social Care<sup>5</sup> services are also considered when undertaking all audits of practice to ensure our focus on integration is evident in our practices.

Fife use audit on a regular basis to assess the quality of practices and have developed tools to support our activity that are in line with the quality standards framework developed by the Care Inspectorate and through legislation. We will review our audit tools regularly to ensure they remain up to date and relevant to changing expectations.

## Social Work Case File Audit

Social Work Services complete a range of audits on an annual and quarterly basis. Social Work Services and the Mental Health Officer audits are completed annually and are followed by the development of an improvement plan to support continuous learning and development approach. Service Managers and the Principal Social Work Officer Team undertake Improvement Planning, with sign off from the Heads of Service in Complex and Critical Care and Community Care and the Principal Social Work Officer. Improvement plans provide the basis from which quarterly audits are undertaken. Improvement areas identified will be used to build an audit tool to monitor the progress of improvement actions set to embed change.

Quarterly social work audits in all social work services (locality, hospital, MHO, Compass teams) will be reviewed at Portfolio QMAG and inform the twice annual report into HSCP QMAG, Quality and Communities Committee and the IJB. Adult Support and Protection, single agency social work, audit activity will be reported twice yearly, with the Biennial ASP Large Scale Investigation audit reported as it coincides, into HSCP QMAG, Quality and Communities Committee and the IJB.

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<sup>4</sup> Scottish Government (2015) National Health and Wellbeing Outcomes, <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

<sup>5</sup> Scottish Government (2015) Planning and Delivering Integrated Health and Social Care, <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/>

## Personal support plans and social care audits

The audit of social care records support scrutiny of files by our internal service providers, ensuring that there is evidence of adherence and best practice in line with assessed for need and personal outcomes, and that any changes to support requirement are updated. This is an individualised approach to ensure person centred and human rights-based practices are evident for the individual receiving support from the Partnership. An individualised approach to audit in this area enables services to provide outcome focused and person-centred support for people and ensures that we reflect past and present wishes, maximise our approaches to support independence, risk enablement, and reablement through our engagement with individuals.

Case file and personal support plan audits are regularly occurring, and record should be kept by services to evidence this. This information should be provided to Portfolio QMAG for assurance and should inform the twice annual reports provided to the HSCP QMAG, the Quality and Communities Committee, and the IJB.

## Themed Audits

Audits can and should extend to any area of practice where it is felt that it would be beneficial to audit practices, where professional curiosity is raised during review of performance data, or where issues are identified by services in relation to processes implemented. Bespoke audit programmes should be encouraged and discussed with a member of the Principal Social Work Officer Team to support professional alignment. Processes will be developed with the Performance and Improvement team to support the provision of management information about audits and to understand key themes emerging.

All audit activity should seek to identify best practice examples for recognition, asset-based learning, and to support continuous improvement through the Improvement Planning process. The Performance and Improvement Team identify the cases we audit and provide crucial analysis of audit outcomes, they are central to supporting any future developments in this area to help the Partnership to identify areas of good practice and areas that need improvement, helping to inform the development of key service-learning opportunities for our workforce.

An outline of the current audit practices in Fife, and the future development of activities to ensure all statutory functions are captured through our audit practices, can be found within the Professional Assurance Framework at **Appendix 1**.

*Professional Assurance: Social Work Services will provide a twice yearly report on audit activity with improvement actions for locality, SWCC, Mental Health Officer, Hospital, and Compass teams through Portfolio QMAG, HSCP QMAG, Quality and Communities Committee, and into the IJB. Adult Support and Protection practices will be reported twice yearly referencing Audit outcomes and the Bi annual LSI audit as it coincides. Social Care Services will provide an Annual Service Inspection Report highlighting relevant themes from and into the IJB.*



### Domain 3: Supervision Audit

Supervision is the opportunity for the Social Work and Social Care workforce to reflect on practice and to receive support in complex work and decision-making. It should occur with regularity and include discussion around workload management, case complexity and reflection on practice, learning needs, and career development. Supervision is often the first line opportunity for the line manager to address performance and wellbeing issues emerging. Performance issues should be addressed through the Fife Council Improving Performance Policy and in consultation with Human Resources. Where performance raises professional standards issues, the Principal Social Work Officer should be consulted along with the appropriate Head of Service.

Supervision is a professional expectation as set out in the Scottish Social Services Council Codes of Practice for Employees and Employers. All local authority employed staff working in Social Work and Social Care who undertake assessments, reviews, and provide support to service users, including social work and social care managers, should receive professional supervision. This should be conducted by a senior qualified social worker or social care officer and occur to a regular frequency (every 6-8 weeks) with an agreed record of discussion completed by the line manager on an agreed template.

A Supervision audit will be undertaken annually to understand the frequency and quality of supervision conducted across social work and social care services and will include:

- A supervision workforce survey to ensure feedback is captured on the experience of supervision by our workforce.
- An audit of the number of supervisions conducted within teams for individual workers.

The aim of the audit is to ensure that all staff receive supervision at regular intervals which will also allow services to raise themes emerging across the workforce to our Trade Union representatives, opening dialogue around how we can work together to proactively support our workforce. The Principal Social Work Officer Team and the HSCP Workforce Development Team will work together to take forward this annual audit. Working together, Service Managers and the Principal Social Work Officer Team will consider the outcome of this audit and provide assurance and recommendations to the Senior Leadership Team and the Local Partnership Forum.

*Professional Assurance: Annual assurance provided to Senior Leadership Team and Local Partnership Forum on frequency of supervision for social work and social care workforce, including any themes emerging from workforce survey to support continuous learning in practice and as an organisation.*

## Domain 4: Workforce and Wellbeing

This domain reflects our approach to workforce, including wellbeing, registration requirements, learning and development and workforce data capture. Our activities here assist us in meeting the Scottish Social Services (SSSC) Council Codes of Practice for Employers and Employees and will support our retention and recruitment practices, our approaches to nurturing our workforce, and how we plan for the sustainability of our services. Supporting the professional development of the workforce through a strategic approach and developing our knowledge of the workforce learning needs and capacity will help us to deliver high quality and person-centred services.

Ongoing developments through our Workforce Strategy and from the Service User feedback we seek across the Partnership will underpin our approach to collecting information in this domain.

Actions undertaken will include:

- Newly Qualified Social Work (NQS)/Students (evidence of supported year and mentoring and recording processes for social work students in our services).
- Professional Development (Mental Health Officer (MHO) students, Practice Educators (PE), Adult Support and Protection (ASP) PGD, Chief Social Work Officer (CSWO) PGD, Developing Senior Systems Leaders, etc).
- Mandatory Training (assurance that professional development is up to date in the service).
- Workforce Capture (SSSC data requests, Health and Care Staffing Act, etc).
- Workforce Wellbeing (iMatter, Workforce surveys, good news stories from teams).
- Exit Interviews (embedding practices that enable us to learn from feedback received when people leave our services).
- Registration (disciplinary and conduct cases that have progressed to suspension and alert to SSSC, assurance that workers are registered with the SSSC).

*Professional Assurance: An annual report reflecting adherence to the above areas will be co produced by the HSCP Organisational Development and the Principal Social Work Officer Teams as part of Professional Assurance responsibilities. This report will be shared with Senior Leadership Team, the Local Partnership Forum, the Quality and Communities Committee, and the IJB.*

## Domain 5: Feedback: Complaints and Compliments

There will be times when our services do not meet expectations and equally, when we exceed all expectations- it is important that we learn from both experiences. Understanding the outcome and impact of our interventions and services in the lives of the people we support is an important aspect of learning for the organisation. To learn more about the

public sector complaints process please refer to our Fife Council Complaints Handling Procedure<sup>6</sup> or visit the Scottish Public Services Ombudsman<sup>7</sup>.

The requirement to evidence how we use feedback from analysis of complaints and compliments to inform service developments is included across several statutory, practice guidance, and policy areas. This information supports our commitment to keeping the person at the centre of our considerations.

The Principal Social Work Officer Team will work with our Escalation and Resolution Team to develop the processes we will use to consider themes emerging from complaints and compliments.

*Professional Assurance: Services will review themes emerging from complaints and compliments twice yearly, reporting annually to Senior Leadership Team, the Quality and Communities Committee, and the IJB to support understanding around any emerging areas of concern and any specific learning / action points identified.*

## **Domain 6: Reports by Exception: Care Home and Care at Home Commissioned Services Reporting, Safeguarding and Public Protection, Research and Professional Developments**

The provision of services on behalf of Fife HSCP following a social work assessment by care at home or care home commissioned services enables people to be supported in their home, or in a homely environment, in line with Self Directed Support expectations. It remains the Fife HSCP expectation that all care home and care at home commissioned service providers achieve Care Inspectorate Grade 4 (Good) in all themed inspection areas. To ensure quality assurance is achieved in this area care services inspection grades are reported through the Commissioning Team who provide monitoring and inspection grading reports to the PSWO and the Head of Strategic Planning, Performance and Commissioning. An annual report on inspection grades and quality measures in place to address any areas of concern is provided to the HSCP QMAG, the Senior Leadership Team Assurance Group, the Quality and Community Committee, Fife Council's People and Communities Committee, and the Integration Joint Board.

### **Safeguarding and Public Protection**

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<sup>6</sup> Fife Council (May 2023) Fife Council Complaints Handling Procedure. [Fife Council & partners - Complaint Process - May 2023 - Final.pdf - All Documents \(sharepoint.com\)](#)

<sup>7</sup> SPSO (2014) How to Complain about a Social Work Service [how to complain 2014 \(spsso.org.uk\)](#)

When a significant event occurs and Social Work and Social Care Services are involved, immediate actions should be taken to review processes to safeguard against any future incident. This often will occur in parallel to the initiation of other processes, such as Public Protection Learning Reviews and Local and Significant Adverse Events Reviews. Services that are directly involved with a Learning Review process through Public Protection will undertake service assessment against standards with the Principal Social Work Officer Team. This will help to identify any immediate safeguarding actions that are required pending and parallel to further Learning Review activity. An initial assessment of practice after a learning review should be initiated immediately upon learning of a significant event in our services and should run in conjunction with any other process. Where the Health and Safety Executive and/or Police Scotland are involved, the Principal Social Work Officer Team should be consulted to support appropriateness of our progressing safeguarding activities. In concluding an initial assessment of the incident, service Improvement Planning and timetabled actions will be identified for progression, provided to Portfolio QMAGs to monitor activity toward completion and embedding improvements identified, and provided for assurance to HSCP QMAG and Senior Leadership Team.

## Research and Professional Developments

There are instances where learning from other areas in practice, locally, nationally, and internationally, can support our continuous development. Services should be encouraged to seek out opportunities to learn from practice and to benchmark Fife practices against learning derived from other areas. The Principal Social Work Officer Team will undertake scoping for improvements in practice through research and other mediums to support our analysis of local practices against new research and learning.

## Per Incident Reporting Examples

Reports that provide assurance on professional practice in line with standards will be completed on an as needed basis and would reflect initial learning identified and progress toward improvement activity to completion. The following reflects examples of such instances and is not a conclusive list of potential reporting for incidents:

- Duty of Candour (this reporting can include the annual report to Scottish Government with publication that provides an overview of all Duty of Candour incidents, or be service specific to highlight any learning as appropriate)
- Learning Reviews conducted through Public Protection such as Adult Support and Protection and MAPPA, or in health with transferable learning through LAER/SAER (where services have drawn learning from one of these or have read about learning elsewhere and evaluated their service practice against the recommendations made).
- Care Inspectorate (CI) and Mental Welfare Commission (MWC) Strategic and Regulatory Inspections (any inspection of our services and subsequent recommendations for improvement and notes of best practice would be identified).
- Mental Welfare Commission (MWC) and Care Inspectorate (CI) learning reports/guidance (any of the various reports produced by either organisation that reflect service benchmarking activity which could include inspection activity in other areas external to Fife)

- Social Work Scotland (SWS) (research specific to Social Work and Social Care professional practices where benchmarking activity has been taken forward within services)
- Improvement Scotland, Audit Scotland, Scottish/British Association of Social Workers, CoSLA, Unison, IRISS etc (any external research or learning presented through national bodies to improve practice where services have undertaken benchmarking activity).

*Professional Assurance: Commissioned Service Inspection Grades and Assurance to be provided twice yearly from HSCP QMAG, to the Senior Leadership Team, with assurance given to Quality and Communities Committee, Fife Council's People and Community Committee, and the IJB.*

*Safeguarding and Public Protection Learning Reviews will be considered at portfolio QMAG, presented at HSCP QMAG, the Senior Leadership Team, and determined for onward progression to the Quality & Communities Committee and IJB. Services involved in Learning Reviews will provide initial analysis of practices against standards and immediate safeguarding and improvement activities to the Heads of Service and Principal Social Work Officer prior to submitting this detail to the ASPC.*

*Per Incident Reports such as the annual Duty of Candour report, will be presented as required to the HSCP QMAG, the Senior Leadership Team, the Quality and Communities Committee, Fife Council's People and Communities Committee, and the IJB.*

*All activities identified for improvement resultant to Research and Professional Developments will be reported into HSCP QMAG and through Senior Leadership Team for assurance on implementation of learning, highlighting exemplary practices already in place.*

## Domain 7: Data Returns

Many of our social work and social care data returns to Scottish Government reflect our adherence to legislation, statutory guidance, and policy expectations. When our services are required to return data to evidence our practices to Scottish Government, the IJB, and both/either NHS and/or Fife Council, best practice would be to ensure a Head of Service for the Portfolio area, the Head of Strategic Planning, Performance, and Commissioning, and the Principal Social Work Officer sign off where possible.

The following represents examples of returns already in place, this is not complete and may be subject to change:

- ASP data regarding social work practices
- Dynamic Register/Coming Home Implementation Framework
- ADP Strategy and MAT Standards
- Health and Care (Staffing) (Scotland) Act 2019

*Professional Assurance: All data returns intended for provision beyond the HSCP into Public Protection or Scottish Government arrangements will be provided to the relevant Head of Service, the Head of Performance, and the Principal Social Work Officer prior to submission to ensure professional standards are reflected and understood in our submissions.*

## Domain 8: Future Development

As part of a continued programme of improvement and learning, the information identified throughout this Professional Assurance Framework will be used to inform future developments in our services, teams, and at the individual practitioner level. The purpose of this section of the Framework is to remain a “work in progress” and responsive to the continuous learning across services and within the HSCP. Taking this approach to the information gathered from monitoring across the other 7 Domains will enable our service developments to be responsive to the needs identified.

Examples of future development areas that are currently being considered (in 2023/24) are listed below.

- Identification of a suite of assurance information to be presented to Fife Council's Committee structure to ensure delegated functions are regularly reported into Elected Members.
- Learning and Improvement Plans: refining the development of plans that allow services to know what the impact and meaningful change/outcome of actions taken has been for service users, their families, and carers.
- A review of the Case File Audit Tool: to ensure practices taken forward by the MHO Team, Hospital Team, and Compass Team are captured, along with duties within the Carers Act, and other evolving legislative expectations.
- Development of a Transitions audit tool: in anticipation of a GIRFE practice model and to consider our adherence to statutory functions and guidance at points of transition.
- A review of eligibility criteria: to reflect Self Directed Support and Carers Acts duties.
- Development of a multi-professional learning approach to review actions where public protection frameworks, LAESR and SAERS are not required (to include Children and Families and Justice social work, and NHS services).
- Development of an annual Principal Social Work Officer Report which will offer assurance across Adult, Older Adult, and Social Care practices within the HSCP and contribute to the Annual Chief Social Work Officer Report.
- Develop audit and assurance mechanisms to ensure services know how to effectively sign post to the Wells and local services.

Professional assurance across the Health and Social Care Partnership will be a dynamic and continuous process, supporting our collective achievement toward sector leading services.

This Professional Assurance Framework will be reviewed two years from its implementation to determine its impact and effectiveness, allowing the process taken forward to remain iterative and responsive to any changes in statutory functions, professional standards, and collective learning. Responsibility for organising and reviewing this Framework will sit with the Principal Social Work Officer and Team.

## References and Supporting Documents

- The Codes of Practice for Social Service Workers and Employers, [SSSC Codes of Practice - Scottish Social Services Council](#)
- Health and Social Care Standards: My support, my life, [Health and Social Care Standards: My support, my life \(www.gov.scot\)](#)
- National Health and Wellbeing Outcomes, [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services \(www.gov.scot\)](#)
- Guidance on the Principles for Planning and Delivering Integrated Health and Social Care, [Guidance on the Principles for Planning and Delivering Integrated Health and Social Care \(www.gov.scot\)](#)
- Case Recording, IRISS, [Recording practice and accessing records | Iriss](#)

If you have any queries or wish to discuss the content of this document further, please contact Jennifer Rezendes, Principal Social Work Officer, at the details below.

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# SOCIAL WORK AND SOCIAL CARE

## Professional Assurance

### SERVICE USER AND CARER ENGAGEMENT

Ensure systems are in place to gather feedback from service users, families, and unpaid carers



### CASE FILE AUDIT AND PRACTICE EXPERIENCE

Ensure we reflect on our service quality and performance against legal functions; and identify best practice noted and areas for improvement



### SUPERVISION

Ensure regular and robust supervision arrangements are in place for the workforce, including professional lines where applicable



### WORKFORCE AND WELLBEING

Ensure our workforce is registered with SSSC and our services are regulated within the Care Inspectorate expectations.



### FEEDBACK: COMPLAINTS AND COMPLIMENTS

Ensure we are reviewing complaints and compliments regularly and across all our services



### REPORTS BY EXCEPTION:

Care Home and Care at Home Commissioned Services Reporting, Safeguarding and Public Protection, Research and Professional Developments

Learning from across professional expectations



### DATA RETURNS

Ensure professional standards are reflected and understood in our submissions



### FUTURE DEVELOPMENT

Ensuring continuous learning and improvement from our practices





# SERVICE USER AND CARER ENGAGEMENT

Ensure systems are in place to gather feedback from service users, families, and unpaid carers



## What will we do?

- Annual statutory surveys (in alignment with ASP, Carers, and SDS duties for example)
- Service specific surveys (such as Care at Home, Care Home, Residential, and engagement through day support, through Shared Lives, etc)
- Direct engagement with service users via consultation (when we consult with our communities on strategy or service changes, through our Locality structure, GIRFE, Care Opinion etc)
- Assessments / review records / case notes (when we routinely ask what matters to the people we support, and how they have experienced our services and interventions)

## Why do we do this?

To enable services to provide evidence that feedback is sought, considered, and utilised to make our services better.

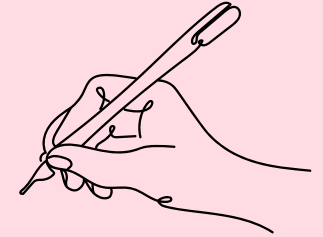
## How will we ensure Professional Assurance takes place?

Portfolio QMAG will consider and provide evidence of themes and actions taken reflecting feedback received from service users, their families, and carers with examples of best practice and learning to HSCP QMAG through to Q&CC and the IJB.

# SERVICE USER AND CARER ENGAGEMENT



*This is your space, write your thoughts here...*



In my service we evidence this by.....

# CASE FILE AUDIT AND PRACTICE EXPERIENCE

Ensure we reflect our service quality and performance against legal functions; and identify best practice noted and areas for improvement



## Current practices in place to support evidence of Professional Assurance in this domain are:

- Annual Case File Audit of Social Work Records (completed annually and reported with an Improvement Plan).
- Annual ASP Audit (interagency audit which will identify social work and social care actions for improvement).
- Bi-Annual ASP LSI Audit (interagency audit which will identify social work and social care actions for improvement).
- ASP Performance Monitoring Process (quarterly ASP monitoring should be ongoing and linked to making improvements based on practice).
- Mental Health Officer Audit (annual and quarterly audits).
- Care and Risk Plan Audits in Residential, Care Homes, and Care at Home Services (completed regularly per service requirement, using a CI approved audit tool, records/practice amended as required, with assurance reports provided on actions taken).
- Care Inspectorate and MWC Strategic and Regulatory Inspections (all external inspection recommendations are considered by services and improvement plans are developed and taken through to completion).

## What will we do?

1. Audit case records and develop improvement actions
2. Analysis against National Health and Wellbeing Indicators
3. Case file Audits will be undertaken by all of our services, in line with the expectations of our legislation and the regulators of our services. Teams that will undertake these audits will be:
  - Adults
  - Older Adults Review Team
  - Hospital Team
  - SWCC
  - MHO Service
  - Compass Team
  - Care Homes
  - Care at Homes
  - Adult Resources
4. Recommendations made from external inspections will be captured in improvement plans and completed within services.

## Why do we do this?

We will ensure that our practices are in line with legislative functions through a process of meaningful audit and scrutiny activity, leading to the development of a continuous learning culture that is focused on improvement.

## How will we ensure Professional Assurance takes place?

Portfolio QMAG will consider, Service led Quarterly Case File Audit of Social Work Records, MHO Audit.

This will cover:

- Reflections of service quality and performance against legal functions. Identify best practice noted and areas for improvement.
- Protection duties assessed: ASP, AWI, MHCTA, 13za, Advocacy, Risk Management.
- Welfare duties assessed: SW Scotland Act, SDS and Carers Act.
- Mental Health Professional Audit

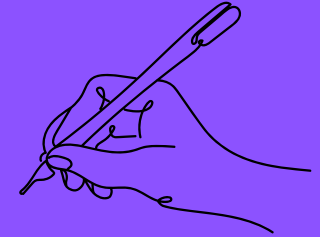
HSCP QMAG, QCC, IJB will receive twice yearly updates on Service/Interagency audit outcomes from our services:

- Identify areas for improvement in our services, providing improvement actions that can be scrutinized through service quarterly audits. Feedback on completion of improvements.
- Social care service delivery will provide twice yearly reports confirming audit activity is taken forward, highlighting themes emerging from learning and actions taken to address these and to spread examples of best practice throughout the service.

# CASE FILE AUDIT AND PRACTICE EXPERIENCE



*This is your space, write your thoughts here...*



In my service we evidence this by.....

# SUPERVISION

Ensure regular and robust supervision arrangements are in place for the workforce, including professional lines where applicable.



## What will we do?

- Workforce Survey: Annual survey of social work and social care workforce to seek views on experiences of supervision.
- Audit: Annual audit of frequency and consistency of supervision provision in line with expectations set in policy.

## Why do we do this?

This domain enables the HSCP to meet its SSSC Code of Practice for Employers and Employees responsibilities as they relate to supervision.

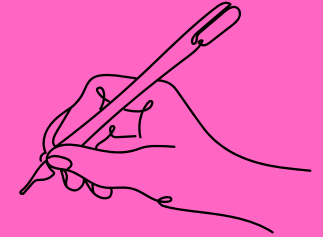
## How will we ensure Professional Assurance takes place?

HSCP Workforce Development will work in conjunction with services to provide annual assurance to SLT and LPF on frequency of professional supervision for social work and social care workforce delivering local authority functions, including any themes emerging from workforce survey, or arrangements to support professional supervision specific to a group, ex. NQSW supported year, ARPs, SWA where line management is not local authority employed, to enable continuous learning in practice and as an organisation.

# SUPERVISION



*This is your space, write your thoughts here...*



In my service we evidence this by.....

# WORKFORCE AND WELLBEING

Ensure our workforce is registered with SSSC and our services are regulated within the Care Inspectorate expectations.



## What will we do?

### Professional Development

- Assurance of social workers attending advanced practice trainings, PE, MHO and ASP Council Officer.
- Recruitment and retention of social workers and social care workforce, vacancy rates and approaches to filling roles.
- Assurance that staff register with SSSC, meet CPL, and learning and development.

## Why do we do this?

We do this to ensure our staff are meeting the high standards of learning and development that supports best practice and ensure requirements are met that allows them to keep registered.

## How will we ensure Professional Assurance takes place?

Workforce Development and services will provide twice yearly reports to HSCP QMAG and SLT and LPF of achievement toward professional development and workforce expectations.

- Workforce Wellbeing surveys (iMatter)
- Communication/Promotion of the social work and social care workforce through good news stories, groups
- Exit Interviews

Ensure our staff are supported and that we learn from the feedback that we receive from them.

Workforce Development to provide annual report on iMatters and themes from Exit Interviews to SLT and LPF. Links to be made with Communications Team to promote social work and social care as a career and to celebrate successes.



### What will we do?

- NQSW/Students (evidence of supported year and mentoring, NQSW Forum, number of students taken into the service).
- Mentor/Mentee experiences.
- Number of student placements and conversion into jobs.
- Practice Educator numbers or issues with capacity in this area.

### Why do we do this?

Evidence of service adherence to standards and expectations from OCSWA/SSSC.  
Supporting the growth of the social work workforce through employment post student placement.

### How will we ensure Professional Assurance takes place?

Workforce and Development team will work with services to provide an annual report on themes identified in service areas to the PSWO for consideration. Report to be provided to HSCP QMAG, SLT and LPF.

We will ensure that we have oversight of any disciplinary and conduct cases that have progressed to suspension and any alerts to/from SSSC on professional practice.  
We will receive assurance that workers are appropriately registered with the SSSC.

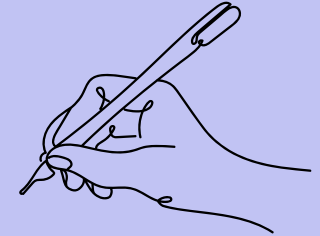
Evidence of adherence to SSSC registration requirements and workforce monitoring, workforce planning, and ability to meet need.

Workforce and Development/HR to provide a report to PSWO for consideration. Report to be provided as wider workforce detail to HSCP QMAG, SLT and LPF highlighting any themes emerging from conduct and disciplinary cases.

# WORKFORCE AND WELLBEING



*This is your space, write your thoughts here...*



In my service we evidence this by.....

# FEEDBACK: COMPLAINTS AND COMPLIMENTS

Ensure we are reviewing complaints and compliments regularly and across all our services



## What will we do?

Review Complaints and Compliments across services in:

- Adults
- Older Adults
- Hospital Team
- SWCC
- MHO Service
- Compass Team
- Review Team
- Care Homes
- Care at Home
- Adult Resources

## Why will we do this?

Draw out themes emerging across Complaints and Compliments. Allows areas to analyse policies and practices, meets SSSC Codes of Practice for Employers and Employees.

## How will we ensure Professional Assurance takes place?

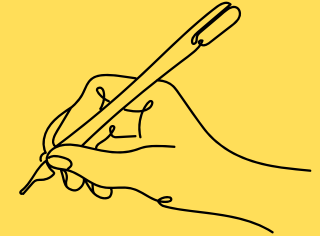
HSCP FOI Team to provide an annual report to Portfolio QMAG for consideration.

Portfolio QMAG to provide context with the themes identified to QMAG and SLT, with an onward report provided to QCC and IJB for consideration of themes emerging and context in which services are delivered from Complaints and Compliments.

# FEEDBACK: COMPLAINTS AND COMPLIMENTS



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# REPORTS BY EXCEPTION:

## CARE HOME AND CARE AT HOME COMMISSIONED SERVICES REPORTING, SAFEGUARDING AND PUBLIC PROTECTION, RESEARCH AND PROFESSIONAL DEVELOPMENTS

Learning from across professional expectations



### What will we do?

To enable us to extend our continuous learning and improvement to the widest areas of practice we will consider the following on an as needed basis:

**Care Home and Care at Home Commissioned Services:** Considering inspection outcomes, improvement actions, and ensuring successful completion of improvement aims.

**Safeguarding and Public Protection Learning Reviews:** Evidence learning from critical events, Learning Reviews, LAER/SAER activity, showing improvement actions taken through to completion

**Per Incident Reports:** Learning from external scrutiny and inspection recommendations, from Fife and external to our HSCP, drawing on learning emerging from critical events, operational practice themes, etc.

### Why will we do this?

To ensure we meet our statutory obligations and to promote continues learning from data and feedback on our services.

### How will we ensure Professional Assurance takes place?

Commissioned Service Inspection Grades and Assurance to be provided twice yearly from HSCP QMAG, to the Senior Leadership Team, with assurance given to Quality and Communities Committee, Fife Council's People and Community Committee, and the IJB.

These will be considered at portfolio QMAG, presented at HSCP QMAG, the Senior Leadership Team, and determined for onward progression to the Quality & Communities Committee and IJB. Services involved in Learning Reviews will provide initial analysis of practices against standards and immediate safeguarding and improvement activities to the Heads of Service and Principal Social Work Officer prior to submitting this detail to the ASPC.

External scrutiny of our services, the annual Duty of Candour report, Operational Performance Reports, etc will be presented as required to the HSCP QMAG, the Senior Leadership Team, the Quality and Communities Committee, Fife Council's People and Communities Committee, and the IJB

### What will we do?

**Research/ Professional Standards:**  
Benchmarking activity against best practice standards and research undertaken nationally.

### Why will we do this?

To ensure we meet our statutory obligations and to promote continues learning from data and feedback on our services.

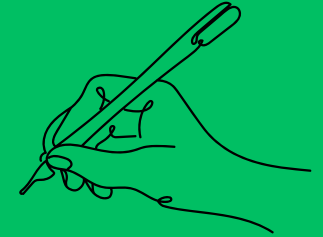
### How will we ensure Professional Assurance takes place?

All activities identified for improvement resultant to Research and Professional Developments will be reported into HSCP QMAG and through Senior Leadership Team for assurance on implementation of learning, highlighting exemplary practices already in place.

# REPORTS BY EXCEPTION



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In my service we evidence this by.....

# DATA RETURNS

Ensure professional standards are reflected and understood in our submissions



## What will we do?

When our services are required to return data to evidence our practices to Scottish Government, the IJB, and both/either NHS and/or Fife Council, best practice would be to ensure a Head of Service, Head of Commissioning and Strategy, and the Principal Social Work Officer sign off where possible.

Examples of current data returns (list not complete and subject to change):

- ASP data regarding social work practices.
- Dynamic Risk Register (Coming Home).
- ADP Strategy and MAT Standards.
- Health and Care (Staffing) (Scotland) Act 2019.

## Why will we do this?

We will remain complaint with data requests and ensure we understand and can speak to their origin before we submit them to external scrutiny.

## How will we ensure Professional Assurance takes place?

All data returns intended for provision beyond the HSCP into Public Protection or Scottish Government arrangements will be provided to the relevant Head of Service, the Head of Performance, and the Principal Social Work Officer prior to submission to ensure professional standards are reflected and understood in our submissions.

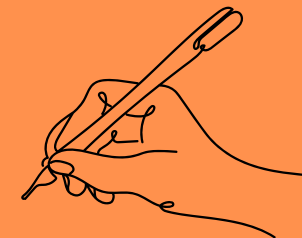
A summary of data will be provided through the Annual Performance Report by the Head of Strategic Planning, Performance and Commissioning to IJB and relevant Committees.



# DATA RETURNS



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# FUTURE DEVELOPMENT

Ensuring continuous learning and improvement from our practices



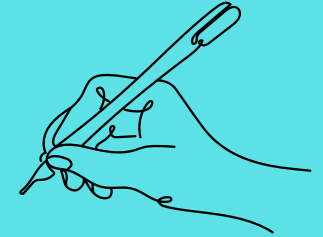
Examples of future development areas that are currently being considered (in 2023/24) are listed below.

- Identification of a suite of assurance information to be presented to Fife Council's Committee structure to ensure delegated functions are regularly reported into Elected Members. ·Learning and Improvement Plans: refining the development of plans that allow services to know what the impact and meaningful change/outcome of actions taken has been for service users, their families, and carers.
- A review of the Case File Audit Tool: to ensure practices taken forward by the MHO Team, Hospital Team, and Compass Team are captured, along with duties within the Carers Act, and other evolving legislative expectations.
- Development of a Transitions audit tool: in anticipation of a GIRFE practice model and to consider our adherence to statutory functions and guidance at points of transition.
- A review of eligibility criteria: to reflect Self Directed Support and Carers Acts duties.
- Development of a multi-professional learning approach to review actions where public protection frameworks, LAERS and SAERS are not required (to include Children and Families and Justice social work, and NHS services).
- Development of an annual Principal Social Work Officer Report which will offer assurance across Adult, Older Adult, and Social Care practices within the HSCP and contribute to the Annual Chief Social Work Officer Report.
- Develop audit and assurance mechanisms to ensure services know how to effectively sign post to the Wells and local services.

# FUTURE DEVELOPMENT



*This is your space, write your thoughts here...*



In my service we evidence this by.....

**For further discussion please contact  
Jennifer Rezendes**

**Principal Social Work Officer  
Fife Health and Social Care Partnership**

**Mobile: 07716048802  
E-mail: [jennifer.rezendes@fife.gov.uk](mailto:jennifer.rezendes@fife.gov.uk)**



**Meeting Title:** Integration Joint Board

**Meeting Date:** 27<sup>th</sup> September 2024

**Agenda Item No:** 9.4

**Report Title:** Scheme of Delegation Update – Resilience & Business Continuity

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

**Report Author:** Vanessa Salmond, Head of Corporate Governance  
Avril Sweeney, Manager, Risk Compliance

## 1 Purpose

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

- Decision

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

- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 7 People who use health and social care services are safe from harm.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

- Outcomes
- Integration

## 2 Route to the Meeting

This report relates to one specific action identified within the Fife IJB Resilience & Business Continuity Planning Arrangements Audit Report. The full audit report was previously presented to the Audit and Assurance Committee in May 2024.

## 3 Report Summary

### 3.1 Situation

A key action from the Fife IJB Resilience & Business Continuity Planning Arrangements Audit Report was to update the IJB Governance Manual to incorporate the IJBs Category 1 Responder responsibilities.

Although a full refresh of the IJB Governance Manual is not scheduled until summer 2025, it was agreed with Internal Audit that this inclusion would be actioned in this calendar year.

This amendment has been reviewed and supported by the Audit and Assurance Committee.

### **3.2 Background**

As reported to Committee in September 2023, the IJB is now included as a category 1 responder under the Civil Contingences Act 2004 (CCA) as per amendment in March 2021.

In response to this requirement, a Resilience Framework for the IJB/HSCP was developed and endorsed by the IJB in September 2023. This framework sets out the roles, responsibilities and actions to be taken by individual services and wider H&SCP management structures to ensure that the Partnership can plan, respond and recover from any incidents that impact on Fife's communities, and that its critical activities are maintained in the event of an incident.

An action was raised from an Internal Audit of Resilience & Business Continuity Planning Arrangements to reference the Resilience Framework which has been put in place in response to the Act.

### **3.3 Assessment**

It is proposed that *Section 5: Emergencies and Cases of Urgency* of the *Scheme of Delegation* is updated as per document control log on page 1 of Appendix A attached, which now references the Resilience Framework introduced to comply with the CCA 2004 requirement as per an Internal Audit recommendation.

If formally approved by the IJB this will complete the audit recommendation.

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

There are no direct impacts in relation to this report.

#### **Workforce**

**3.3.2** The proposed amendment to the Scheme of Delegation enhances IJB members awareness of its responsibilities in relation to the CCA 2004.

#### **3.3.3 Financial**

There are no direct financial impacts in relation to this report.

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

There are no direct impacts in relation to this report.

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

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

### 3.3.6 Environmental / Climate Change

There are no direct environmental / climate change impacts relating to this report.

### 3.3.7 Other Impact

The actions proposed within the report strengthen current corporate governance arrangements.

### 3.3.8 Communication, Involvement, Engagement and Consultation

There has been engagement with Internal Audit and HSCP leads for Resilience and Business Continuity during the draft of this addition to the Scheme of Delegation. The Audit and Assurance Committee also support this revision.

## 4 Recommendation

The IJB is asked to:

- **Decision** – Formally agree the proposed amendments to the Scheme of Delegation at Appendix A attached

## 5 List of Appendices

The following appendices are included with this report:

Appendix A – Scheme of Delegation

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

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

## Report Contact

**Author Name:** Vanessa Salmond  
Avril Sweeney

**Author Job Title:** Head of Corporate Governance  
Manager, Risk Compliance

**E-Mail Address:** [Vanessa.Salmond@fife.gov.uk](mailto:Vanessa.Salmond@fife.gov.uk)  
[Avril.Sweeney@fife.gov.uk](mailto:Avril.Sweeney@fife.gov.uk)



## DOCUMENT CONTROL

Addition	Deletion	Amendment	Description:	Ref:	Date:
X			Creation of Document Control Log	Page 1	September 2024
X			Amendment to Scheme of Delegation prior to scheduled review date	Page 2	September 2024
X			Paragraph 5.3 and 5.4 added to reflect IJB as Category 1 Responders are per Civil Contingencies Act 2004	Page 15	September 2024

### Documentation Control

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## SCHEME OF DELEGATION

### PROCEDURE

All Services are required to prepare and annually review a Scheme of Delegation as part of the Health and Social Care Partnerships Code of Corporate Governance.

The Service Scheme confirms levels of delegation and responsibility for the Senior Leadership Team and their Service Management Sections.

Each Section will put in place the necessary delegation arrangements below Service Manager level to ensure the efficient and effective delivery of Health and Social Care services in line with the Health and Social Care Partnership's Scheme of Delegation.

All employees with delegated authority must ensure that they operate within Health and Social Care Partnership Policy, Financial Regulations and Standing Orders at all times.

### REFERENCES

Health and Social Care Integration Scheme for Fife 2022

Integration Joint Board Financial Regulations – May 2022

Fife Council List of Officers Powers – November 2020

Fife Council Financial Regulations – updated July 2018.

Fife Council Scheme of Tender Procedures – updated September 2018

NHS Fife Financial Operating Procedures – December 2021

NHS Fife Code of Corporate Governance – January 2022

### CONTACT

Director of Health and Social Care

Date of Issue: August 2022

Amendment: September 2024

Review Date: August 2025

Authorised By: Director of Health and Social Care

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## CONTENTS

- 1 INTRODUCTION
- 2 ACTIVITIES COVERED BY THE SCHEME
- 3 STATEMENT OF THE RIGHTS AND RESPONSIBILITIES OF EMPLOYEES
- 4 LEVELS OF DELEGATION
- 5 EMERGENCIES AND CASES OF URGENCY
- 6 APPENDICES
- 7 DOCUMENT CONTROL

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# 1 INTRODUCTION

- 1.1 This Scheme of Delegation (the “Scheme”) shall operate in a consistent manner throughout the Health and Social Care Partnership. The Scheme takes account of the Council Scheme and incorporates current Council-wide agreements on delegation.
- 1.2 The Director of Health and Social Care will ensure a Scheme of Delegation for Services is prepared which details those decisions which have been delegated to each level of management within the Services. Posts holding delegated authority under the Service-wide Scheme are detailed in Item 4. This will follow the principle of subsidiarity i.e. levels of delegation set at the nearest appropriate point to service delivery and all employees operating at the same level having identical delegated powers (unless there is a unique delegation specific to a named post).
- 1.3 The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning and the Chief Finance Officer will put in place a set of operational levels of responsibility and management processes to ensure the proper implementation of the Scheme.
- 1.4 The Scheme shall be kept up to date by the Chief Finance Officer as required. A review of the Scheme will be carried out by the Chief Finance Officer, in conjunction with The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning for each Section, involving employee consultation and feedback to ensure its continued accuracy, relevance and practical application. All proposed changes/adjustments must be submitted on the designated form (Appendices 1 and 2) to the Management Support Officer who supports the Director of Health and Social Care, for consideration by the Senior Leadership Team. Any amendments to the Scheme of Delegation must be approved by the Integration Joint Board via the Finance, Performance and Scrutiny Committee. Changes to the Scheme will be issued to all relevant employees and the Scheme updated on Health & Social Care website.
- 1.5 No unauthorised changes to the agreed procedures will be permitted. Inappropriate use of the Scheme by authorised or non-authorised employees may lead to disciplinary action being taken.
- 1.6 Where specific decisions have been delegated below Director level, who has authority to exercise these decisions will be clearly defined.
- 1.7 All delegated powers will be exercised with reference to the agreed statement of rights and responsibilities for delegated decision making set out in Part 3.

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- 1.8 All delegated powers will be exercised subject to adequate budgetary provision being available and having regard to all relevant Corporate and Service policies and procedures.
- 1.9 In implementing this Scheme of Delegation, the Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning and the Chief Finance Officer will: -
- Notify all affected employees in writing of their rights and responsibilities and their individual level of delegation/authorisation through management structures.
  - Ensure appropriate cover is in place during holidays or employees' absences to enable the normal business of the Service to continue:
    - a) If a Team Manager is absent another Team Manager or Service Manager can authorise.
    - b) If a Service Manager is absence another Service Manager or Head of Service can authorise.
    - c) If the Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning or the Chief Finance Officer are absent another Head of Service or the Director can authorise.
  - Ensure that affected employees comply with their responsibilities under the Scheme and that assurance arrangements are in place to monitor this via supervision and performance management.

## 2 ACTIVITIES COVERED BY THE SCHEME

### Line Management

- Recruitment, including Criminal Records checks.
- Employee Development and Contribution Management.
- Training.
- Annual and all other types of leave.
- Flexitime/Time Off in Lieu.
- Job Share, Career Breaks and Secondments.
- Voluntary, Ill-Health and Early Retirements.
- Changes to Establishment.
- Conduct and Discipline.
- Attendance Management.

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## Financial Authority

- Transfer between Budget Heads.
- Authorisation of Expenditure.
- Travel and Accommodation Expenditure.
- Payroll Changes.
- Travel and Subsistence Claims.
- Purchase Orders.
- Invoices.
- Cheque Requests.
- Imprest.
- Payments to the Council.
- Payments to the NHS.
- Pay Claims.
- Setting of Fees and Charges.
- Ex-Gratia Payments.
- Virements.

## Limits of Financial Authority – Social Work Service

TITLE	CURRENT APPROVAL LIMIT £
Director of Health & Social Care	£500,000
Head of Community Care Services / Head of Complex & Critical Care / Head of Primary & Preventative Care	500,000
Head of Strategic Planning, Performance and Commissioning	500,000
Chief Finance Officer	500,000
Service Manager Quality Assurance	100,000
Team Manager (Contracts)	100,000
Senior Contracts Officers	100,000
Service Managers	50,000
Contracts Officers	50,000

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<b>Contracts Assistants</b>	<b>50,000</b>
<b>Team Managers</b>	<b>10,000</b>
<b>Community Support/Unit/House Managers</b>	<b>10,000</b>
<b>Lead Officers (Fife-Wide (formerly Adult) Resources)</b>	<b>5,000</b>

## Operations

- Work Prioritisation.
- Deployment of Employees.
- Allocation of Tasks.
- Allocation of Resources.
- Complaints Management.
- Emergencies.
- Freedom of Information.

### 3 STATEMENT OF RIGHTS AND RESPONSIBILITIES UNDER THE SCHEME

#### Employees' Rights

All employees who are involved in taking delegated decisions have the following rights: -

- To be informed in writing of the general principles of delegated decision-making and those areas where they have the authority to take delegated decisions.
- To be consulted about any decisions that affect the Service or activity they are responsible for managing.
- To be informed of any changes in corporate or Service policies affecting levels of delegated authority.
- To receive training required in order to exercise delegated authority effectively.
- To seek and receive support, supervision and advice from their line manager or a more senior manager in exercising delegated authority.

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- To decline to use the authorised delegated powers subject to agreement with their line manager or a more senior manager.

## Employee’s Responsibilities

All employees taking delegated decisions have the following responsibilities: -

- To ensure that delegated decisions are taken in accordance with all relevant policies, procedures and guidelines and in a professional and competent manner.
- To seek professional advice, where appropriate, particularly in relation to decisions that may have financial, human resource or legal implications.
- To ensure that Line Managers, Service Managers, Heads of Service and/or the Director are kept fully informed of decisions they have taken under delegated authority, as required. In particular when the decision may involve an appeal or the involvement of a third party, e.g. the media or elected members.
- To ensure that decisions taken under delegated authority can be justified in terms of equity and consistency of approach and are appropriately recorded.
- To consult with colleagues including Line Managers, Service Managers, Heads of Service or the Director where a delegated matter may have consequences for others part of the Service or other Services. Not to make any decision nor take any action in accordance with the powers conferred by this Scheme or any Service Scheme of Delegation if the decision or outcome could create the perception that an employee is not strictly adhering to the key principles of public life as set out in the Model Code of Conduct for Devolved Public Bodies. These principles are selflessness, integrity, objectivity, accountability, openness, honesty, respect and leadership. Delegated powers must not be used where either the interests of the employee, the matter to which the decision relates, or the identity of any other person involved could lead a member of the public to conclude that the powers have been used to avoid scrutiny by the Partnership or a sub-committee of the Partnership. If an employee is in any doubt as to whether they should make use of delegated powers, then they should seek guidance via the Director.
- The provisions of the Scheme to officers are intended to assist in the efficient and effective management of the Partnership’s activities and to foster a culture of responsiveness to customers and service users. In applying the Scheme, it is important that officers pay due regard to the need for appropriate periodic reporting of delegated decisions to members of the Health and Social Care Partnership, both for information purposes and to allow Councillors to properly discharge their scrutiny role.

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## 4 LEVELS OF DELEGATION

### Director of Health and Social Care

The Director, in their capacity as Chief Officer of the IJB as set out in Section 6.11 of the Fife Council Scheme of Delegation, may arrange for powers delegated to him/ her to be exercised by employees in other Services. This includes employees of NHS Fife.

All delegated powers will be exercised subject to adequate budgetary provision being available and having regard to the terms of the Partnership's Financial Regulations and Standing Orders – Scheme of Tender Procedures.

#### Proper Officer

The Director shall, in respect of any report prepared by or on their behalf, act in consultation with the Chief Finance Officer as the proper officer for the purposes of **Section 50 D of the Act (Inspection of Background Papers)**.

#### Line Management

- a) The Director may, after consultation and agreement with the Chief Finance Officer via the Partnership's Change of Establishment procedure, amend the establishment of their Service in respect of the number of posts below the level of Second Tier or equivalent, as long as the costs can be met on a continuing basis within the approved estimates of expenditure of the Service and do not conflict with any current policy.
- b) The Director may appoint an employee below Second Tier level or equivalent as long as such appointments are in accordance with the Council's pay and grading structure and the costs can be met on a continuing basis within the approved estimates of expenditure of the Service and do not conflict with any current policy on appointments to vacancies.
- c) The Director may authorise any employee to attend training and development events and courses including conferences and seminars in the United Kingdom, subject to reports being made to elected members.
- d) The Director may attend and may authorise the attendance of employees at meetings of appropriate professional associations.
- e) The Director may, in accordance with Fife Council and NHS Fife agreed Disciplinary and Capability Procedures, take disciplinary action including dismissal as appropriate, in respect of employees in the relevant service.

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- f) The Director may grant paid compassionate or unpaid special leave of absence to any employee in their service for up to five working days and may approve other paid or unpaid leave of absence subject to Fife Council and NHS Fife policies for managing leave.
- g) The Director may, following consultation and agreement with the Chief Finance Officer, determine the grading of any post below the level of Second Tier or equivalent. The Director shall include reference to the exercise of powers in this connection in their annual performance monitoring report to Committee.
- h) The Director may, following consultation and agreement with the Chief Finance Officer, approve the voluntary termination, early retiral or ill-health retiral of any employee in their Service, provided the terms and conditions relating to the termination or retirement are in accordance with the relevant Fife Council or NHS Fife policy. Reports on decisions taken under such delegated authority shall be submitted to the Superannuation Fund and Pensions Committee for monitoring purposes.
- i) The Director may, following consultation with the Chief Finance Officer, terminate or vary contracts of employment in accordance with Fife Council / NHS Fife policy decisions. Consultation with the Chief Finance Officer is not required in connection with the termination of temporary or Fixed Term contracts of employment.
- j) The Director shall be responsible for implementing the provisions of Fife Council's Scheme of Contribution Management and NHS Fife's iMatter scheme.

### Contracts

The delegations to the Director / Head of Community Care Services / Head of Complex & Critical Care / Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning and the Chief Finance Officer in respect of contracts are set out in the Partnership's Standing Orders – Scheme of Tender Procedures.

### Finance

The Director may:-

- a) Following Budget Transfer Guidance, and in consultation with the Chair / Spokesperson, vire budgets between budget heads provided that, as a result of all such transfers, the amount of any individual estimate is not increased or reduced by more than £500,000 within any particular financial year. Transfer of budgets through virement is limited to those areas of expenditure and income under the direct control of the Director and, therefore, excludes such

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areas as load and leasing changes, rates on property, insurances, public building property repair and maintenance and central support charges.

- b) Utilise income to finance expenditure not provided for in the budget, provided that any additional expenditure is not more than **£500,000** or that any individual budget is not increased by more than **£500,000** within any particular financial year. If above that value, the Director must report to the IJB for approval.
- c) Recommend and apply the Partnership's policy for the collection of fees and charges due.

### Advertising

The Director may authorise the accepting of advertising and/or sponsorship in respect of Partnership controlled media where the value of the contract to be entered into is less than **£20,000** and any terms of Fife Council and NHS Fife's Advertising and Sponsorship policies are complied with.

### Grants

- a) The Director may determine applications for grant which are received from individuals, voluntary bodies, agencies or businesses, in those cases where the sum applied for is less than **£5,000** and the Partnership already has in place agreed criteria and assessment systems (**Monitoring and Evaluation Framework**) relating to the type of grant applied for. An annual report detailing such expenditure must be submitted to the relevant sub-committee.
- b) Decisions in respect of grants paid from the Community Safety Project fund should only be made following consultation with the Chair of the Community Safety Implementation Group and the Chair of the Community Safety Committee.

### Ex-Gratia Payments

Where a claim for compensation has been submitted to the Partnership then it must be assessed either by the Director or claim handlers for Fife Council or NHS Fife to determine whether the Partnership has any legal liability, the Director may decide that the circumstances giving rise to the claim merit the making of an ex-gratia payment. The Director is authorised to make such payments up to the value of **£2,500**. Such payments require to be made in consultation with the Chief Finance Officer.

### Specific Delegations to the Director

The Partnership Scheme of Delegation outlines areas of operational responsibility where powers are delegated to the Director under statute. These are attached at

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## Appendix 4.

Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning contribute to the leadership and strategic management of the Service in achieving Health and Social Care, Partnership and Service aims and values. They hold delegated authority to ensure efficient and effective service delivery and resource management across their area of strategic responsibilities. They also have overall and ultimate responsibility for the management of all employees in their Section and are able to exercise the following specific delegated authority.

### Line Management

- a) To select and recruit employees so long as such appointments are within the approved establishment and approved estimate of expenditure and that appointments are made in accordance with Fife Council and NHS Fife's Recruitment and Selection and Disclosure policies.
- b) To appointment temporary or casual employees provided such appointments are made in terms of the above policies.
- c) To conduct Contribution Management for employee development interviews for Service Managers and ensure its implementation across all nominated levels of management.
- d) To prepare employee development plans/iMatter Plans and identify training need for all employees for whom they have direct line management responsibility.
- e) To authorise employees to attend training events and meetings of appropriate professional associations where sufficient financial provision has been identified.
- f) To approve applications for annual leave, flexible working and adjustments.
- g) May grant paid compassionate leave to any employee within their Service for up to 5 working days and may approve other paid or unpaid leave of absence within the limits defined in any current Fife Council or NHS Fife policy that allows discretionary leave.
- h) To approve applications for job share, career breaks, secondments, flexible working requests and working beyond 65.

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- i) To approve, in consultation with the Director, applications for voluntary termination, early retiral or ill-health retiral for any employee provided the decision is taken in accordance with relevant Fife Council or NHS Fife policies.
- j) To amend employee's establishment in consultation with the Human Resources Service/Department in Fife Council or NHS Fife provided an authorised officer in either Fife Council or NHS Fife's Financial Services has confirmed that the cost of the amended establishment can be contained within expenditure limits.
- k) To take action, including dismissal, in accordance with Fife Council/NHS Fife's agreed Disciplinary, Capability and Attendance Management Policies.

### Financial Management

The Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care have overall and ultimate responsibility for the management of their budget and they are able to exercise the following delegated authority.

- a) To authorise expenditure within their agreed limit of **£500,000** subject to the Partnership's Financial Regulations.
- b) To transfer / vire budgets of up to **£250,000** between heads of expenditure in accordance with the Partnership's Financial Regulations.
- c) To authorise travel and accommodation for employees.
- d) To authorise payroll information and changes.
- e) To authorise ex-gratia payments in respect of claims against the Partnership of up to **£100**.
- f) To authorise travel and subsistence claims for officers at Service Manager level or below.
- g) To authorise purchase orders, suppliers' invoices / cheque requests for up to **£500,000**.
- h) To authorise imprests.
- i) To authorise amendments, reductions and cancellation of invoices for up to **£500,000**.

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- j) To recommend fees and charges for agreement at Partnership / Fife Council / NHS Fife Committees.
- k) To recommend and apply the Partnership's policy for fees and charges due.

### **Service Managers**

All Service Managers have responsibility for the overall management, supervision and control of designated operational teams and are able to exercise the following delegated authority.

#### Service Delivery

- a) To make the necessary arrangements for the efficient and effective delivery of the services they are responsible for within the overall framework of corporate and Service policies and subject to the general principles outlined above.
- b) To set priorities, manage work programmes and performance standards within the overall framework of corporate and Service policies.
- c) To consider, and wherever possible resolve, complaints including taking remedial action where appropriate.

#### Line Management

- a) To select and recruit employees so long as such appointments are within the approved establishment and approved estimate of expenditure and that appointments are made in accordance with Fife Council and NHS Fife's Recruitment and Selection and Disclosure policies.
- b) To appointment temporary or casual employees provided such appointments are made in terms of the above policies.
- c) To conduct supervision/Contribution Management for all employees for whom they have direct line management responsibility and ensure its implementation across their area of management responsibility.
- d) To prepare employee development plans/iMatter Plans and identify training need for all employees for whom they have direct line management responsibility.
- e) To authorise employees to attend training events and meetings of appropriate professional associations where sufficient financial provision has been identified.
- f) To approve applications for annual leave, flexible working and adjustments.

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- g) May grant paid compassionate leave to any employee within their Service for up to 5 working days and may approve other paid or unpaid leave of absence within the limits defined in any current Fife Council or NHS Fife policy that allows discretionary leave.
- h) To approve applications for job share, career breaks, secondments, flexible working requests and working beyond 65.
- i) To approve, in consultation with the Director and Head of Service, applications for voluntary termination, early retiral or ill-health retiral for any employee provided the decision is taken in accordance with relevant Fife Council or NHS Fife policies.
- j) To recommend to Head of Service the payment of ex-gratia payments in respect of claims against the Partnership of up to **£100**.
- k) To take action, including dismissal, in accordance with Fife Council/NHS Fife's agreed Disciplinary, Capability and Attendance Management Policies.

### Financial Management

Service Managers have responsibility for the management of that part of the Service budget which is allocated to them. They are able to exercise the following delegated authority within their financial limit of authority which is **£50,000**.

- a) To authorise expenditure within their agreed limit of financial authority subject to the Partnership's Financial Regulations.
- b) To transfer / vire budgets within their limit of financial authority between heads of expenditure in accordance with the Partnership's Financial Regulations.
- c) To authorise travel and accommodation for employees.
- d) To authorise payroll information and changes.
- e) To authorise travel and subsistence claims for officers at Team Manager level or below.
- f) To authorise purchase orders, suppliers' invoices / cheque requests within their limit of financial authority.
- g) To authorise imprests.
- h) To authorise amendments, reductions and cancellation of invoices within their limit of financial authority.

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- i) To recommend and apply the Partnership’s policy for fees and charges due.

## 5 EMERGENCIES AND CASES OF URGENCY

- 5.1 The Director is authorised to take such measures as may be required in emergency situations or in cases of urgency to manage risk or to protect people or property, subject to advising the IJB Chair and Vice-Chair as soon as possible and to reporting to the appropriate sub-committee as soon as possible thereafter on any items for which IJB approval would normally be necessary.
- 5.2 Where such measures involve the Partnership incurring expenditure then the Chief Executives of both Fife Council and NHS Fife should be advised and a report submitted to both the Cabinet Committee (Fife Council) and the Finance, Performance and Resources Committee (NHS Fife) as soon as possible thereafter.
- 5.3 With effect from March 2021 the IJB are classified as Category 1 responders as per the Civil Contingences Act 2004 (CCA). This Act requires the IJB to fulfil a full set of duties around assessing and planning for incidents.

In summary, the IJB as Category 1 responders are required to:

- a) Assess the risk of emergencies occurring and use this to inform contingency planning.
  - b) Put in place emergency plans.
  - c) Put in place business continuity management arrangements.
  - d) Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
  - e) Share information with other local responders to enhance co-ordination.
  - f) Co-operate with other local responders to enhance co-ordination and efficiency.
  - g) Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only)
- 5.4 A [Resilience Framework](#) has been developed which sets out the roles, responsibilities and actions to be taken by individual services and wider H&SCP management structures to ensure that the IJB/Partnership can plan, respond and recover from any incidents that impact on Fife’s communities, and that its critical activities are maintained in the event of an incident.

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## APPENDIX 1

### HEALTH AND SOCIAL CARE PARTNERSHIP PROCEDURE FOR REQUESTING CHANGES TO SCHEME OF DELEGATION

<b>1</b>	Applicant completes Change Form after agreement with relevant Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning Chief Finance Officer, Service Manager
<b>2</b>	Forms are sent to Management Support Officer to Director of Health and Social Care
<b>3</b>	Form will be acknowledged by Management Support Officer to Director of Health and Social Care
<b>4</b>	Changes requested will be considered by:  Designated Officer  Senior Leadership Team  Director  (depending on implication of changes)
<b>5</b>	Confirmation of action to be taken will be given.
<b>6</b>	If changes approved, revision(s) to Scheme will be made and advised to the Employee Network (Appendix 3).

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**HEALTH AND SOCIAL CARE PARTNERSHIP  
REQUEST FOR CHANGE / ADJUSTMENT TO  
SCHEME OF DELEGATION**

<b>1</b>	<b>DESCRIPTION OF PROPOSED CHANGE</b>	
<b>2</b>	<b>REASONS FOR CHANGE:</b> (Give examples based on experience / use or policy / procedural changes)	
<b>3</b>	<b>VARIATION:</b>  Is it a local variation? Or A Service-wide variation?	YES / NO  YES / NO
<b>4</b>	<b>IMPROVEMENTS:</b> How will the proposal improve the efficiency of decision making?	
<b>5</b>	<b>COMMENTS</b> Any other comments?	
<b>6</b>	<b>MATERIAL</b> (You can attach any other relevant material).	

**Proposed Change Requested By:**

Signature: ..... Date: .....

**Countersigned by Head of Community Care Services, Head of Complex & Critical Care, Head of Primary & Preventative Care, the Head of Strategic Planning, Performance and Commissioning, Chief Finance Officer :**

Signature: ..... Date: .....

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**APPENDIX 3**

**HEALTH AND SOCIAL CARE PARTNERSHIP  
EMPLOYEE NETWORK**

Director of Health and Social Care

Head of Community Care Services,  
Head of Complex & Critical Care,  
Head of Primary & Preventative Care,  
Head of Strategic Planning, Performance and Commissioning  
Chief Finance Officer

Service Managers

Team Managers

Designated Section Officers

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**DIRECTOR OF HEALTH AND SOCIAL CARE**

In addition to the delegated authority specified at paragraph 4 above, the Director of Health and Social Care, where appropriate acting in consultation with the Chief Executives of Fife Council and NHS Fife, is authorised: -

- 7.1 To carry out the functions of the Partnership in terms of the following sections of the Social Work (Scotland) Act 1968: -
  - Section 12 - general social welfare services of local authorities,
  - Section 13 – power of local authority to assist persons in need in disposal of produce of their work,
  - Section 14 – home help and laundry facilities.
  - Section 27 – supervision and care of persons put on probation or released from prisons or under the community service scheme.
  - Section 28 – burial or cremation of the dead.
  - Section 29 - power of local authority to defray expenses of parents, etc visiting person or attending funerals.
- 7.2 To carry out the functions of the Partnership under Section 11 of the Matrimonial Proceedings (Children) Act 1958.
- 7.3 To make arrangements for the protection of property of persons admitted to hospitals, etc in terms of Section 48 of the National Assistance Act 1948.
- 7.4 To administer the Panel(s) appointed under the Curators ad litem and Reporting Officers (Panels) (Scotland) Regulations 1984 including arrangements for training of members of said Panel(s).
- 7.5 To carry out the functions of the Council under the Adoption (Scotland) Act 1978 and Regulations made thereunder including the operation of the Adoption Allowance Scheme.
- 7.6 To operate the scheme for the payment of allowances under Section 50 of the Children Act 1975.
- 7.7 To carry out the functions of the Council under the Foster Children (Scotland) Act 1984 and the Private Fostering (Scotland) Regulations 1985.

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- 7.8 To carry out the functions of the Partnership under Sections 1 and 2 of the Chronically Sick and Disabled Person Act 1970.
- 7.9 To make arrangements for facilities for seriously disabled persons for sheltered employment and training in terms of the Disabled Persons (Employment Act 1958).
- 7.10 To make arrangements with respect to the prevention of illness, care and aftercare of persons suffering from mental disorder under sections 7 (1)(a) in so far as relating to the care of persons for the time being resident in accommodation – 7 (1)(b) to (d) and 8 of the Mental Health (Scotland) Act 1984.
- 7.11 To instruct in consultation with the Head of Service Support, the provision of aids and the adaptation of property of chronically sick and disabled persons in accordance with the relevant Council policy.
- 7.12 Approval of luncheon clubs subject to provision having been made for any expenditure in the approved estimates of the Partnership.
- 7.13 To issue contracts under the National Health Service and Community Care Act 1990 for the provision of residential accommodation subject to the terms of the contracts having been approved in advance.
- 7.14 To carry out the functions of the Partnership in relation to the provision of services for children in terms of the Children (Scotland) Act 1995 and regulations made thereunder.
- 7.15 To carry out the functions of the Chief Social Work Officer and to exercise the powers and duties of the Council in terms of the following provisions of the Adults with Incapacity (Scotland) Act 2000:-
- Section 10 - exercise of general functions in relation to guardians, welfare attorneys and persons authorised under intervention orders.
  - Section 12 - safeguarding property, financial affairs or personal welfare following investigation.
  - Part 6 - various powers and duties in respect of intervention orders and guardianship orders.

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**Meeting Title:** Integration Joint Board

**Meeting Date:** 27<sup>th</sup> September 2024

**Agenda Item No:** 10.1

**Report Title:** IJB/HSCP Resilience Assurance Group Annual Report

**Responsible Officer:** Lynne Garvey, Head of Community Care Services

**Report Author:** Avril Sweeney, HSCP Risk Compliance Manager  
Lorraine Cooper-King, Business Manager, Community Care Services

## 1 Purpose

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

- Assurance
- Discussion

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

- People who use health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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

- Integration.

## 2 Route to the Meeting

- **SLT Business** – 2<sup>nd</sup> September 2024
- **Quality & Communities** – 4<sup>th</sup> September 2024

Committee discussed and commended the content of the report and were assured of the progress as detailed within the action plan at Appendix 2.

- **Integration Joint Board** – 27<sup>th</sup> September 2024

## 3 Report Summary

### 3.1 Situation

In March 2021, the Civil Contingencies Act 2004 (CCA) was amended to include Integration Joint Boards as a category 1 responder under the Act. The CCA now

lists Integration Joint Boards, NHS Boards and Local Authorities as Category 1 responders, amongst others, and places specific duties on these organisations.

The Health and Social Care Partnership (HSCP) Resilience Assurance Group was set up with the aim of ensuring, through the principles of Integrated Emergency Management, that the Health and Social Care Partnership supports compliance with the duties of the CCA for the IJB, NHS Fife and Fife Council and seeks and provides assurance that the Partnership effectively prepares for, responds to and recovers from, civil emergencies and business continuity disruptions impacting on Fife's Communities and the delivery of Health and Social Care Services.

The Group is led by the Head of Community Care Services, as Senior Leadership Team (SLT) Lead for Resilience within the Partnership.

### **3.2 Background**

The Civil Contingencies Act 2004 forms the legal basis for emergency preparedness in Scotland and the UK. The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 provides more detail on the application of the Act in Scotland including the roles and duties of responders.

Two categories of responders are identified in the Act, and specific roles and duties are assigned to each of these. Category 1 responders now include the emergency services, local authorities, NHS Health Boards and Integration Joint Boards; whilst Category 2 responders include a range of utility and transport providers, as well as NHS National Services Scotland.

The following requirements are listed for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.
- Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only)

Prior to March 2021, IJBs did share responsibility for developing local emergency and resilience plans with Health Boards and local authorities, so there was already an expectation that the IJB Chief Officer and their team would work alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004. Whilst Chief Officers were previously contributing to local emergency and resilience planning, they did so formally through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards. Including IJBs as Category 1 responders has formalised the Chief Officer's role, which helps to ensure that formal co-ordinated and appropriate arrangements are in place in the event of emergencies that impact on IJB delegated functions.

At the time of the change, the Scottish Government, in the consultation document, stated that it did not envisage that including IJBs as Category 1 responders under the Civil Contingencies Act 2004 would cause significant additional burden to them. Although the Act sets out a number of requirements, the main addition is the formal inclusion of IJB Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the IJB. In order to meet these requirements, the Chief Officer will draw on resources from their integrated teams, many of whom are already involved in this work as Health Board and Local Authority staff.

In Fife, prior to the inclusion of IJB's as Category one responders, there were already close links, through the Fife Local Resilience Partnership (LRP) and the East of Scotland Regional Resilience Partnership (EoSRRP), with the resilience community and Scottish Government Resilience Division.

The Partnerships key priorities are to ensure that critical services delegated to the IJB are maintained to ensure the safety and well-being of patients and service users and the wider Fife community. It is essential that decisions taken are co-ordinated and well thought through to minimise impacts across the system. The work of the HSCP Resilience Assurance Group ensures the duties of the IJB are being met.

### **3.3 Assessment**

The HSCP Resilience Assurance Group (RAG) has now been in place since March 2022. The main group now meet four times per year, with short life working groups set up, as required, to further discuss and progress key areas of work, both as part of the Resilience Assurance Group workplan (presented to SLT in February 2024), as well as ad-hoc pieces of work resulting from discussions within the Resilience Assurance Group meetings. The key focus of activity and discussions within the RAG since the last annual report are outlined below.

#### **HSCP Resilience Assurance Group Workplan**

Appendix 1 provides assurance of closed or ongoing / in place areas of focus during 2022-2023.

Appendix 2 provides an overview of the focus of the Resilience Assurance Group for the period 2024-2025.

#### **HSCP Resilience Framework**

Following approval by IJB in late 2023, the HSCP Framework was circulated to all portfolios within the Partnership, as part of a wider awareness raising programme (see next section below for more details of this).

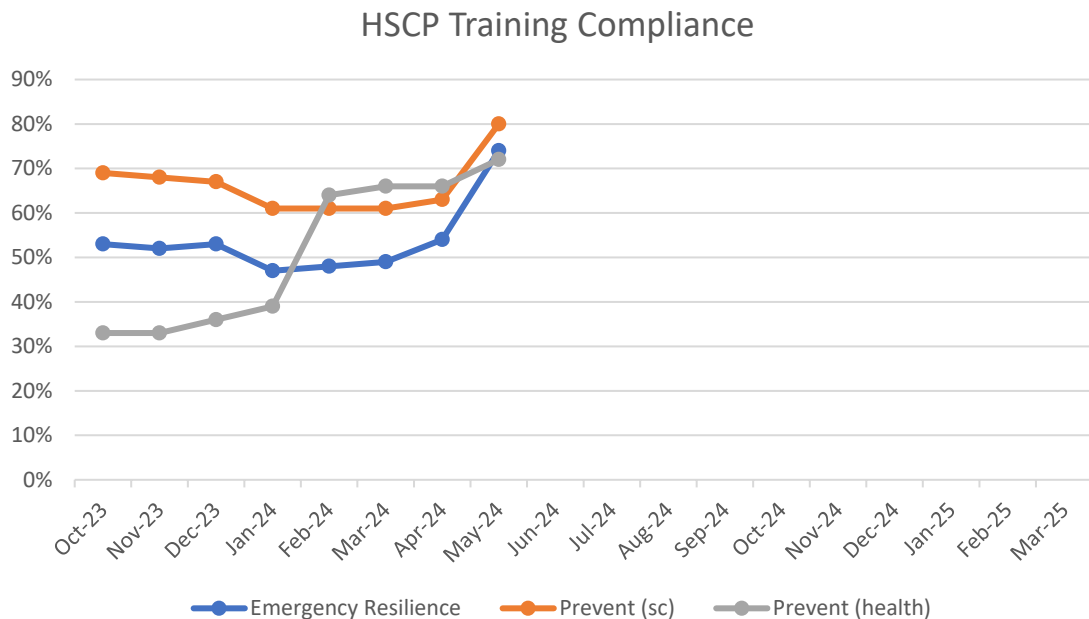
#### **Training / Awareness**

Quarterly PREVENT training figures are presented to the Resilience Assurance Group and compliance monitored via mandatory training reports to SLT as part of the work of the Health & Safety Assurance Group.

#### **ACT, Emergency Resilience & Prevent**

Mandatory resilience offerings – ACT & Emergency Resilience (Fife Council only) and PREVENT (Council and NHS) – percentage compliance is reported at each RAG meeting.

- Quarter 1 2024/25 (Apr-Jun): steady rise in all three course areas since recording started in Oct 2023



At the July 2024 meeting of the RAG, it was noted discussions are currently taking place within the Care at Home Collaborative with regards to all mandatory training (of which the resilience offerings are included), with good buy-in and commitment from collaborative partners.

### Awareness Raising Resource

In January 2024, a project outline was presented to the Resilience Assurance Group. The aim of the project is to ‘provide all services / teams with the means to undertake learning and raise awareness of resilience and business continuity as part of inter-departmental meetings; and to launch, share and raise awareness of the HSCP Resilience Framework, and associated HSCP / partner resources’. The resource includes:

- a choice of scenarios and presentation slides with key questions to discuss and work through as a team;
- HSCP Resilience Framework document; and
- 3-part evaluation covering 1) learning from discussions; 2) how staff feel regarding their understanding of resilience and business continuity; and 3) confirmation that the Resilience Framework has been shared with all staff.

Following discussion at the January RAG meeting, it was also agreed that training offerings from resilience partners would be included in the pack to enable further awareness, training and testing & exercising of business continuity plans.

The information and awareness resource has now been cascaded down through portfolio structures. The guidance to services / teams - in relation to this resource - is that time is set aside at specific team meetings to go through the slide deck and



framework together, noting discussions and any areas for further work or updates to current versions of Business Continuity Plans (BCP). The slide deck also includes three scenarios to inform and direct team discussions. The scenarios are not intended to test or exercise BCPs, but rather to focus discussion and roles / responsibilities in relation to particular incidents. An MS Forms evaluation is also included in the pack. Services / Teams have been given 6 months to undertake the learning. An evaluation report will be presented to SLT Formal early 2025.

### **Local and Multi-Agency Exercises and Workshops**

HSCP colleagues have participated in a number of local (partner bodies) and multi-agency exercises over the last year, looking at plans and preparations for potential emergency incidents or events. These exercises allow for any gaps in capabilities of the relevant agencies to respond to be highlighted and addressed. A new Flash Report template has been introduced to allow concise feedback from events to be captured, shared and further discussed / action in terms of care for people if required. From November 2023 – July 2024 the following multiagency events have taken place:

- Eastern Hooley [Oct 2023]: multi-agency Winter Weather event
- Operation Waypoint (Maritime Disaster) [Nov 2023]: a multi-agency workshop focusing on the response to a maritime incident in the Forth requiring evacuation of passengers and crew from a large vessel. A multiagency SLWG continues to meet to discuss and progress key response procedures.
- CBRN event (Chemical, Biological, Radiological and Nuclear) [Nov 2023]: table top exercise to test, develop and strengthen interagency working following the JESIP principles to explore and confirm roles and responsibilities of the various agencies involved in a CBRN incident.
- Leven Cluny Alert (Diageo plant incident) [Nov 2023]: this event followed a scenario / incident at the Diageo Plant and the impact this could have on the surrounding areas and communities.
- Prevent Awareness [Oct & Dec 2023]: NHS Fife offerings in conjunction with Police Scotland to raise awareness of the PREVENT process to ensure staff understanding of the importance of their role in preventing vulnerable people being drawn into terrorism.
  
- SEPA Reservoir [Dec 2023]: outline of SEPAs / multiagency role in an uncontrolled release of water from a controlled reservoir. SEPA is also a Category 1 responder under the CCA 2004.
- Fuel Disruption Workshop [Dec 2023]: multi-agency (EoS) workshop to build a shared understanding of the implications for local multi-agency partner organisations in responding to disruption to fuel supplies.
- Cygnus Remembered [Jan 2024]: multi-agency: Swan & Memorial Court (Methil) High Rise table top exercise; fire situation which leads to a full evacuation of a residential high rise tower block
- EoS Regional Resilience Partnership Crisis Management (Founding Principles) [Jan & Jun 2024]: SG Resilience Team: support crisis management and integrated emergency management; three year refresh
- Cyber Awareness Session (Fife Council) [Feb 2024]: SG Cyber Resilience

Unit: improve awareness of cyber resilience; consider cyber risks by highlighting lessons from recent cyber incidents; arm organisations with the information and knowledge required to prepare for responding to cyber incidents

- Cyber Recovery Workshop (Fife Council) [Mar 2024]: this was a follow up session to a previous Cyber workshop.
- Exercise Hawk Horizon [Mar 2024]:
- CBRN CPD Awareness Session (NHS Fife) [Apr 2024]:
- Safe Hands [Apr24-Jun24]: this was a live exercise event in North of Scotland but with an impact on Fife. No feedback / lessons learned reports have been received as yet.
- Resilience Direct Response [Jun 2024]: this exercise explored multi agency information sharing and coordination using the Resilience Direct platform (website) to upload individual agency reports. These reports were combined into one multi-agency sitrep, and creation of a Resilience Direct map capturing all of the incident data and hot spots.

### **Review of Business Continuity Plans**

In order to provide assurance to the IJB that the Partnership has effective processes in place to prepare, respond and recover from incidents and business continuity disruptions, a programme to quality assure all HSCP service business continuity plans continues. These reviews help provide assurance and supportive conversations around the robustness of plans.

The full assurance review process is a very time and resource intensive process; unfortunately, due to continued ongoing service pressures, a number of plans are yet to be assured. A new process has recently been put in place to streamline and shorten the process. However, there is assurance that services do have plans in place.

To date:

	<b>No of (health) services</b>	<b>No of plans assured / currently being reviewed</b>		<b>No of (social care) services</b>	<b>No of plans assured / currently being reviewed</b>	
Primary & Preventative Care	18	15	83.3%	0	N/A	-
Complex & Critical Care	9	9	100%	8	0	0%
Community Care	34	24	70.5%	2	0	0%
<b>Total</b>	<b>62</b>	<b>48</b>	<b>77.4%</b>	<b>10</b>	<b>0</b>	<b>0%</b>

It is worth noting that there is variance between partner bodies business continuity management processes and templates, and there is no 'one' HSCP business continuity plan template.

Discussion and a consensus agreement in relation to the recommended use of NHS Fife Action Cards is currently being progressed between between NHS Fife Resilience Team and HSCP Resilience Group.

### **Persons at Risk (Fife Council)**

A Persons at Risk working group is undertaking work to firm up current Council processes for the sharing of information of known vulnerable service users in Fife in the event of an emergency situation. A DPIA (Data Protection Impact Assessment) is in final stages and the Council Emergency Resilience team are working to produce a vulnerability assessment framework which seeks to highlight vulnerable groups and where relevant information may be held to identify and provide support to these groups.

The working group is also scoping potential new advanced and robust processes utilising existing available digital tools, for example, Resilience Direct. Resilience Direct is a UK wide system that is used to support resilience work within various sectors and could potentially support the work of timely access to vulnerable people / persons at risk.

### **Loss of Power**

A short life working group has produced a matrix of key systems and equipment which is likely to be impacted in the event of a sustained loss of power. This was in response to the potential energy supplier rota disconnection risk. The risks around the loss of these systems/equipment have been identified and an initial risk scoring has been applied. Mitigations have been set out for the highest scoring risks. A guidance note has also been developed for staff to support preventative actions that can be taken in advance of any incident and also highlight actions required following an incident. These documents will be used to strengthen business continuity plans.

### **Collaborative Working**

Joint working, sharing of information / lessons learned and collaboration with external care providers is in place via representatives on the Resilience Assurance Group from the Care Home Collaborative and Care at Home Collaborative.

Partner digital teams are also active members of the Resilience Assurance Group.

### **Risk Preparedness**

The Civil Contingencies Act 2004 outlines the roles and responsibilities of Category 1 Responders. Part of this statutory responsibility is to assess and address potential risks that may impact upon an operational response. It also provides an opportunity for all constituent members to consider and prepare for identified risks either individually or collectively in order to make communities safer and /or better prepared. The Risk Preparedness Assessment Process is the conduit to fulfil this function. The process takes place biennially and is used to support the development of local work plans and the East of Scotland Regional

Work Programme. This information is also used to provide supporting context to the Community Risk Register. Fife HSCP participated in this exercise in 2021.

The Risk Preparedness Assessment process has in recent times proven to be an arduous endeavour, both in time and effort. As leads for the Risk Preparedness Assessment (RPA), Scottish Fire & Rescue Services (SRFS) Civil Contingencies Staff in conjunction with the Scottish Government Co-ordination team have tried to refine and develop the approach for partners with the intention of reducing the burden. The formation of a Short-Term Working Group (STWG) this year is an attempt to enhance that aim.

All partners of the East of Scotland Regional Resilience Partnership (EoSRRP) were involved in self assessing key risks and gaps within their Local Resilience Partnership against twelve identified common consequences. A 'Statement of Preparedness' was then shared as an output from this work, which summarises the preparedness of the EoSRRP to respond to incidents and emergencies relating to these twelve common consequences. Since this self assessment / collation of EoS overall picture of preparedness, Fife Council recently [July 2024] presented a report to Fife Local Resilience Partnership proposing the re-establishment of a National Care for People group. In order to progress this, a Fife LRP group is being convened. Progress with this work will be reported to SLT via the Resilience Assurance Group in due course.

### **Internal Audit**

An internal audit report for Fife IJB on Resilience and Business Continuity Planning Arrangements was presented to the Audit and Assurance Committee in May 2024. The main purpose of the audit was to ensure the necessary arrangements are in place for the IJB to meet its duties as a Category 1 responder under the Civil Contingencies Act 2004. The report provided a reasonable level of assurance, with three action points identified. Two graded as "Merits attention" and one as "Moderate risk". Actions have been agreed to address these points and will be reported back to Committees in due course.

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

The RAG will assist in promoting resilience to support delivery of health and wellbeing outcomes. The RAG will also enhance collaboration with external care home and care at home providers via the established collaboratives.

#### **3.3.2 Workforce**

Business Continuity awareness for wider staff is discussed as part of assurance reviews and awareness raising events (both described above at section 3). All teams involved in the reviews of business continuity plans are feeling very supported and much more prepared should they be involved in an adverse event.

Business Continuity awareness for wider staff is discussed as part of assurance reviews and awareness raising events.

In early 2024, initial discussions regarding the potential risk to external care home / care at home providers in relation to reduction in workforce due to cessation of sponsorship certificates of international workforce.

Wider discussions now continue with regards to ongoing concerns around recruitment and retention of international workforce out-with the RAG.

### **3.3.3 Financial**

There are no direct financial impacts in relation to this report.

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

There are two strategic risks that are resilience related on the IJB Strategic Risk Register as follows:

- 1) Resilience** - There is a risk that the IJB is unable to fulfil its statutory role as a Category 1 responder under the Civil Contingencies Act 2004, and link appropriately with partner bodies and multi-agency partners to ensure the ability to maintain critical HSCP services and provide support to the wider Fife Community. Key mitigations include:
  - Working with Local Resilience Partnerships and Regional Resilience Partners
  - Development of the HSCP Resilience Framework
  - Resilience Assurance Group Work Plan to ensure compliance with CCA responsibilities.

Additionally, NHS Fife Resilience / NHS Fife Public Health, requested.

- 2) Contractual /Market Capacity** - There is a risk of significant partner failure in the third or independent sector leading to reduced ability to provide care services. This risk may be compounded by the impacts of Brexit, Covid 19 and winter pressures and cost of living and fuel cost pressures. Key mitigations include:

- Ongoing robust market and relationship management with the 3<sup>rd</sup> and independent sector and their representative groups
- Market facilitation programme and contract monitoring process
- Commissioning Strategy
- Care at Home Collaborative up and running and supported by Scottish Care

These strategic risks are also assigned to relevant IJB Governance Committees for scrutiny.

Key operational resilience risks are included within the business continuity plans for services (see section 3 above at page 5 for further information regarding assurance of business continuity plans).

Risk preparedness assessment is also undertaken at the East of Scotland Regional Resilience Partnership level every two years and

colleagues from Fife HSCP are actively involved in this work, using information from the UK National Security Risk Assessment and the Scottish Risk Assessment. This exercise seeks to identify the key risks for the East of Scotland and the potential impact of these and also identify the current capabilities of partners to respond to these risks.

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

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

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

There are no direct environmental / climate change impacts relating to this report.

Climate change has been recognised as having an impact on the risk highlighted within the Scottish Risk Assessment undertaken by the Scottish Government earlier this year.

Scotland's climate has already changed and our nation is projected to be warmer, wetter and also to suffer greater extremes of weather. This will mean we are likely to see changes in the incidences or impacts of major weather events such as flooding, storms or potentially drought. This means that extreme weather events may be more common and this will impact our responses in the future.

The HSCP has recently convened a Climate Change working group with a focus on supporting the IJB to ensure compliance with statutory duties in line with climate change.

### **3.3.7 Other Impact**

N/A

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

Consultation has taken place with the Senior Leadership Team.

## **4 Recommendation**

Committee Members are asked to discuss and be assured of the significant steps which have been undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders.

## **5 List of Appendices**

Appendix 1 – HSCP RAG Annual Workplan 2022-2024

Appendix 2 – HSCP RAG Annual Workplan 2024-2025

## **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	

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# Appendix 1

H&SCP RESILIENCE ASSURANCE GROUP												
WORKPLAN 2022-24												
Date Added	Number	Area	Evidence base	Action	Update / Related work					Status		
					11/05/2022	30/06/2022	29/09/2022	15/12/2022	02/02/2023		27/04/2023	
29/04/2022	01/22	Awareness of RAG	RAG ToR - Remit	Develop, support, implement and promote the FH&SCP resilience agenda including caring for people affected by emergencies				Communications; training organised; guidance documents; updates to SLT and EDG (via NHS Fife EPRR quarterly report)			Complete	
29/04/2022	02/22	Risks and priorities	RAG ToR - Remit / Cat 1 Responder Legislation	1) Regularly assess the local H&SCP resilience related risks and priorities	Standing agenda item				Standing agenda item; reviewed and no further comments or actions	Standing item	Complete	
			Previous Action Log (2/01)	2) Establish and review annually a H&SCP resilience risk register	draft shared for comment							
29/04/2022	03/22	Resilience / Business Continuity Plans	RAG ToR - Remit / Cat 1 Responder Legislation	1) Ensure the H&SCP has resilience plans and arrangements to effectively respond to and recover from emergency and business continuity incidents	SLWG (quality assurance) to be convened to ensure consistent process to review all individual BCPs against assurance checklist; NHS Scotland Lockdown Guidance shared	Assurance checklist developed; BCP templates reviewed - services to ensure inclusion of BIA and RA (including scenarios (incl lockdown)) within plans; generic lockdown process flowchart shared		All partnership services asked to review BCPs (Nov 22) to ensure scenario / mitigating actions and considerations in terms of loss of significant staff (potential for staff strikes); two assurance visits have now taken place, feedback received	Assurance visits continue	Assurance visits continue	In-place / Ongoing c/f to 2024-25 workplan	
			Previous Action Log (3/01)	2) Review the Response and Recovery Plan	SLWG to be convened to review /update strategic documents			Draft Framework (incorporating Policy & Strategy and Response & Recovery guidance) shared for comment;				Complete
29/04/2022	04/22	Resilience training & exercising programme	RAG ToR - Remit / Previous Action Log (4/01)	In conjunction with Fife Council and NHS Fife, identify, develop and implement a resilience training and exercising programme for the H&SCP	1) Consideration to be given to how widely training is opened out and whether this should be mandatory training / learning for all. 2) Scenario based training events to be held	SLWG to be convened to plan a virtual event for H&SCP staff and key partners; to include break out rooms; focussing on roles and responsibilities and empowering staff		Outline plan presented to RAG; to be modified to ensure aimed at ground level staff		Awareness / scenario event to be delivered (virtually) June 23. NHS Fife Resilience Team provide exercising and testing	Complete	
29/04/2022	05/22	Sharing information	RAG ToR - Remit / Cat 1 Responder Legislation / Communications Strategy (07/22)	1) Support processes to share information both in preparation for, and during, an incident impacting on Fife communities	1) JI to link with Police colleagues with regards to strengthening the safe guarding of Partnership staff during any escalated incidents		Key contacts names and contact details received and held centrally		PARD work; potential for Resilience Direct; Police colleagues intel and sharing of info;	Continuation of Fife Council 'People at Risk' work	Continuation of Fife Council 'People at Risk' work	In-place / Ongoing c/f to 2024-25 workplan
			Previous Action Log (5/01)	2) Facilitate the sharing of information, best practice and learning across partners	2) SR to link with Traveller Liaison Service regarding processes for sharing information		Sharing Information / Care for People / People at Risk SLWG established					Complete
29/04/2022	06/22	Links with other local responders	RAG ToR - Remit / Cat 1 Responder Legislation / Communications Strategy (07/22)	Develop and implement a process to ensure the H&SCP co-operates with other local responders both in preparation for, and during, an incident impacting on Fife Communities	Sandy Brodie, LRP attending next meeting (30/06/22) to provide overview / awareness / understanding of LRP	Comprehensive overview provided; actions to take away including ensuring appropriate escalations internally and on to the LRP Coordinators; LRP Coordinators are available 24/7 for advice and support; SB agreed to share LRP		Working with other's section in Framework			Complete	
29/04/2022	07/22	Communications Strategy	RAG ToR - Remit / Cat 1 Responder Legislation	Develop and implement a H&SCP resilience communications strategy			In line with website presence action		Relevant resilience / weather warnings etc shared as required via HSCP Control Room email		Ongoing c/f to 2024-25 workplan	
29/04/2022	08/22	Resilience Workplan	RAG ToR - Remit	Agree, implement and monitor progress of an approved H&SCP Resilience Workplan	[This document]	Updated	Updated	Updated			Complete	
29/04/2022	09/22	Governance	RAG ToR - Remit	1) Updates to H&SCP SLT Assurance	SBAR presented 30/05/22				SBAR's presented to SLT Aug and Nov	SBAR update	SBAR update	Complete
				2) Annual assurance to IJB								
29/04/2022	10/22	Resilience Strategy and Policy	Previous Action Log (1/01)	Review and Update existing document (now known as HSCP Resilience Framework)	SLWG to be convened to review /update strategic documents (links to 03/22)	Document review, updated and name changed to Resilience Framework	Resilience Framework brings together the previous Policy & Strategy and Response &	Draft Framework (incorporating Policy & Strategy and Response & Recovery guidance) shared for	Framework modifications	Framework modifications	Complete	
29/04/2022	11/22	Fife Care for People Strategy	Previous Action Log (6/01)	Links to 05/22 above	Kathy Henwood to attend next meeting 30/06/2022	Agreed to dedicated whole of next meeting to this topic (Aug/Sept)	Separate SLWG now convened to take forward this work; RAG will receive updates	DPIA, PID and process (FC) received for PARD; presentation delivered by NHS Highland on Resilience Direct resource	Links to 05/22 above	Links to 05/22 above	Complete	



## H&amp;SCP RESILIENCE ASSURANCE GROUP (RAG)

WORKPLAN 2024-2025								
Number	Area	Supporting docs / areas	Action	Update / Related work				Status
				24/01/2024	17/04/2024	10/07/2024	02/10/2024	
01/24	Governance	RAG ToR - Remit	Review / update	Reviewed; minor additions; membership to be reviewed	Minor amendments discussed	-		
		Reporting	Updates to SLT Assurance / Formal committees Annual assurance to IJB	(SBAR for formal committee 05/02/24 - post RAG meeting)	(SBAR for Formal Committee 27/05/2024 post RAG meeting) Due at Q&C & IJB Sept 24	(SBAR to SLT Assurance 22/07/2024 post RAG meeting)		
02/24	Risks and priorities	IJB Risks	Timely review at RAG		IJB risk register reviewed - both risks currently still relevant	Noted internal audit assurance re risks and process for reviewing		
		Service Risks	New / emerging risks brought by services to RAG		no new service risks intimated	no new service risks intimated		
		EoS Risk Preparedness Assesment	Completion and submission; areas to take forward		National Statement of Preparedness shared at meeting; overview of work programme specific to Fife to be brought to next meeting	Key area is Care for People; potential for local / LRP group in line with previous national group		
03/24	Resilience / Business Continuity Plans	HSCP Resilience Framework	Ensure any emerging / changes in practice / partner resources are reflected within HSCP Framework	N/A	N/A	N/A		
		Service BCPs	1) Ensure H&SCP services / team have up to date BCPs	Ongoing Assurance programmed	Ongoing assurance programme	Ongoing assurance programme		
			2) Ensure updated / reviewed BCPs are sent to partner bodies	Sent following Assurance sign-off	Sent following Assurance sign-off	Sent following Assurance sign-off		
			3) Testing and exercising of BC plans	NHS Fife rolling programme	NHS Fife rolling programme	NHS Fife rolling programme		
4) Reporting system to provide RAG with assurance of refresh of BC plans, any BC incidents and any related learning	To be developed following completion of Assurance Programme		Care Home Fire and health centre decant discussed; learning to be brought to next meeting	Reports not yet endorsed for wider sharing; c/f to next meeting (Oct) - spotlight session				
04/24	Resilience awarness, training and learning	Mandatory Training	Monitor compliance with PREVENT, ACT and Emergency Resilience mandatory training	Q3 figures	Q4 figures	Q1 figures - showing continued increase		
		Business Continuity Management	Launch of awareness and learning packs for services		Draft shared for comment prior to meeting; launched May 24	-		
		Multi agency	Share and encourage attendance at multi-agency sessions and exercises	Flash report / take home message to be brought to RAG following attendance at such events / exercises	x 2 Flash reports included in agenda	Verbal feedback on Safe Handsymposium		
05/24	Persons at Risk / Vulnerable People	Sharing information	ISAs and DPIAs in place as required	DPIA in place for current process (covers children and families services, justice services, HSCP adult services sharing info with external partner if/when required as part of incident response)	As per Jan meeting	-		
		Person's at Risk Database	Roll out of PARD process across the Partnership	Ongoing via FC Person's at Risk SLWG	Ongoing via FC Person's at Risk SLWG	Ongoing via FC Person's at Risk SLWG / current process in place; database is a notion rather than a system		
06/24	Communications Strategy	Communications Strategy / Log	Develop and implement a H&SCP resilience communications strategy					
07/24	Audit Output / Findings	Reporting (links to 01/24 above)	Provision of Assurance to SLT Assurance and IJB		As above at F6 & F7	As above		
		Reporting / Sharing Information	Local Resilience Partnership and EoS RRP Minutes		Minutes included with agenda	C/f		



**Meeting Title:** Integration Joint Board  
**Meeting Date:** 27 September, 2024  
**Agenda Item No:** 10.2  
**Report Title:** IJB Records Management Annual Report 2024  
**Responsible Officer:** Audrey Valente, Chief Finance Officer  
**Report Author:** Avril Sweeney, Manager (Compliance)

## **1 Purpose**

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

- Assurance

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

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

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

- Local - 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 – 02 September 2024

Audit and Assurance Committee – 13 September 2024, where members were content with the report and requested that the Chief Finance Officer keep the Records Management Plan under continual review and ensure appropriate submission to the Keeper going forward.

## **3 Report Summary**

### **3.1 Situation**

The Public Records (Scotland) Act 2011 requires named authorities, including Fife Integration Joint Board (IJB), to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. The RMP must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper of the National Records of Scotland and regularly reviewed.

In September 2019 the Keeper agreed a final version of the IJB RMP and a supporting three-year Action Plan 2019 – 2021. Redeployment of resources during the coronavirus pandemic delayed some records management activities, and the Action Plan was extended to 2024. This is within tolerance, and the National Records of Scotland were advised of, and approved, the extended timescales.

In September 2023 the Keeper invited the IJB to complete a Progress Update Review (PUR). This is a voluntary submission to the National Records of Scotland with an update on each of the elements in the Records Management Plan.

This is the fourth Records Management Annual Report for the IJB, and it includes the completed PUR which was assessed by the National Records of Scotland in June 2024.

### **3.2 Background**

The IJB Records Management Plan includes 14 elements:

1. Senior management responsibility
2. Records manager responsibility
3. Records management policy statement
4. Business classification
5. Retention schedules
6. Destruction arrangements
7. Archiving and transfer arrangements
8. Information security
9. Data protection
10. Business continuity and vital records
11. Audit trail
12. Records management training for staff
13. Assessment and review
14. Shared information

Each element has specific requirements, these are used by NRS to assess whether the IJB is meeting its legislative requirements under the Public Records (Scotland) Act. There are three potential outcomes for each element:

<b>Red</b>	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
<b>Amber</b>	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that the Keeper is convinced of the authority's commitment to close a gap in provision. She will request that she is updated as work on this element progresses.
<b>Green</b>	The Keeper agrees this element of an authority's plan.

In September 2019 the Keeper's assessment of the IJB RM Plan included:

- Green x 10
- Amber x 4
- Red x None

This was a very positive assessment for a first RMP submission and an acknowledgement of the good records management practice already established within the IJB. This first report is available on the National

Records of Scotland website at the following link [Fife Integration Joint Board Assessment Report \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/progress-update-review-pur-assessment-reports)

The IJB Action Plan 2019 – 2024 includes activities that will progress the four amber elements to a green status whilst maintaining the positive performance already achieved in other areas.

The PUR provides a progress update for each element as of December 2023. This PUR shows that all 14 elements of the IJB Records Management Plan are now Green.

NRS publish the PUR reports for all public bodies on their website, this is the link: <https://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/progress-update-review-pur-assessment-reports>

### 3.3 Assessment

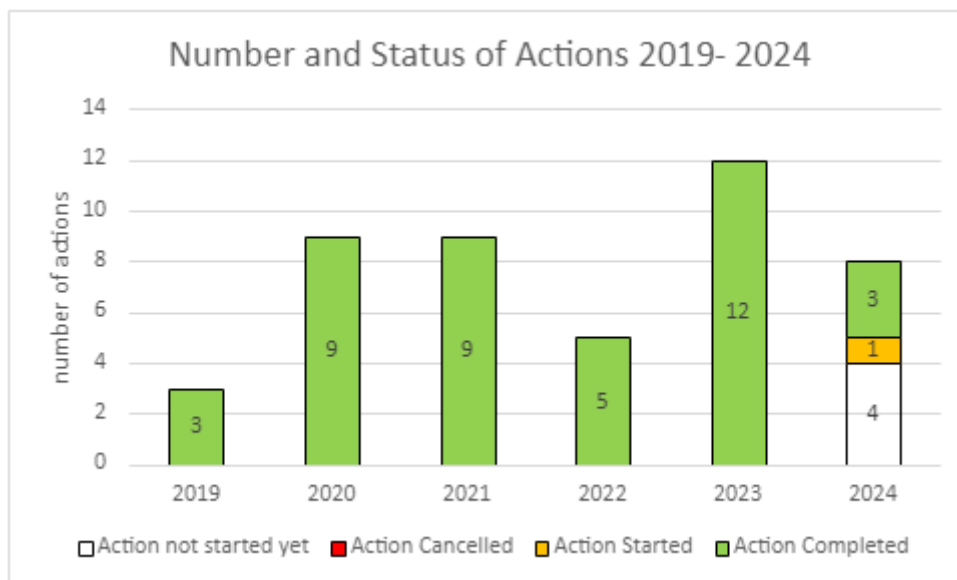
The full current IJB Action Plan 2019 – 2024 is included in Appendix 1. The Action Plan contains a number of actions for each year. Some activities may be repeated annually, for example the review and update of the IJB Records Management Policy, and the annual data protection registration process with the Information Commissioner’s Office (ICO). Other actions involve larger projects which require significant input and resources to complete, for example migrating all IJB records into a new online SharePoint site. Large projects may also require input from partner agencies, for example Fife Council IT Services (BTS) provide the technical infrastructure for the online SharePoint site.

All actions are regularly assessed, and the Action Plan is updated using RAG criteria:

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

Some actions were delayed due to resource re-allocation during the Covid-19 pandemic, however no actions have been cancelled. This is the current status of actions in the Action Plan.

Action Status	2019	2020	2021	2022	2023	2024
Action not started yet						4
Action Cancelled						
Action Started						1
Action Completed	3	9	9	5	12	3



Graph 1: IJB records management actions completed, started and planned.

Outstanding actions from previous years are moved forward into the following year(s). It is expected that although some activities have been delayed, all of the planned actions will be completed within the timescale of the current Records Management Plan (i.e. 2019 to 2024).

New activities may be included for 2024 to reflect changes in the way that the IJB now collects, holds and shares, digital information and records. For example, increased use of online meetings and web-hosted services.

Statement from National Records of Scotland (Appendix 2 – PUR 2023):

*‘Fife Integration Joint Board continues to take its records management obligations seriously and is working to bring all elements into full compliance’.*

*‘Based on the progress update assessment the Assessment Team considers that Fife Integration Joint Board continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper’s expectations’.*

The Keeper of the Records of Scotland invites public authorities to formally resubmit Records Management Plans. If not invited in any given year, authorities can voluntarily resubmit their plans. This will be kept under review by the Chief Finance Officer. The IJB will continue to submit Performance Update Reports annually.

The next Records Management Annual Report for the Integration Joint Board is expected in 2025.

### 3.3.1 Quality / Customer Care

Improved recordkeeping ensures that relevant and up-to-date information, is available to authorised colleagues in an easily accessible format. This supports effective service delivery.

### **3.3.2 Workforce**

Migrating all IJB records into a single, well-structured, digital repository, reduces the time and resources required by employees to locate and retrieve information when required. Additional SharePoint training is available to colleagues on demand.

### **3.3.3 Financial**

The management of IJB records, and any process improvements which are required, will continue to be resourced from existing budgets.

No additional financial impact is anticipated

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

There is a legislative requirement for the IJB to deliver and implement an appropriate Records Management Plan which sets out proper arrangements for the management of its records.

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

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

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

Having the IJB records in a single, well-structured, digital repository has a positive impact on resource efficiency. Documents are available digitally thus reducing the need to print and reducing waste.

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

### **3.3.7 Other Impact**

All primary IJB records are held digitally, and work is ongoing to reduce the use of secondary, paper-based copies of documents.

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

- Information Governance Teams working for HSCP, Fife Council and NHS Fife.
- The IJB Progress Update Review 2023 has been reviewed and approved by the National Records of Scotland.

## **4 Recommendation**

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

## **5 List of Appendices**

The following appendices are included with this report:

Appendix 1 - Action Plan 2019 – 2024

Appendix 2 – IJB RM Progress Update Review December 2023

**6 Implications for Fife Council**

IJB records are now held digitally on Fife Council's SharePoint platform.

**7 Implications for NHS Fife**

IJB records are held on the IJB Fife Council's SharePoint site. A process has been set up for NHS Fife colleagues to request/remove access to the SharePoint site.

**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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IJB - Records Management Action Plan 2019 - 2024

2019							
Ref. No.	Source of Action	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2019.01	B31&32/19 (NHS Fife Audit) - Rec. 4	Remove barriers to data sharing and information access	Provide loan of an NHS Fife laptop to the HSCP Compliance Team to enable direct access to HSCP information in Datix, HSC Portal, Cherwell, Intranet and NHS Email	Action Completed.	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	8/30/2019	Action Completed.
2019.02	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint EDRMS	Set up an interim file hierarchy for all IJB records on the Council's network drive	File hierarchy set up - migration underway. Action completed.	IJB Records Manager - LG	8/31/2019	Action Completed.
2019.03	RM Plan - Element: 9	Renew 2019 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	12/10/2020	Payment approval not progressed to Finance Team in 2019 - issue identified in October 2020 and payment made December 2020.
2019.07	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife	Relevant risks will be recorded on the NHS Fife Risk Register together with current and planned joint mitigations	Action Completed	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	10/31/2021	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 2021.
2019.08	B31&32/19 (NHS Fife Audit) - Rec. 4	Strategic Information Governance risks to NHS Fife associated with the HSCP working arrangements should be recorded on the NHS Fife Risk Management System (DATIX) and mitigations should be put in place to reduce them to a level tolerable by NHS Fife.	Relevant risks will be updated on the IJB Risk Register together with current and planned joint mitigations	Risk are already included in the Register and are due for review by 31/12/2019. Action Completed.	HSCP Manager - Risk Compliance - AS	12/31/2019	Action Completed.
2019.10	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	11/5/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19 pandemic.
2019.11	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed.	IJB Records Manager - LG	11/5/2020	Ensure alignment with any legislative changes and updates to partner policies - delayed due to resource re-allocation during Covid -19 pandemic.
2019.14	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA NHS Fife (Controller) and Fife Council (Processor)	Action Completed.	FC - DPO - FS	12/31/2021	DPA with FC (Controller) and NHS Fife (Processor) signed on 7/7/2018. DPA with NHS Fife (Controller) and FC (Processor) signed on 12/05/2021.
2019.15	B31&32/19 (NHS Fife Audit) - Rec. 4	Develop Data Processing Agreements to support data sharing arrangements across the HSCP	Create DPA for NHS Fife (Processor) and IJB (Controller)	Action Completed.	IJB Records Manager - LG	11/5/2020	Delayed due to resource re-allocation during Covid -19 pandemic. Action now completed.
2019.16	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action postponed to December 2020.	IJB Chief Officer - NC	1/29/2021	Delayed due to resource re-allocation during Covid -19 pandemic. Rescheduled to December 2020.
2020							
Ref. No.	Source	Recommendation / Activity	Action Required	Progress	Responsible Officer	Timescale	Notes
2020.01	IJB5 (FC Audit) - Rec. 2	IJB should implement the Records Management Plan regarding the use of SharePoint EDRMS	Once the O365 SharePoint EDRMS is available IJB records will be migrated to this system	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	11/30/2021	Migrate IJB records to SharePoint solution. Delayed due to resource re-allocation during Covid -19 pandemic. Completed 30/11/2021
2020.02	IJB5 (FC Audit) - Rec. 3	IJB (as data controller) should develop a Data Processing Agreement with Fife Council (as data processor)	An appropriate Data Processing Agreement will be developed between IJB (Data Controller) and Fife Council (Data Processor). This will include arrangements for the destruction or return of IJB records as required	Action Completed.	HSCP Head of Strategic Planning Performance and Commissioning - FM	11/5/2020	See Actions 2019.14 and 2019.15
2020.03	IJB5 (FC Audit) - Rec. 4	All IJB Board Members should attend appropriate Information Governance training relating to IJB needs	Complete Skills Matrix, produce IG Training Action Plans, complete IG training	All IJB Committees have completed a Skills Matrix and are currently working on their Action Plans. Action Completed.	HSCP Head of Corporate Services - NA	1/31/2020	Action Completed.
2020.04	RM Plan - Element: 6	Introduce automated retention / disposition process	Utilise the Council's O365 solution to set-up appropriate retention schedules	Action Completed.	IJB Records Manager - LG	11/30/2021	Initially delayed due to resource re-allocation during Covid -19 pandemic.
2020.07	RM Plan - Element: 9	Renew 2020 IJB Registration with the ICO	Arrange annual payment	Action Completed	IJB Chief Officer - NC	12/10/2020	ICO set up as supplier in Oracle and payment made.
2020.08	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Completed	IJB Records Manager - LG	11/5/2020	Ensure alignment with any legislative changes and updates to partner policies
2020.09	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Completed	IJB Records Manager - LG	11/5/2020	Ensure alignment with any legislative changes and updates to partner policies

Key	
No colour	Action not started yet
Red	Action Cancelled
Amber	Action Started
Green	Action Completed

2020.11	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Completed.	IJB Chief Officer - NC	1/29/2021	Annual Report provided to Clinical and Care Governance Committee.
2020.12	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	1/29/2021	Annual Report provided to Clinical and Care Governance Committee.
<b>2021</b>							
<b>Ref. No.</b>	<b>Source</b>	<b>Recommendation / Activity</b>	<b>Action Required</b>	<b>Progress</b>	<b>Responsible Officer</b>	<b>Timescale</b>	<b>Notes</b>
2021.02	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment	Action Completed.	IJB Chief Officer - NC	11/9/2021	Action Completed.
2020.07	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Completed.	IJB Records Manager - LG	12/31/2021	Action Completed.
<b>2022 - 2023</b>							
2019.04	RM Plan - Element: 12	Records Management Training	Collate a centralised list of the NHS Fife systems utilised by the HSCP and the number of Fife Council employees currently accessing these systems	Action Complete as part of the work undertaken with the Survey	IJB Records Manager - LG	30/06/2023	Once collated the central list will be utilised to assess current system access processes, and develop and update these as required. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/23. Further action on processes will be developed in conjunction with Line 35.
2019.05	RM Plan - Element: 12	Records Management Training	Review training requirements of HSCP staff accessing NHS Fife systems and identify any gaps	Action Complete Analysis of the survey has been undertaken. This has been shared with partner bodies	NHS Fife Information Governance and Security Manager (Data Protection Officer) - MG	6/30/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended to allow partner bodies to review.
2019.06	RM Plan - Element: 12	Records Management Training	Develop a Training Plan for HSCP staff accessing NHS Fife systems to address any gaps identified	Action Complete Training is available from the partner bodies for relevant systems. Using the survey a signposting document has been developed to signpost staff to the relevant training offerings from each partner body and this has been shared	HSCP Manager - Risk Compliance - AS	6/30/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended to allow partner bodies to review.
2019.09	B31&32/19 (NHS Fife Audit) - Rec. 4	Improve processes for managing employees starter / leaver process within HSCP	Develop an interim process for starters / leavers to ensure that partner bodies are notified of relevant staff changes and can edit or remove system access when required	Process in place for access to/termination from IJB systems. Liaising with HR and BTS teams in both organisations to integrate processes. Fife Council have amended their Leavers's Checklist. Additional IT Guidance has been developed and circulated.	IJB Records Manager - LG	30/03/2024	The interim processes will be amalgamated with HR/IT processes in the relevant partner body. Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended. Delayed as work is ongoing with HR in Fife Council and NHS Fife, reschedule to 30/3/24. The process for IJB is complete and Fife Council have made amendments to their processes. Continuing to liaise with NHS colleagues
2019.12	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly controlled	IJB Chief Officer will contact the partner agencies to request an appropriate update to their HR employee leaving processes	Email sent to Elaine Jordan Fife Council HR and Susan Young NHS HR - 6/4/23. Action Complete. Both FC and NHS aware of the gaps and working on.	IJB Chief Officer - NC	3/31/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 31/03/2023.
2019.13	IJB5 (FC Audit) - Rec. 1	IJB written procedures for how it engages with FC/NHS information systems should include obtaining assurance that staff changes, and other access to information, is properly controlled.	IJB will develop a process for managing the notifications received from the partner bodies and removing system access to IJB data	Action Complete Process in place for access and termination to/from IJB systems. Written process to be agreed and circulated.	IJB Chief Officer - NC	6/30/2023	Delayed due to resource re-allocation during Covid -19 pandemic - rescheduled for 30/06/2023. Will need to be extended
2020.10	IJB5 (FC Audit) - Rec. 4	An Information Audit process to generate an Information Asset Register supported by written procedures, including for information sharing e.g. for provision and receipt of assurance with FC and NHS Fife should be introduced and kept up-to-date	An Information Asset Register (based on the BCS) will be developed and supported by documented procedures	Action Complete Information Asset Register approved by Nicky Connor 25/04/24	Chief Finance Officer - AV	9/30/2023	Delayed due to resource re-allocation during Covid -19 pandemic.

2020.05	RM Plan - Element: 5	Introduce automated retention / disposition process	Review and update the IJB Retention Schedule	Action Complete Fife Council and NHS Fife migration is complete. Retention Schedule reviewed and approved by Nicky Connor 25/04/24	IJB Records Manager - LG	12/31/2023	Delayed due to resource re-allocation during Covid -19 pandemic.
2020.06	RM Plan - Element: 7	Transfer of historical records	Set up formal archiving agreement with the Council's Archive Service	Action Complete	Chief Finance Officer - AV	4/30/2023	Action Completed.
2021.01	RM Plan - Element: 4	Review IJB BCS and retention schedule	Review and update documents as required	Action Complete	IJB Records Manager - LG	3/31/2023	Delayed due to resource re-allocation during Covid -19 pandemic.
2021.03	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Complete	IJB Records Manager - LG	6/30/2022	Action Completed.
2021.04	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Complete	IJB Records Manager - LG	6/30/2022	Action Completed.
2021.05	RM Plan - Element: 7	Transfer of historical records	Utilise the Council's digital archive to store and manage IJB records selected for permanent preservation		IJB Chief Officer - NC	31/12/2024	Dependent on implementation of appropriate digital archive. Deposit Agreement is in place awaiting digital archive to be in place. Reschedule to 31/12/24.
2021.06	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	6/30/2022	Action Completed.
2022.01	RM Plan - Element: 9	Renew 2021 IJB Registration with the ICO	Arrange annual payment	Action Complete	IJB Chief Officer - NC	12/31/2022	Action Completed.
2022.02	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Complete	IJB Records Manager - LG	12/31/2022	Action Completed.
2022.03	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	3/31/2023	Action. Report done - Finance, Performance & Scrutiny Committee 12 May, 2023
2023.01	RM Plan - Element: 9	Renew 2023 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	12/31/2023	Current up to 14/12/23. Payment has been processed for renewal.
2023.02	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan	Action Complete	IJB Records Manager - LG	12/31/2023	Action Completed.
2023.03	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures	Action Complete	IJB Chief Officer - NC	3/31/2024	
<b>2024</b>							
2024.01	RM Plan - Element: 3	Annual review of IJB Records Management Policy	Review RM Policy and update as required	Action Complete	IJB Records Manager - LG	6/30/2024	
2024.02	RM Plan - Element: 9	Annual review of Data Protection Policy	Review DP Policy and update as required. Include IJB Privacy Policy in review	Action Complete	IJB Records Manager - LG	6/30/2024	
2024.03	RM Plan - Element: 9	Renew 2024 IJB Registration with the ICO	Arrange annual payment		IJB Chief Officer - NC	12/31/2024	Current up to Dec 24
2024.04	RM Plan - Element: All	Provide annual Progress Update Report (PUR) to National Records of Scotland	Assess and report on actions completed and any changes applied to the RM Action Plan		IJB Records Manager - LG	12/31/2024	
2024.05	RM Plan - Element: All	IJB Chief Officer will provide an annual Records Management Report to the IJB	Report to include a progress update on development activities, any potential risks or issues arising, and corresponding control measures		IJB Chief Officer - NC	3/31/2025	

**The Public Records (Scotland) Act 2011**

**Fife Integration Joint Board**

**Progress Update Review (PUR) Report by the PRSA Assessment Team**

**18 June 2024**

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## 1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

## 2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

### 3. Executive Summary

This Report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update template submitted for Fife Integration Joint Board. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

### 4. Authority Background

Fife Integration Joint Board (the Board) is responsible for the planning, oversight and delivery of health and social care integrated functions for Fife.

The Board's Integration Scheme sets out the functions which are delegated by Fife Health Board (NHS Fife) and Fife Council to the IJB.

The Board operates as a body corporate (a separate legal entity), acting independently of NHS Fife and Fife Council. The Board consists of sixteen voting members appointed in equal number by NHS Fife and Fife Council, with a number of representative members who are drawn from the third sector, independent sector, staff, carers and service users. The Board is advised by a number of professionals including the Chief Officer, Chief Finance Officer, Associate Nurse Director, Medical Practitioner Representatives, and Chief Social Work Officer.

The key functions of the Board are:

- Overseeing the development and preparation of the Strategic Plan for services delegated to the Board.
- Allocating resources in accordance with the Strategic Plan
- Ensuring that the national and local Health and Wellbeing Outcomes are met.



## 5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

### Key:

<b>G</b>	The Assessment Team agrees this element of an authority's plan.	<b>A</b>	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	<b>R</b>	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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## 6. Progress Update Review (PUR): Fife Integration Joint Board

Element	Status of elements under agreed Plan 19SEP19	Progress review status 06APR23	Progress review status 18JUN24	Keeper's Report Comments on Authority's Plan 19SEP19	Self-assessment Update as submitted by the Authority 22DEC22	Progress Review Comment 06APR23	Self-assessment Update as submitted by the Authority since 06APR23	Progress Review Comment 18JUN24
1. Senior Officer	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No change: Ms Nicky Connor, Chief Officer of Fife Integration Joint Board is the Senior Officer and has senior management responsibility for all aspects of records management within the Board.	Thank you for letting the Assessment Team know that there have been no changes to this Element.	No change: Ms Nicky Connor, Chief Officer of Fife Integration Joint Board is the Senior Officer and has senior management responsibility for all aspects of records management within the Board.	Thank you for confirming that the person named under Element 1 has not changed for Fife Integration Joint Board. Update required on any future change.
2. Records Manager	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	Change to Records Manager now Avril Sweeney, Manager Risk Compliance. Avril reports to Audrey Valente, Chief Finance Officer, Fife Integration Joint Board. Avril is now	Thank you for this update which has been noted. Update required on any future change to Records Manager.	No change: Avril Sweeney, Manager, Risk Compliance for Fife Health and Social Care Partnership continues to have day-to-day	Thank you for confirming that Mrs Sweeney remains responsible for day-to-day operational responsibility for the implementation of the Records Management Plan at

					supported by two HSC Compliance Officers, Cathy Henderson and Denise Paterson.		operational responsibility for records management within the IJB. Mrs Sweeney continues to report to Audrey Valente, Chief Finance Officer, Fife Integration Joint Board and is supported by two compliance officers.	Fife IJB. Update required on any future change.
3. Policy	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	The IJB Records Management Policy was reviewed and approved in November 2022. The updated document is available on the HSCP Website  <a href="https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0025/428821/Fife-IJB-Records-Management-Policy-V3.0.pdf">https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0025/428821/Fife-IJB-Records-Management-Policy-V3.0.pdf</a>	Thank you for confirming that the Fife IJB Records Management Policy is being kept up to date. Thank you also for providing a link to the document.  Update required on any future change.	No change the Records Management Policy is available on the HSCP website: <a href="https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0025/428821/Fife-IJB-Records-Management-Policy-V3.0.pdf">Fife-IJB-Records-Management-Policy-V3.0.pdf (fifehealthandsocialcare.org)</a>  The Policy will be reviewed in the first quarter of 2024.	Thank you for confirming that Fife IJB continues to have a current Records Management Policy. It is also good to hear that this is available on the website.
	<b>A</b>	<b>A</b>	<b>G</b>	<b>The Further Development section of this Element states</b>	Migration of IJB content from Fife	Thank you for this positive	The migration of content from	Thank you for confirming that

<p>4. Business Classification</p>				<p>that the structure of the BCS will be imposed onto an area of Fife Council’s SharePoint system. All Board records will over time be migrated to this system, which will include a document storage site and a bespoke tool for creating and managing records of committee meetings. A screenshot of the SharePoint test site has been submitted (evidence 4.2) showing how the proposed new system will look. This work is dependent upon the allocation of Fife Council resources and has a provisional timescale for completion of December 2019. The Keeper understands that timescales can slip due to other priorities but requests that he is kept informed of the progress of this piece of work.</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the Board has identified an improvement to its recordkeeping arrangements (the consolidation of Board records into a single area of Fife Council’s SharePoint system) and has outlined the proposed timescales for completion. This agreement is dependent upon the Keeper</p>	<p>Council network drives is now complete.</p> <p>Migration of content from NHS Fife network drives has been delayed due to operational priorities resulting from the ongoing coronavirus pandemic. Completion now expected by December 2023.</p>	<p>update; it is great to hear that migration of IJB files from Council network drives has been completed. While a similar project concerning NHS Fife files remains ongoing, it is clear that Fife IJB is continuing to make progress.</p> <p>This Element will remain at Amber while the work is ongoing. We look forward to being updated on progress in subsequent PURs.</p>	<p>NHS is now complete.</p> <p>The Business Classification Scheme is currently under review and this will be completed in the first quarter of 2024.</p>	<p>records migration from the NHS systems has now been completed. This is excellent news.</p> <p>That the Business Classification Scheme is currently under review is also good news.</p> <p>Fife IJB has now closed the gap identified in 2019 (Board records have now been consolidated into a single area of Fife Council’s SharePoint system). Accordingly, Element 4’s PUR status can be turned Green to celebrate this progress. While this does not change the original Agreed RMP status, it is indicative of the likely status awarded in the event of a formal resubmission and the provision of evidence.</p>
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				being kept informed on the progress of this work.				
5. Retention Schedule	A	A	G	<p>The Board will migrate all of its records, currently managed by both Fife Council and NHS Fife, on to Fife Council's SharePoint system. This should allow these records to be managed easier in the single location and should allow the easier appliance of retention actions at the appropriate time.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a long term solution for effectively managing the retention of its records (migration to Fife Council's SharePoint system) and will be working towards implementation in the near future. The Keeper requests that he is kept informed of the progress of this work.</p>	Due to redeployment of staff this work has been delayed. Following the successful recruitment in December 2022 of Cathy Henderson, HSC Compliance Officer to support records management activities, this work will now be completed during 2023.	Thank you for providing this update on retention schedule arrangements. It is good to hear that the completion of the migration project is due to be completed by the end of this year.	The migration of content from NHS Fife is now complete.	It is great to hear that the migration from both NHS Fife and Fife Council systems has now been completed, and that automated records retention functionality is available on SharePoint.
6. Destruction Arrangements	G	G	G	Update required on any change.	No change.	Update required on any future change.	No Change.	Update required on any future change.
7. Archiving and Transfer	A	A	G	As the Board is a separate legal body from the Council, the Keeper would encourage	Deposit Agreement has been drafted and sent to Fife	Thank you for providing the Assessment	The Deposit Agreement between IJB	Thank you for letting us know that a formal Deposit

				<p><b>the Board to set up a formal archiving agreement with the Council's Archive Service as soon as is practical, even if there is no immediate intention to deposit.</b></p> <p><b>As the Board's selected archive, Fife Council's Archive Service, is currently unable to accept the transfer of digital records the Keeper can agree this Element on an 'Improvement Model' basis. The Keeper is assured by the commitment of Fife Council to develop a solution to digital archiving. In the meantime, as part of this agreement, the Keeper recommends that the Board enters into a formal agreement to transfer its records to the Council's archive service so that the framework is in place to transfer records when digital archiving becomes available.</b></p>	<p>Cultural Trust. Due to changes in staffing there has been a delay in finalising this. Completion expected in first quarter of 2023.</p>	<p>Team with this update. It is disappointing to hear of further delay to finalising the Deposit Agreement, but it is clear Fife IJB have made an effort to keep the momentum going. Until a formal archive deposit agreement is in place, this element will stay at Amber. The Assessment Team looks forward to being updated on this Element in the next PUR.</p>	<p>and Fife Cultural Trust is now in place.</p>	<p>Agreement with Fife Cultural Trust is now in place.</p> <p>The IJB has also confirmed via email that long-term digital archiving arrangements are being explored in line with Fife Council's plans.</p> <p>This Element has been turned from Amber to Green in the PURs to celebrate this progress. This does not change the original RMP assessment status, but indicates that Fife IJB is well-placed under this Element should a formal RMP resubmission occur.</p>
8. Information Security	G	G	G	Update required on any change.	No change.	Update required on any future change.	No Change	Update required on any future change.
9. Data Protection	G	G	G	Update required on any change.	The IJB Data Protection Policy was reviewed and	The Assessment Team thanks	No change the Data Protection Policy is	Thank you for indicating that noth the IJB Data

				<p>updated November 2022. The updated document is available on the HSCP Website. <a href="https://www.fifehealthandsocialcare.org/data/assets/pdf_file/0024/428820/Fife-IJB-Data-Protection-Policy-V3.0.pdf">https://www.fifehealthandsocialcare.org/data/assets/pdf_file/0024/428820/Fife-IJB-Data-Protection-Policy-V3.0.pdf</a></p> <p>The IJB Privacy Notice was reviewed in September 2022 and is available on the HSCP Website. Website was updated in December to show Avril Sweeney as Data Protection Officer.</p> <p><a href="https://www.fifehealthandsocialcare.org/about-us/privacy-notice">https://www.fifehealthandsocialcare.org/about-us/privacy-notice</a></p>	<p>you for providing us with a link to the IJB Data Protection Policy, recently reviewed and updated. The reviewed Privacy Policy is also noted with thanks.</p> <p>Update required on any future change.</p>	<p>available on the HSCP website: <a href="https://www.fifehealthandsocialcare.org/fife-ijb-data-protection-policy-v3.0.pdf">Fife-IJB-Data-Protection-Policy-V3.0.pdf (fifehealthandsocialcare.org)</a></p> <p>This will be reviewed in the first quarter of 2024.</p> <p>The IJB Privacy Notice is available on the HSCP website. This will also be reviewed in the first quarter of 2024.</p> <p><a href="#">Privacy notice   Fife Health and Social Care</a></p>	<p>Protection Policy and Privacy Notice continue to be made available on the website, and that a review of both of these documents has recently been completed.</p>	
10. Business Continuity and Vital Records	G	G	G	Update required on any change.	No change.	Update required on any future change.	No Change.	Update required on any future change.
11. Audit Trail	A	A	G	<b>The RMP acknowledges that Board records are currently managed using NHS Fife and</b>	Migration of IJB content from Fife Council network	Thank you for this update. As mentioned	The migration of content from	It is great to hear that the migration

				<p><b>Fife Council systems (shared drives) which provide limited audit trail functionality. This is confirmed by the fact that the RMPs of Fife Council and NHS Fife have been agreed by the Keeper under ‘improvement model’ terms for element 11. This means that both authorities have identified gaps in provision in this element and are working to close that gap.</b></p> <p><b>The Keeper can agree this Element on an ‘Improvement Model’ basis. This is due to the authority having identified a gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies, their arrangements under this Element having also been agreed on an ‘Improvement Model’ basis by the Keeper) but has evidenced how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close the gap.</b></p>	<p>drives is now complete. Audit trail will be available from SharePoint.</p> <p>Migration of content from NHS Fife network drives has been delayed due to operational priorities resulting from the ongoing coronavirus pandemic. Completion now expected by December 2023.</p>	<p>under Element 4, it is great to hear that progress is being made, and it is clear that Fife IJB is working hard towards closing the identified gap in provision (the lack of audit trail functionality of records currently held on shared drives provided by partner bodies).</p> <p>The Assessment Team looks forward to the next PUR update.</p>	<p>NHS Fife is now complete. Audit trail is available from SharePoint.</p>	<p>from both NHS Fife and Fife Council systems has now been completed, and that audit trail functionality is available on SharePoint. Accordingly, this PUR Element has been turned Green. The original RMP status of this Element remains unchanged, but a Green PUR status indicates that Fife IJB is well-placed to receive a Green status upon any formal RMP resubmission.</p> <p>Update required on any future change.</p>
12. Competency Framework	G	G	G	<p>The Further Development section of this element states that both partner bodies are currently developing the information governance</p>	<p>Records Management Training will be undertaken by Avril Sweeney, Manager</p>	<p>The Assessment Team is grateful for this update on upcoming</p>	<p>Avril Sweeney, Cathy Henderson and Denise Paterson have</p>	<p>Thank you for this positive update on records management training. It is good to</p>



				<p>competency framework for their staff. A statement from the Council's records manager (evidence 12.1) confirms the current development of a training framework, tied in with data protection and information security, and will be tailored to the requirements of staff. <b>The Keeper would be interested to know if this results in any significant changes to current provision.</b></p>	<p>Risk Compliance, Cathy Henderson, HSC Compliance Officer and Denise Paterson, HSC Compliance Officer during the first quarter of 2023.</p> <p>Following this, further discussions will take place with the Records Managers of NHS Fife and Fife Council to identify current training provision in the partner agencies and address any gaps.</p>	<p>records management training of several key staff members, including the named records manager. It is also good to hear that future training needs are being explored.</p>	<p>completed relevant Records Management Training.</p> <p>Staff involved in IJB records are supported to access relevant training provision available within Fife Council and NHS Fife.</p>	<p>hear staff continue to be supported in maintaining and growing their records management skills and knowledge.</p>
13. Assessment and Review	<b>G</b>	<b>G</b>	<b>G</b>	<p>Update required on any change.</p>	<p>Unfortunately, some of the activities in the IJB Records Management Action Plan continue to be delayed due to the re-allocation of business-critical resources during the coronavirus pandemic.</p> <p>It is still expected that all of actions will be completed</p>	<p>Thank you for this update. It is understandable that the pandemic has had an impact on resourcing, and we note that IJB Records Management Action Plan realisation has been delayed.</p> <p>Fife IJB's commendable participation in</p>	<p>Some of the activities on the IJB Records Management Action Plan remain slightly behind schedule however work is in progress in all areas and it is still expected that all of the actions will be completed prior to the submission of</p>	<p>The Assessment team thanks you for this progress update on the Fife IJB RM Action Plan.</p> <p>Element 13 stipulates that the authority's Records Management Plan should be regularly reviewed.</p> <p>Fife IJB is not currently scheduled to resubmit its RMP</p>

					prior to submission of the next IJB RM Plan due in 2024.	the PUR process is also a very good indication that the authority continues to ensure its RMP remains up to date.	the next IJB RM Plan due in 2024.	for the Keeper's Assessment. Should Fife IJB intend to voluntarily resubmit its Plan for the Keeper's assessment before it is formally invited to do so under the Act, this would be very welcome, and entirely in the spirit of the Act. When relevant, the Team asks to be notified of the timescales in advance of this submission if possible.
14. Shared Information	<b>G</b>	<b>G</b>	<b>G</b>	Update required on any change.	No change.	Update required on any future change.	Information Sharing Agreement is currently being reviewed with the partner bodies. This is due for completion by 31 March 2024.	Thank you for this update on Information Sharing Agreements which has been noted.

## 7. The Public Records (Scotland) Act Assessment Team's Summary

### Version

The progress update submission which has been assessed is the one received by the Assessment Team on 19<sup>th</sup> December 2023. The progress update was submitted by Cathy Henderson, HSC Compliance Officer.

The progress update submission makes it clear that it is a submission for **Fife Integration Joint Board**.

The Assessment Team has reviewed Fife Integration Joint Board's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

### General Comments

Fife Integration Joint Board continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

## 8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that Fife Integration Joint Board continue to take their statutory obligations seriously and are working hard to maintain all the elements of their records management arrangements in full compliance with the Act and fulfil the Keeper's expectations.

The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by

A handwritten signature in blue ink, reading "Iida Saarinen".

Iida Saarinen  
Public Records Officer



**Meeting Title:** Integration Joint Board

**Meeting Date:** 27<sup>th</sup> September 2024

**Agenda Item No:** 10.3

**Report Title:** Equality, Diversity & Inclusion Action Plan 2024-27

**Responsible Officer:** Fiona McKay, Interim Director HSCP

**Report Author:** Roy Lawrence, Principal Lead for OD & Culture  
Louise Radcliffe, OD & Culture Specialist

## 1 Purpose

**This Report is presented to the IJB for:**

- Discussion
- Decision

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

- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social care services.

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

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

- EDI Steering Group 22nd June 2023
- Fife Centre for Equalities Forum 11th July 2023
- EDI Short Life Working Group 14th July 2023
- EDI Short Life Working Group 10th August 2023

- EDI Steering Group 17th August 2023
- EDI Short Life Working Group 31st August 2023
- EDI Short Life Working Group 8th September 2023
- EDI Short Life Working Group 28th September 2023
- EDI Steering Group 18th October 2023
- EDI Short Life Working Group 29th November 2023
- EDI Short Life Working Group 6th December 2023
- EDI Short Life Working Group 19th December 2023
- EDI Short Life Working Group 12th January 2024
- Engagement Session Virtual 15th February 2024
- EDI Coms Meeting 20th February 2024
- Engagement Session Glenrothes 29th February 2024
- Engagement Session Virtual 14th March 2024
- EDI Coms Meeting 20th March 2024
- Engagement Session St Andrews Hospital 28th March 2024
- Engagement Session Virtual 11th April 2024
- Engagement Session Dunfermline 28th April 2024
- EDI Steering Group 9th May 2024
- Engagement Session Virtual 16th May 2024
- Engagement Session Kirkcaldy 30th May 2024
- Engagement Session Virtual 13th June 2024
- Engagement Session Levenmouth 27th June 2024
- EDI Steering Group 1st August 2024
- EDI Facilitators Network 8th August 2024
- Senior Leadership Team 2<sup>nd</sup> September 2024
- Quality & Communities Committee 4<sup>th</sup> September 2024
- Local Partnership Forum 11<sup>th</sup> September 2024
- Finance, Performance & Scrutiny Committee 12<sup>th</sup> September 2024

### **3 Report Summary**

#### **3.1 Situation**

Fife Health and Social Care Partnership Strategic Plan aims to promote dignity, equality, and independence for the people of Fife. This commitment includes collaborating with local communities and partners to address inequality and discrimination, fostering equality of opportunity. Achieving this requires a developmental focus on workplace culture to effectively align equality policies and practice with employees' experience of working within the Partnership.

Creating a culture of belonging that celebrates workforce diversity is essential. National research highlights that quality care reflects on quality workplaces. Fife Health and Social Care Partnership's Equality, Diversity, and Inclusion Steering Group (EDISG) was convened in June 2023 and began to support these goals by implementing the Interim Workplan Sep 2023 - June 2024, which was the first step towards a comprehensive action plan for equality, diversity, and inclusion. The group aim was to collect a wealth of data from the workforce to inform long-term strategies.

Integration within Health and Social Care Partnerships brings challenges, particularly in connecting Equality, Diversity, and Inclusion policies across sectors. While NHS Fife and Fife Council comply with the Public Sector Equality Duty, other partners have varied practices under the Equality Act 2010. The EDISG is proposing a three-year Action Plan.

#### **3.2 Background**

Despite high service demand and staff turnover, fostering inclusion and belonging is crucial for staff retention. The EDISG was formed in June 2023, to focus on implementing equality initiatives, ensuring inclusive decision-making, representing all sectors within the Partnership.

The EDISG proposed the following actions to advance our collective ambition. From September 2023 to June 2024:

### **Involvement of Subject Matter Experts (Sep 2023 – Aug 2024)**

Fife Centre for Equalities was commissioned as the subject matter expert to guide this work, providing expertise to fill knowledge gaps and help develop a manager's toolkit.

### **Interim Work Plan (Sep 2023)**

The EDISG agreed on an Interim Workplan consisting of three workstreams: a Communication Plan, Engagement Sessions, and an Open Consultation space. These workstreams aimed to create a responsive feedback loop, informing future initiatives relevant to the needs of the workforce. The Interim Workplan would run until June 2024, collecting sufficient data to inform the Fife Health and Social Care Partnership's (FHSCP) Equality, Diversity, and Inclusion Action Plan. The Communication Plan would extend to the end of 2024, featuring campaigns beyond December 2024.

### **Engagement Sessions (Jan - June 2024)**

Engagement sessions were planned across Fife, in-person and online, involving various workforce tiers. The focus was on listening and understanding, to remove barriers to dialogue about Equality, Diversity, and Inclusion. The Fife Centre for Equalities, along with the EDISG, led these sessions, using the Scottish Approach to Service Design (Discover, Define, Develop, Deliver). The sessions aimed to be inclusive and accessible, with multiple formats and times, and support from the Deaf Communication Service. Thirty facilitators volunteered and were provided with training and support, showing a strong desire for collective action across FHSCP. In total 376 participants signed up to attend the sessions across 10 dates. A full report of the findings is available on request.

### **Open Consultation**

An online submission form launched in December 2023 this allowed individuals to provide feedback anonymously if desired, ensuring maximum engagement opportunities, especially for those unable to attend sessions. The collected data would directly inform the Equality, Diversity, and Inclusion Action Plan 2024-27. A total of 88 responses were collected, full analysis of the findings is available on request.

### **Communication Plan**

A high-level communication plan, supported by the FHSCP Communications Team, would feature quarterly campaigns shaped by feedback from the Open Consultation. Campaign themes identified for 2024 included neurodiversity (**appendix 3**) and pronouns in the workplace (**available on request**), content aligned with the workforce's interests.

### **Equality Pathfinders Recognition Scheme**

The EDISG planned to engage in the Equality Pathfinders scheme, which acknowledges efforts in making Fife fair and inclusive. **The aim was to achieve the Bronze Level, which was achieved and presented to the Facilitator Group on 8<sup>th</sup> August 2024, demonstrating compliance with the Equality Act 2010, and we will now progress towards working towards higher levels.**

### 3.3 Assessment

The Fife Health and Social Care Partnership (FHSCP) is committed to creating a diverse, equitable, and inclusive environment. The development of a three-year Equality, Diversity, and Inclusion (EDI) Action Plan, informed by recent reports and consultations, with the goal of fostering an inclusive workplace, promoting continuous learning on EDI, and ensuring effective communication and support for these initiatives demonstrates the Partnership's commitment to the EDI agenda.

The plan is structured around annual objectives and overarching principles, which include fostering a respectful culture, maintaining brave spaces for dialogue, enhancing support networks, and continuously evaluating EDI efforts. The first year focuses on laying the foundation by revising EDI Steering Group membership, increasing workforce engagement, and establishing brave spaces. The second year emphasises expanding learning opportunities and reverse mentoring programs, while the third-year concentrates on monitoring progress, gathering feedback, and adapting initiatives based on the data collected. The aim is to ensure long-term sustainability and celebrate successes in EDI efforts.

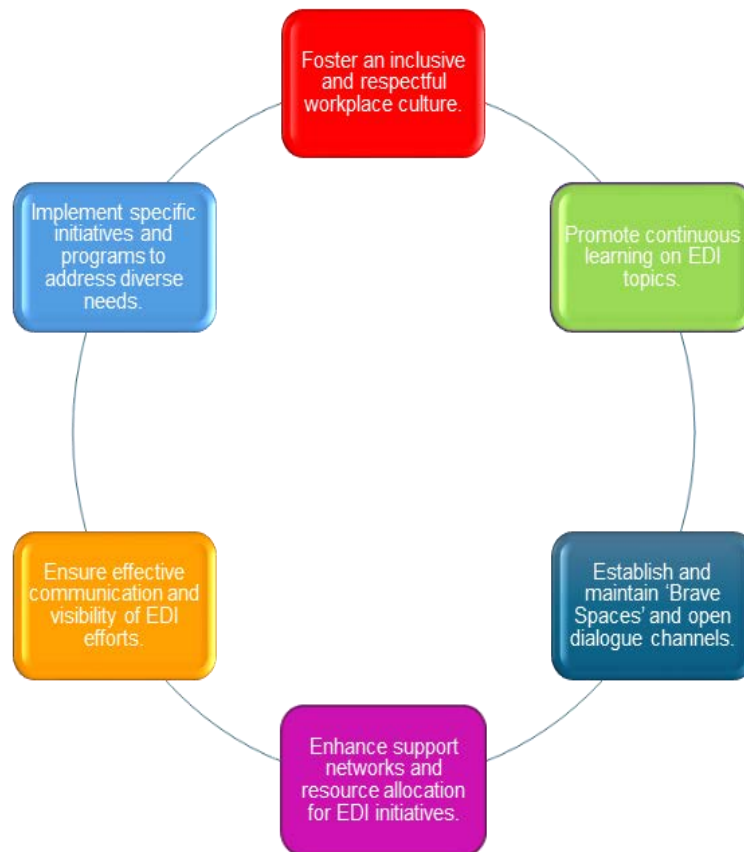
The process of the Equality Diversity and Inclusion Action Plan follows a five-step journey.

1. Define the problem(s) (Interim Workplan detailed above)
2. collect and analyse the data (Interim Workplan workstreams detailed above)
3. Clarify and prioritise the problem(s): (selecting key themes across both sources)
4. Write a goal Statement for each solution using SMART model: Objectives
5. Implement Solutions: The Action Plan.

The Action Plan has been directly informed by the findings from three sources: the Staff Open Consultation Equality, Diversity, and Inclusion Report (January – June 2024) (appendix 2), Staff Equality, Diversity, and Inclusion Engagement Session Series Key Findings Report (February – June 2024) (appendix 3), and the Fife Centre for Equalities Report (appendix 1) These findings have been further analysed and synthesised to develop a set of 'Overarching Principles' and a series of objectives divided into three annual iterations.



## Overarching Principles



### Annual iterations

Year 1: Foundation and Initial Implementation

Year 2: Expansion and Integration

Year 3: Monitoring and Adaptation

### Objectives

Within the Plan there are 16 objectives A-P, for ease the Plan provides an outline of the objectives categorised into thematic groups, which should guide the implementation of EDI initiatives across FHSCP, ensuring a cohesive and comprehensive approach.

## Advancing Equality, Diversity, and Inclusion (EDI) Across FHSCP

### Theme 1: Empowering Leadership and Representation

To ensure that EDI principles are effectively promoted and integrated across FHSCP, we propose revising the EDI Steering Group membership (Objective A). By including comprehensive representation from all portfolios and key decision-makers, we'll drive meaningful change, ensuring our EDI efforts are aligned with the FHSCP's overall strategy.

### Theme 2: Engaging and Supporting Our Workforce

We aim to address workforce needs by launching a 'raising awareness campaign' (Objective B) that delivers timely, relevant, and actionable information. This campaign will improve workforce engagement, enhance job satisfaction, and foster a positive

work environment. Additionally, we'll create 'Brave Spaces' (Objective C) where individuals can freely voice their ideas, ask questions, and engage in constructive dialogue. To support this, we have recruited and will continue to train/support volunteer facilitators (Objective D) to lead these sessions, promoting an atmosphere where open dialogue and the challenging of discriminatory practices are encouraged (Objective E).

### **Theme 3: Fostering Growth Through Mentorship and Learning**

We propose introducing a Reverse Mentoring Pilot (Objective F) to facilitate knowledge sharing, expand participants' networks, and create a supportive workplace culture. Building on this success, we'll expand the reverse mentoring program in Year Two (Objective K) to foster mutual learning and understanding, adapting our ways of working to create a more inclusive and equitable environment. Additionally, we'll promote continuous learning within the EDI remit (Objective J), ensuring ongoing professional growth, skill enhancement, and a culture of lifelong learning.

### **Theme 4: Building Strong Employee Networks**

To enhance visibility and engagement with EDI initiatives, we will establish and foster a robust Employee Resource Group (ERG) (Objective G). This group will play a key role in increasing awareness, participation, and the overall impact of our EDI efforts, ensuring that all employees feel connected and supported.

### **Theme 5: Continuous Improvement and Recognition**

Our approach to EDI will be dynamic and responsive. Following the initial awareness campaigns, we'll continue to use media platforms to promote EDI content and maintain high visibility of our efforts (Objective H). We'll also regularly evaluate the effectiveness of our EDI initiatives (Objective I) and adapt our action focus points based on workforce feedback to address evolving needs (Objective L). As we progress, we'll conduct comprehensive evaluations of our EDI actions (Objective N) and reinvigorate our long-term approach based on insights and learning (Objective O). Finally, we'll celebrate our successes by recognising contributions and fostering a culture of appreciation (Objective M, Objective P).

### **Why This Matters:**

These objectives are not just initiatives; they represent a strategic commitment to creating a FHSCP where every individual feels valued, supported, and empowered. By implementing this comprehensive EDI Action Plan, we'll enhance engagement, satisfaction, and overall performance, leading to a stronger, more inclusive, and innovative FHSCP. Let's take these steps together to champion EDI and make our workplace a model of diversity and inclusion.

### **Maximising Outputs with Limited Input**

Enhanced Workforce Engagement and Productivity:

By prioritising EDI, we create a work environment where every employee feels valued and supported. This leads to higher job satisfaction, reduced turnover, and increased productivity. In times of financial constraints, maximising the potential of our existing workforce is essential. A small investment in EDI can yield significant improvements in engagement and efficiency, directly impacting our bottom line.

Attracting and Retaining Talent:

A strong commitment to EDI makes FHSCP a more attractive place to work, helping us retain talent and attract new people even in a competitive job market. This reduces the costs associated with high turnover and recruitment, ensuring that we maintain a skilled and motivated workforce during challenging times.

### **Building a Resilient and Adaptable Organisation:**

Diverse teams are proven to be more innovative and better at problem-solving, which is crucial in navigating financial challenges. By fostering an inclusive culture where diverse perspectives are valued, we equip our organisation to be more resilient and adaptable in the face of economic uncertainty.

### **Positive Organisational Reputation:**

Investing in EDI enhances our reputation both within the community and the broader industry. This can lead to stronger partnerships, increased opportunities, and a more robust network of support—resources that are invaluable during a financial downturn.

### **Equality Pathfinders Recognition Scheme**

The ambition is now to progress onto achieving subsequent levels in the future. We see the Bronze Level as a first step (achieved in August 2024) in achieving excellence in our Equality approach and would aim for Gold in subsequent years as part of our Mission 25 ambition to be sector leading.

In challenging financial times, investing in Equality, Diversity, and Inclusion (EDI) is not just an ethical choice but a strategic one essential to the Fife Health and Social Care Partnership (FHSCP)'s long-term success. By allocating resources to EDI initiatives, we maximise our workforce's potential, attract and retain top talent, and build a more resilient and innovative organisation. The proposed EDI Action Plan is designed to deliver significant, sustainable outcomes with minimal input, ensuring that FHSCP remains a leader in fostering an inclusive workplace where every individual can thrive. Together, we can achieve these goals.

### **Governance**

The EDISG is co-chaired by the Principal Social Work Officer and the OD & Culture Specialist.

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

An acknowledged and valued workforce, celebrated for its diversity, will be an engaged workforce. The growth that diversity will bring to FHSCP will enhance our delivery of care to the people in Fife. The actions set out in this paper will drive improvement of staff experience to provide evidence of better engagement.

The Quality & Communities Committee were very supportive of the content of the Action Plan and recognised the depth and quality of consultation that was undertaken to co-design the plan.

#### **3.3.2 Workforce**

The impact on the individuals who choose to participate in the objection within the Action Plan have been noted throughout the paper. The benefit of this engagement will echo through our organisations, creating the space to develop a culture of acceptance. Research suggests that there will be a significant positive effect for individuals in relation to all the

components described throughout. Active and meaningful Equality, Diversity and Inclusion initiatives result in a happier and more efficient workforce. Fostering an environment of inclusion and belonging is a central component on the path to achieving Fife Health and Social Care Partnership's Mission 25.

The Local Partnership Forum representatives are members of the EDISG and have been key partners in shaping the plan. The LPF are very supportive of the plan content and will continue to support the EDISG which oversees the plan.

### **3.3.3 Financial**

Finance & Performance Committee recognised the high quality of the Plan and its clear design and highlighted that the proposed measurement of actions was clear and was ambitious in its reach for EDI work within the Partnership.

Budget will be required to pay for certain expenses that will arise in the design of the Action Plan. The Action Plan will be primarily overseen by the lead Equality, Diversity, and Inclusion OD & Culture Specialist, but external expertise through a Subject Matter Experts will be sought for the coordination and delivery.

#### **Brave Spaces**

Costing should include room hire for locations that if a FHSCP venue is not suitable or available.

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

There are no anticipated risks or legal implications foreseen from the Interim Workplan. It will be overseen by Equality, Diversity and Inclusion Steering Group, the chairperson is a member of SLT, and it is requested that SLT will act as Critical Contributors to ensure a successful outcome.

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

Analysis of how the plan supports the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes is above throughout the paper.

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

N/A

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

### **3.3.7 Other Impact**

N/A

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

As discussed, the Equality, Diversity and Inclusion Steering Group has been established with representatives across the system, including Trade Unions and staff side representatives and they have had the opportunity to actively engage in the development of the piece from conception to the current position status. This approach will be ongoing. Full confidence and support have been offered from all that attended the Equality, Diversity, and Inclusion Steering Group. Planning meetings with Fife Health and Social

Care Partnership Comms teams have been conducted to ensure there is sufficient support to deliver as detailed above section 3.3.

#### **4.4 Recommendation**

**Discussion** – The IJB are asked to discuss the EDI Action Plan 2024-27 and comment on the proposed actions within the plan to strengthen the Partnership’s EDI activity to support the workforce.

**Decision** – The IJB are asked to endorse the Action Plan as a positive approach to the Partnership’s commitment towards recognising the Equality, Diversity & Inclusion needs of our workforce.

#### **5 List of Appendices**

- Appendix 1: Fife HSCP Equality, Diversity & Inclusion Action Plan 2024-27
- Appendix 2: Fife Centre for Equalities - Fife HSCP EDI Engagement Sessions Report August 2024
- Appendix 3: Neurodiversity workplace newsletter

#### **6 Implications for Fife Council**

Fife Council are accountable employers hold responsibility for their workforce within the Partnership. There is also active representation of FC HR including the lead for Equalities who is a member of the Equality Diversity and Inclusion Steering Group, they will share and promote accordingly. Benefits for FC staff are set out across this paper.

#### **7 Implications for NHS Fife**

NHS Fife are accountable employers hold responsibility for their workforce within the Partnership. There is also active representation of NHS Fife including the lead for Equalities and HR who are members of the Equality Diversity and Inclusion Steering Group, they will share and promote accordingly. Benefits for NHS Fife staff are set out across this paper.

#### **8 Implications for Third Sector**

The Third Sector, as accountable employers hold responsibility for their workforce within the Partnership. The Lead for the Third Sector was approached to become a member of Equality, Diversity, and Inclusion Steering Group, however, suggested an appropriate alternative representative from Fife Centre for Equalities, the CEO, who an active member. There is collaborative working to ensure access and alliance are set up to workstreams and, shared with its members, Benefits for 3rd Sector staff are set out across this paper.

#### **9 Implications for Independent Sector**

The Independent sector, as accountable employers hold responsibility for their workforce within the Partnership. The Lead for the Independent Sector is a member of Equality Diversity Inclusion Steering Group and there is collaborative working to ensure access and alliance for set up of is shared with its members. Benefits for Independent Sector staff are set out across this paper.

#### **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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Fife Health  
& Social Care  
Partnership



Supporting the people of Fife together

# Equality, Diversity and Inclusion Action Plan 2024-2027

An intersectional approach to fostering a culture of belonging







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# Introduction

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Fife Health and Social Care Partnership is committed to fostering a diverse, equitable, and inclusive environment where every individual feels valued and respected. To achieve this, we have established a set of clear and actionable objectives aimed at enhancing our Equality Diversity and Inclusion (EDI) efforts over the next three years. The goals are designed to create a supportive and inclusive workplace culture, promote ongoing learning and awareness, and ensure our initiatives are effective and responsive to the needs of our workforce. By focusing on these goals, we aim to build a solid foundation for sustained EDI progress and continuous improvement across the whole of Fife Health & Social Care Partnership.

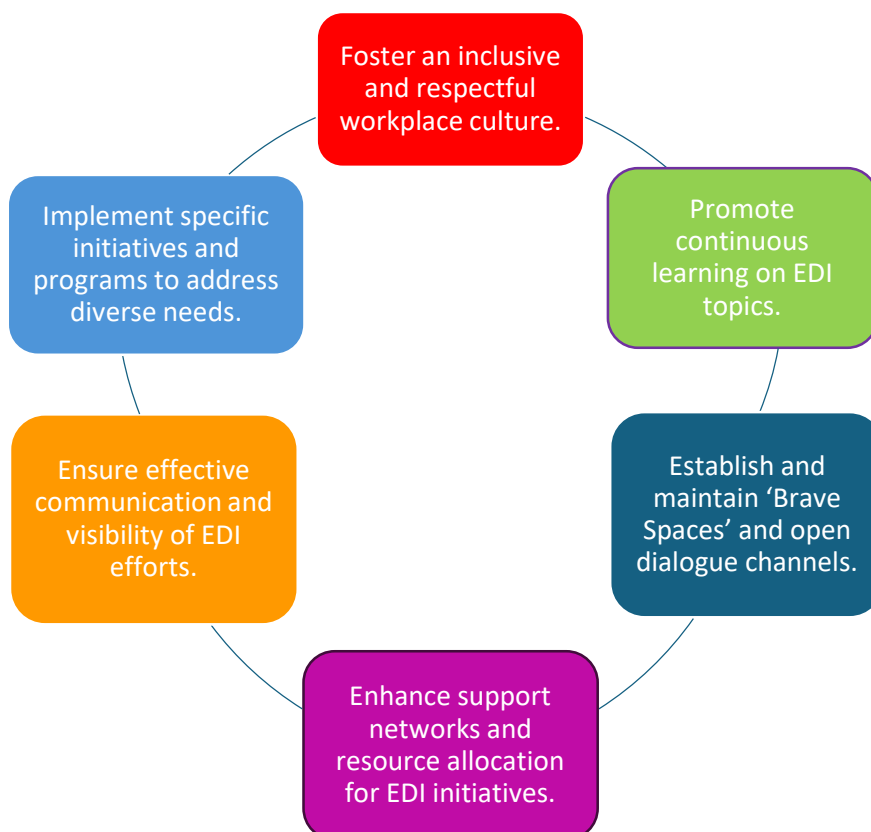
## Background

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The Action Plan has been directly informed by the findings from three sources: the [Staff Open Consultation Equality, Diversity, and Inclusion Report \(January – June 2024\)](#), [Staff Equality, Diversity, and Inclusion Engagement Session Series Key Findings Report February – June 2024](#) and the Fife Centre for Equalities Report (published in July 2024). These findings have been further analysed and synthesised to develop a set of ‘Overarching Principles’ and a series of objectives divided into three annual iterations.

## Overarching Principles

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# Year 1: Foundation and Initial Implementation

## Months 1-3: Planning and Baseline Assessment

**Objective A: Revise the Equality, Diversity, and Inclusion (EDI) Steering Group membership to ensure comprehensive representation from all portfolios and include key decision-makers to effectively promote and integrate EDI principles across the FHSCP.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
4. Enhance support networks and resource allocation for EDI initiatives.

Actions required:	How we will know if it's successful:	Timescale:
Identify any representative gaps within core membership, ensure dedicated EDI representatives from all portfolios are present, who have the necessary authority and commitment to contribute. Recruit new members through internal communications and voluntary sign-ups. Confirm representation from all levels to address diverse needs.	The revised group is established and operational with representatives from varying seniority and portfolios are present.  SLT & LPF agree Group has full Partnership cover.	Complete revised formation by Month 3 - December 2024

## Months 4-6: Initial Learning and Awareness

**Objective B: Address the needs of the workforce by providing timely, relevant, and actionable information through a ‘raising awareness campaign’. The campaign will focus on improving workforce engagement, enhancing job satisfaction, and fostering a positive work environment.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
5. Ensure effective communication and visibility of EDI efforts.
6. Implement specific initiatives and programs to address diverse needs.

Actions required:	How we will know if it’s successful:	Timescale:
Produce and publish one campaign across a range of platforms, allowing for a wide reach of viewers, and greater engagement. Research shows that workforce engagement is linked to productivity and job satisfaction.	Actively tracking EDI progress through analytics and capturing workforce feedback. This ensures we continuously adapt and refine our initiatives to stay aligned with our team's needs and perspectives.	Complete by Month 6 - March 2025.

**Objective C: Create ‘Brave Spaces’<sup>1</sup> for our workforce, to enable an environment where individuals can freely voice their ideas, ask questions, and engage in constructive dialogue.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
3. Establish and maintain ‘Brave Spaces’ and open dialogue channels.
4. Enhance support networks and resource allocation for EDI initiatives.

<sup>1</sup> ‘Brave Spaces’ inspires dialogue, curiosity, accountability and agency. In a Brave Space, we can explore issues by growing and learning together, with people being rewarded for their courage and for taking accountability for their words and actions.

<p>Identify non-office venues for open and confidential discussions, utilise available areas within facilities. Provide areas for open and confidential discussions. Use a focus group to vet suitability of venues.</p>	<p>There will be at least approved two spaces established across localities catering for staff in varying locations, with regular sessions timetabled across localities.</p>	<p>Complete setup by the end of Month 6 March 2025.</p>
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## Months 7-9: Developing ‘Brave Spaces’ and Open Dialogue

**Objective D: Recruit and train a team of volunteer facilitators to host ‘Brave Space’ sessions, where individuals can engage in constructive dialogue.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
3. Establish and maintain ‘Brave Spaces’ and open dialogue channels.
4. Enhance support networks and resource allocation for EDI initiatives.
6. Implement specific initiatives and programs to address diverse needs.

Actions required:	How we will know if it’s successful:	Timescale:
<p>Recruit volunteer facilitators to support the implementation of Brave space sessions. Draft staffing schedule.</p>	<p>Facilitators can describe feeling supported to carry out the tasks and are providing feedback on sessions delivered. Feedback informs design of next series of sessions.</p>	<p>Implement by the end of Month 8- May 2025.</p>
<p>Training pathway designed to support volunteers</p>	<p>Feedback from volunteers endorses training pathway.</p>	

**Objective E: Promote “Brave Spaces” for workforce, nurturing an atmosphere where individuals can freely voice their ideas, ask questions, and engage in constructive dialogue. Encouraging people to step out of their comfort zones, be open, and challenge discriminatory practices.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
3. Establish and maintain ‘Brave Spaces’ and open dialogue channels.
4. Enhance support networks and resource allocation for EDI initiatives.
6. Implement specific initiatives and programs to address diverse needs.

Actions required:	How we will know if it’s successful:	Timescale:
Communicate, launch of sessions through Comms team, Directors Brief, agenda discussion point at portfolio & Professional management teams meets to promote	Colleagues attend sessions timetabled across localities. Measure, evaluate, and report the audience reach using analytic tools to inform future messaging. Capture feedback from volunteers and any staff who use the spaces.	Implement by the end of Month 9- June 2025.

**Objective F: Introduce a Reverse Mentoring<sup>2</sup> Pilot to facilitate knowledge sharing, expand participants' networks, and help create a strong culture where everyone feels they have a support network for growth and connection.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
3. Establish and maintain ‘Brave Spaces’ and open dialogue channels.
5. Ensure effective communication and visibility of EDI efforts.
6. Implement specific initiatives and programs to address diverse needs.

<sup>2</sup> Reverse mentoring is the opposite format of traditional mentoring, where the senior leader is mentored by a more junior employee. Aka, mentoring in reverse. The process recognises that there are skills gaps and opportunities to learn on both sides of a mentoring relationship.



Actions required:	How we will know if it's successful:	Timescale:
<p>Recruit, identify and train mentors to bridge gaps in understanding between diverse levels and groups. Identify areas for mentorship focus for senior &amp; junior staff - Enlist voluntary mentees - match based on needs/focus/interests. Subsequently launch a pilot reverse mentoring program.</p> <p>Steering Group to develop framework programme based on two full consultation reports.</p>	<p>Five mentor-mentee pairs are matched, improving visibility and drive inclusion and equity from operational to leadership colleagues. We will measure, evaluate, and report the impact using evaluation tools to inform any future programmes.</p>	<p>Launch by the end of Month 9 – June 2025.</p>

## Months 10-12: Establishing Support Networks and Visibility

**Objective G: Establish and foster a robust Employee Resource Group (ERG)<sup>3</sup> that enhances visibility and engagement with EDI initiatives, thereby increasing awareness, participation, and the overall impact.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
3. Establish and maintain 'Brave Spaces' and open dialogue channels.
4. Enhance support networks and resource allocation for EDI initiatives.
6. Implement specific initiatives and programs to address diverse needs.

Actions required:	How we will know if it's successful:	Timescale:
<p>Set into place an Employee Resource Group (ERG) where colleagues can meet, network and connect which seeks to promote awareness and participation in EDI initiatives through internal communications.</p>	<p>There is at least one active ERG, enabling colleagues to feel more connected to their peers and to the partnership, we will assess the attendance and seek comments from attendees. Feedback from the group informs further development.</p>	<p>Complete formation by the end of Month 12 – September 2025</p>

<sup>3</sup> ERGs generally are organised based on common identities, interests, or backgrounds with the goal of supporting folks by providing opportunities to network and create a more inclusive workplace.

**Objective H: Following on from delivery of Objective B in Months 4-6 we will further enhance the visibility and awareness of EDI efforts by continuing to use media platforms to effectively promote EDI content, providing timely, relevant, and actionable information ensuring recognition and engagement within FHSCP.**

**Overarching Principles**

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
3. Establish and maintain ‘Brave Spaces’ and open dialogue channels.
4. Enhance support networks and resource allocation for EDI initiatives.
5. Ensure effective communication and visibility of EDI efforts.
6. Implement specific initiatives and programs to address diverse needs.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
Raise awareness of EDI efforts using social media, newsletters, and information boards to promote EDI content, through existing communication channels.	Produced and published two campaigns, with each campaign directly informed by workforce needs. Confirmed with comms team regular segment on Director’s Briefing when all partners are in receipt ensuring maximum reach. We will measure the impact using analytics tools to inform further action.	Begin by Month 10 and continue ongoing – June 2025 onwards.

## Objective I: Evaluate the effectiveness of the collective EDI initiatives to assess progress and identify areas for improvement.

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
4. Enhance support networks and resource allocation for EDI initiatives.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
<p>Set up an ongoing process to evaluate our EDI initiatives using quick surveys and feedback forms. Regularly check our progress, pinpoint areas for improvement, and make real-time adjustments to keep our efforts on track. The insights gathered will be shared.</p>	<p>We see consistent improvements in survey responses, quicker identification of issues, and a noticeable positive impact on our EDI goals. Additionally, if we can make timely changes that lead to better engagement and a stronger sense of belonging, it will show that our evaluation process is effective.</p>	<p>Begin by Month 10 and continue ongoing – June 2025 onwards.</p>

# Year 2: Expansion and Integration

## Months 13-18: Continuous and Enhanced Learning

**Objective J: Promote continuous learning within the EDI remit to ensure ongoing professional growth, skill enhancement, and a culture of lifelong learning for all.**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
4. Enhance support networks and resource allocation for EDI initiatives.
6. Implement specific initiatives and programs to address diverse needs.

Actions required:	How we will know if it's successful:	Timescale:
<p>Working with field specialists, facilitators and volunteers to co-design and co-deliver a series of content including workshops, seminars, guest speakers' sessions, video and podcasts links focused on areas highlighted through our 2024 consultation series.</p> <p>Content delivered at least quarterly and fully accessible to all our workforce through online and face-to-face options.</p>	<p>Positive feedback on inclusive design approach, topics chosen, and impact of the sessions delivered.</p> <p>Feedback has influenced the second series of sessions planned and future workstreams for EDI learning.</p>	<p>Complete initial sessions by the end of Month 18 – March 2026</p>

**Objective K: Following on from delivery of Objective F in Year One, expand the reverse EDI mentoring programme to facilitate mutual learning and understanding, giving colleagues access to knowledge and lived experiences that could support adapting ways of working to foster a more inclusive and equitable workplace culture. <sup>4</sup>**

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
3. Establish and maintain 'Brave Spaces' and open dialogue channels.
4. Enhance support networks and resource allocation for EDI initiatives.
5. Ensure effective communication and visibility of EDI efforts.
6. Implement specific initiatives and programs to address diverse needs.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
Following on from the success of the Year One Pilot adjust programme offering based on evaluation results from pilot. Launch established programme to colleagues and increase places on programme by 100%.	10 mentor-mentee pairs are matched, improving visibility and drive inclusion and equity from junior to leadership colleagues. Programme will be evaluated at end of delivery and, learning will be shared through networks.	Complete expansion by the end of Month 18 – March 2026

## Months 19-24: Implementing Specific Initiatives and Enhancing Support

**Objective L: Demonstrate that our EDI work continues to be led by our workforce needs by implementing targeted initiatives that address needs in real-time, ensuring relevant support. Adapt strategies dynamically to respond to evolving workforce requirements and feedback.**

<sup>4</sup> One of the most significant benefits of mentorship programmes in the context of EDI is their ability to break down barriers, combat unconscious bias and prevent microaggressions. By facilitating meaningful relationships between mentors and mentees from diverse backgrounds, these programmes challenge stereotypes, broaden perspectives, and promote empathy and understanding.

## Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Enhance support networks and resource allocation for EDI initiatives.
6. Implement specific initiatives and programs to address diverse needs.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
Implement specific and targeted initiatives tailored to address needs of workforce in real-time. Once identified, distinguish needs and resources for initiatives.	At least one targeted initiative will have been developed and implemented. We will collect data to inform future initiatives.	Launch initiative by the end of Month 24 – September 2026

**Objective M: Champion EDI by promoting inclusivity and recognising contributions within the workforce, fostering a culture of equality and appreciation. Enhance organisational commitment to diversity and inclusion through active engagement and acknowledgment of workforce successes.**

## Overarching Principles

1. Foster an inclusive and respectful workplace culture.
4. Enhance support networks and resource allocation for EDI initiatives.
5. Ensure effective communication and visibility of EDI efforts.
6. Implement specific initiatives and programs to address diverse needs.

Actions required:	How we will know if it's successful:	Timescale:
Organise and celebrate diversity through an internal award ceremony. Form dedicated committee to plan and fulfil the event, promoting inclusivity and honouring outstanding contributions.	The award ceremony will highlight the crucial role of the workforce in its planning and delivery, recognising FHSCP members for their contributions to Equality, Diversity, and Inclusion. Their efforts will be celebrated, and the event's impact will be evaluated and shared, inspiring future initiatives across networks.	First event by Month 24 – September 2026

# Year 3: Monitoring and Adaptation

## Months 25-30: Evaluation and Feedback

**Objective N:** Examine the 2024-26 EDI actions to undertake a comprehensive evaluation that goes beyond ongoing assessments, bringing together collective data to identify overarching themes and patterns. In addition, gather workforce feedback to promote inclusivity and ensure continuous improvement of EDI efforts.

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
4. Enhance support networks and resource allocation for EDI initiatives.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
Detailed analysis of all data captured from the launch of the Action Plan. Establish methods of collecting workforce feedback and ideas for inclusivity improvements. Utilise multiple feedback channels.	We'll have gathered workforce insights, analysing the data to reflect diverse perspectives, while additionally evaluating the effectiveness of the collective EDI initiatives since inception. The findings will be detailed in a report submitted to SLT and form the basis of our next action plan.	Begin process by Month 26 December 2026.

## Months 31-36: Adaptation and Continuous Improvement

**Objective O:** As initiatives progress, appraise EDI journey, reviewing efforts with groups and workforce to reinvigorate our long-term approach. Drawing on insights from the EDI Group, facilitators, volunteers, and two years of learning, we're shaping our ambitions for a sustainable and impactful future.

## Overarching Principles

1. Foster an inclusive and respectful workplace culture.
4. Enhance support networks and resource allocation for EDI initiatives.
6. Implement specific initiatives and programs to address diverse needs.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
Collaborate with EDI Steering Group and stakeholders to adapt and refine initiatives based on feedback. Use evaluation data to guide recommendations.	Future ambitions and recommendations are based on feedback and evaluation data. Space to pause, reflect, and refresh our approach to EDI has occurred, ensuring it remains relevant and impactful.	Complete adaptations by Month 36. – September 2027

## Objective P: Celebrate successes by recognising contributions and promoting inclusivity. Foster a culture of appreciation and highlight achievements in EDI efforts.

### Overarching Principles

1. Foster an inclusive and respectful workplace culture.
2. Promote continuous learning on EDI topics.
4. Enhance support networks and resource allocation for EDI initiatives.
5. Ensure effective communication and visibility of EDI efforts.
7. Continuously evaluate and adapt EDI initiatives based on feedback.

Actions required:	How we will know if it's successful:	Timescale:
With the input of a dedicated committee, acknowledge contributions and promote inclusivity, through facilitating an event to celebrate EDI achievements and recognise contributions over the last 12 months.	We will have facilitated a recognition event for the workforce	Complete adaptations by Month 36. – September 2027





# FHSCP EQUALITY, DIVERSITY AND INCLUSION ENGAGEMENT SESSIONS

*PRELIMINARY Workshop Report – August 2024*

FHSCP commissioned a series of engagement workshops, led by Fife Centre for Equalities (FCE) and a team of facilitators from the workforce, to understand the workforce's needs, wants and thoughts regarding Equality, Diversity and Inclusion.

This report focuses on the discussions held during the engagement sessions and is intended to complement and provided further insights to the findings of the main survey.

Recommendations for the development of an equality action also outlined in this report.



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# Introduction

Fife Centre for Equalities (FCE) developed the EDI (Equality, Diversity and Inclusion) Engagement Sessions with the following objectives:

- Kickstart dialogue of EDI policy and practice with staff teams across the partnership at all levels of seniority, lived experience or practical knowledge in order to create a 'doing with' approach instead of 'doing to'.
- Enable 'new voices' to become involved and shape EDI activity and help build an initial contact list which can organically evolve into a wider EDI network during the project's lifespan.
- Help make explicit conversations which need to take place in to truly connect with the workforce's experiences of inclusion and/or exclusion and approach EDI beyond the superficial level.
- Begin to identify possible areas of action in relation to spheres of influences/locus of learning and control – e.g. personal practice, team-level and organisational/partnership level.

## Workshops – Overview

11 workshops were delivered between 18 January 2024 and 27 June 2024 with participants of the workforce across Fife Council, NHS Fife and Independent Sector providers. Those covered:

- An initial **Facilitator Training Workshop** (full-day training / CPD pm 18 January 2024) - with the task of preparing a new inter-organisational 'meta-team' of facilitators to be confident in enabling EDI conversations. The core learning themes were: **Facilitation as Professional Practice, Psychological Safety and Wellbeing** and a series of groupwork, case studies and reflective exercises to bring forward the **experiential aspect** of EDI work.
- **10 Engagement Sessions**, 5 In-person (2hours effective) and 5 Online (shorter sessions of 1h30mins) - with the same content and focus of engaging in a conversation about what makes (or breaks) inclusive workplaces.

## Workshops – Format and Content

By design, all the workshops (i.e. both training workshops and engagement sessions) were set up to demonstrate good practice in inclusive communications, flexibility, psychological safety and with support of MHFAs at hand.

Reasonable adjustments and any other requests; BSL interpretation, notetakers and

transcripts were factored in by default in all the sessions as not simply as a demonstration of good practice, but to enable attendees to be able to take part as far as possible in their own terms, and to convey the message that it is safe to do so.

The core activity of all engagement sessions was to encourage and support participants discuss '**what would an inclusive workplace look like?**' – to them, as *individuals*. Discussion took place in small groups (on average between 5 and 8 max – either at one table or in a virtual 'room' online), supported by a facilitator and a notetaker who would record the conversations content. This was then followed by whole group open feedback.

At all stages, participants could engage in the conversation, simply listen in, or directly respond to the core questions using the same online form used by notetakers. Equally, any person who did want to talk about individual experiences but did not want to participate in the open discussion/data capture could break out and engage in a 1-2-1 with the MFHA (Mental Health First Aiders) and FCE staff.

The role of the facilitators was to create an ethos of openness so that any topic relating to positive experiences of inclusion as well as negative experiences of exclusion could be aired.

As this can be a big ask in a first encounter, both on the facilitator and on participants, each session also started with an introduction segment led by FCE staff. The key elements for this included:

- 1) Icebreakers that help bring the 'whole person/community' in the room and help set the scope beyond solely job function/role
- 2) Setting ground rules that emphasize personal/psychological safety and address power imbalances which prevent open discussion, i.e. by using the concept of '*nae high heid yins*' for the duration of the session.
- 3) Use input and learning content (e.g. [link to Equality Videos playlist](#)) which can help reframe EDI from minority concerns to universal and shared concerns.

# Summary of discussions and recommendations

The core question ('what would an inclusive workplace look like?' – e.g. see [link to MS form](#)) data collection consisted of 48 input points and notes of conversations which took place during the 10 engagements sessions. The common threads which ran through those conversations Those are summarised under the 3 main themes below:

- 1. Sense of 'not being able to share' certain characteristics and disparity between workplaces.**
- 2. Inaction in tackling unfair and/or discriminatory practice and resulting impact on morale/work culture.**
- 3. Finding the right space to learn, challenge assumptions and/or right wrongs**

Based on our understanding of those conversations, our recommendations from FCE are to:

- 1. Support wellbeing and the whole 'person'**

- a. Create spaces where staff can voice current heartfelt struggles, fears and blocks, allowing for personal growth and in order to move on conversation from personal barriers to wider inclusive practice and service to community

- 2. Address the elephant(s) in the room**

- a. Conduct a training needs analysis or other employee research to address insecurities or difficult topics which prevent culture change, acceptance and deeper understanding of individual differences
- b. Demonstrate leadership and guidance in challenging discriminatory practice

- 3. Provide a clear change support mechanism**

- a. Work across the partnership to find an appropriate level of inclusive practices and initiatives so it can be consistent and relied on by the workforce
- b. Provide support for staff in precarious situations who feel unable to challenge discriminatory practices

- 4. Value and make space for dynamism.**

- a. Create a structure or support system/network which is able to 'own' key themes and create learning opportunities
- b. Enable participation at various levels of involvement – such as facilitating conversations, tests of change and policy/practice development

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## *Section 1: Core Question and Emerging Themes*

### **1. Sense of 'not being to able to share' certain characteristics and disparity between workplaces.**

This theme in conversation concerned initially disability and particularly neurodivergence. Small groups conversations in which participants disclosed their own condition were encouraging more participants to share, either fully or partly recognise having an invisible disability. The common thread discussed for disability and neurodivergence was how different managers created different levels of flexibility in varying workspaces. One example provided was the impact of noise (and open plan offices) for a neurodivergent participant, and that a requests for a quieter environment would land differently depending of their current line manager.

This conversation however expands beyond disability and also included sexual orientation and religion, with one participant being explaining how they had being amazed at the support given when becoming disabled due to health, but not able to find allowances for being Muslim and requiring somewhere to pray.

Another participant also explained having similar experiences, while not being related to religion - and that they did not want to appear ungrateful, but being having an environment where people can feel confident to be themselves or be open with colleagues, about what they were appreciative of and what they felt they still had to hide or restrict at work. The theme of disparity across workplaces also concerned access to and in-house information on EDI and that many participants were not aware of openly accessible support for inclusion existed, for instance how menopause cafes were now readily available for male and female menopause.

### **2. Inaction in tackling unfair and/or discriminatory practice and resulting impact on morale/work culture.**

This conversation took several forms, with unfair treatment not always involving protected characteristics but professional segregation. A participant for instance explained how their knowledge of a client was repeatedly invalidated because her knowledge of the person was not that of a 'trained professional'. In this case a lack of medical training of a staff member prevented a team from understanding the service user's identity, resulting in ongoing conflict.

Other examples included members of staff (including at manager level) being othered, avoided and criticised in communication due to English being a second language and/or using more formal expressions. The service ethos was also then reflected in interactions with service users who also not challenged when bullying or name calling staff from African or other minority ethnicities, and also staff who were disabled/neurodivergent. Discussions about the impact on the staff involved tended to be avoided instead of addressed conscientiously and result most often in people

leaving.

Other similar circumstances involved carers not being allowed in houses or provide care packages due to their Race, and team leads only managing to improve situation by discussions about impact of racist remarks – raising also issues of much managed can do due to the fear of ‘doing the wrong thing’. Other solutions discussed were access to a support line for both employees and managers who did not feel confident up tackling the possible conflict.

A participant described being “[...] *In a situation where no one can be trusted and you know that the concerns are valid but helpless to do anything about it for fear of making situation worse.*”

### **3. Finding the right space to learn, challenge assumptions and/or right wrongs**

The overarching theme in this conversation was how difficult several participants found trying to normalise or have routine conversations about inclusive practice. There was a perception of EDI as often involving or resulting in conflict, as inclusion also leads to *“very difficult conversations and complexities within protected characteristics, workloads, and working relationships”*.

In turn, this had impact on staff wellbeing and feelings of exclusion – while attempting to tackle issues of inclusion of service users or colleagues. As above, several situations relating this took place with older people and ethnicity of staff, particularly where older people had dementia. Other situations involved members of staff who preferred not to create discomfort in their team due to assumptions about sexual orientation (e.g. assumed heterosexuality) and remain

Solutions discussed were for personal learning and growth was for EDI sessions to be mandatory, as the concerns was that people who attend EDI session are already “clued up” and the people need to learn who would not be inclined to sign-up. In terms of policy, a recurring theme was that there should be a space for negotiation about risks of inclusion where choice is given to service users within protected characteristics.

Another solution was to use collaborative approaches such as appreciative inquiry and avoid systems that have too narrow scope to embrace real experience (e.g. IMatters).

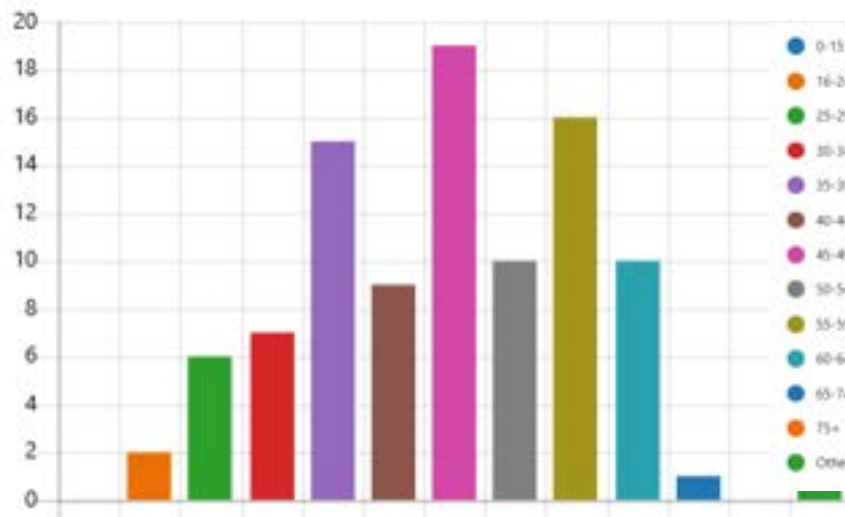
## Section 2: Equal Opportunities - Participant Snapshot

This section outlines the protected characteristics of participants taking part in the engagement sessions (excluding the members from the facilitator team). In total, 357 participants were registered, 96 fully completed Equal Opportunities monitoring forms were returned, 27 were partial / incomplete.

The profiles below relate only to the fully completed profiles (27% of all participants). Please note that participants were asked to only complete the forms if comfortable to share this information.

### Age:

The median age of group of participants was 45-49 and distributed as below:



### Disability and Caring:



**60%** of respondents look after, or give any unpaid help or support to family members, friends, neighbours or others because of either long term physical / mental ill-health / disability; or problems related to old age for up to **19 hours a week**. Only **13%** did not have care responsibilities.

Yes, 1 to 19 hours a week	35
Yes, 20 to 34 hours a week	5
Yes, 35 to 49 hours a week	5
Yes, 50 or more hours a week	5
No	8





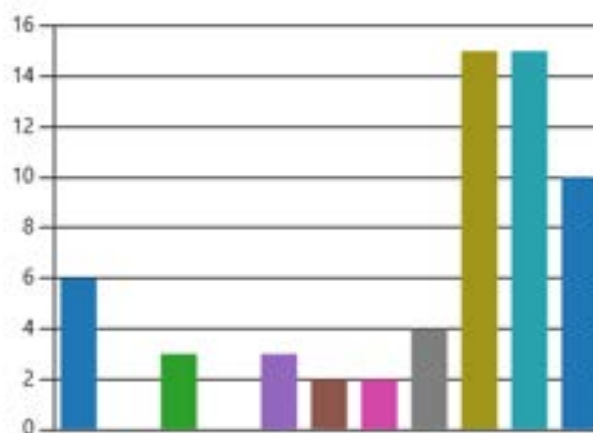
73% of respondents did not report having their day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (i.e. classified as Equality Act 2010 disabled). 23% said they were limited a little.

● Yes, limited a lot	4
● Yes, limited a little	22
● No	69



25% shared they had a mental health condition, and 25% shared they were managing a long-term illness or condition. 16% 'Other' conditions predominantly related to neurodiversity, Premenstrual dysphoric disorder (PMDD), and physical impairments (frailty, Osteoporosis).

● Hard of Hearing	6
● British Sign Language User	0
● Blindness or partial sight loss	3
● Loss of voice or difficulty speaki...	0
● Learning disability	3
● Learning difficulty	2
● Developmental disorder	2
● Physical disability	4
● Mental health condition	15
● Long-term illness or condition	15
● Other	10



## Gender Reassignment

No (0%) respondents considered themselves to be trans, or have a trans history.

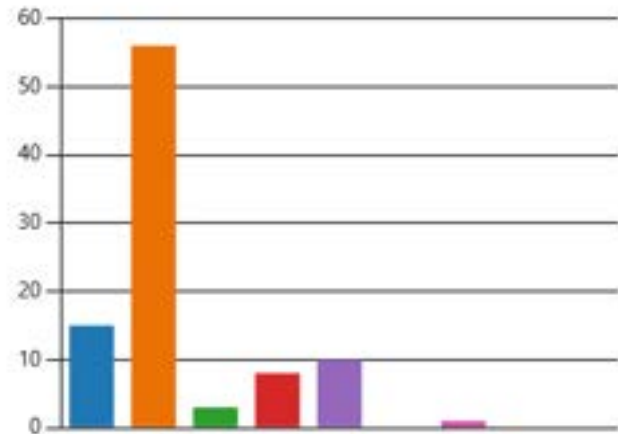


## Marriage and Civil Partnership



60% of respondents were married and 3% were in Civil Partnerships.

Never married or in a Civil Partn...	15
Married	56
In Civil Partnership	3
Separated	8
Divorced	10
Legally dissolved Civil Partnership	0
Widowed	1
Surviving partner from a registere...	0
Other	0



## Pregnancy and Maternity



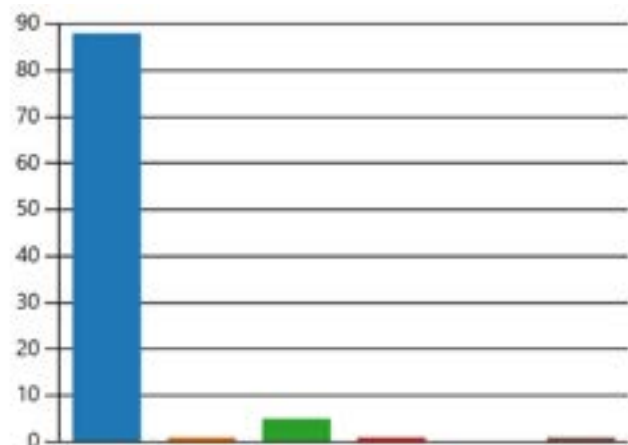
Only 1 respondent reported being currently pregnant or having recently given birth and being in maternity.

## Race



The majority of respondents (91%) were of the White ethnicity, with 5% reporting to be of the Asian, Scottish Asian or British Asian ethnicity.

White	88
Mixed or Multiple ethnic groups	1
Asian, Scottish Asian or British A...	5
African, Scottish African or Britis...	1
Caribbean or Black	0
Other Ethnic Group	1

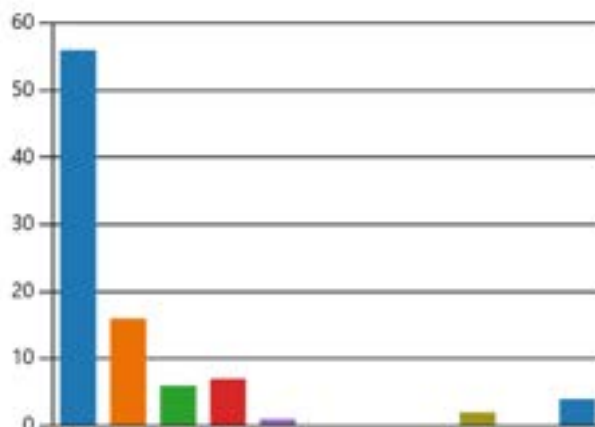


## Religion and Belief



The majority of respondents (60%) did not follow a main religion or belief, and 17% shared to follow the Church of Scotland.

None	56
Church of Scotland	16
Roman Catholic	6
Other Christian	7
Islam	1
Buddhism	0
Sikhism	0
Judaism	0
Hinduism	2
Paganism	0
Other	4



## Sex



83% of respondents were female, 16% were male.

Female	80
Male	16



## Sexual Orientation



89% of respondents were heterosexual, female, 6% were bisexual and 4% Gal or Lesbian.

Straight / Heterosexual	84
Gay or Lesbian	4
Bisexual	6
Other	0



## Section 3: Workshop Feedback and Evaluation

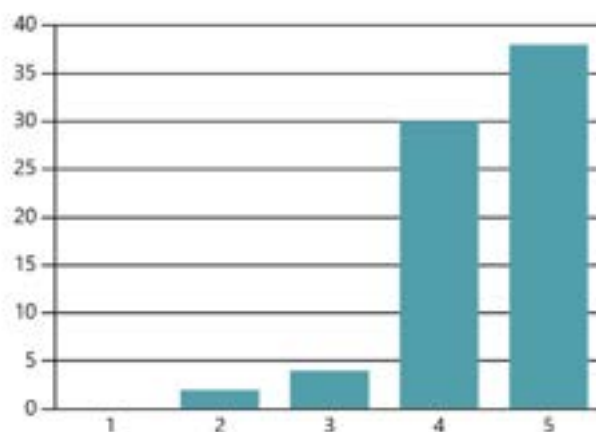
The Workshops Feedback and Evaluation form was available on the day and also online following up the event as and include an open feedback section (no questions/prompts) as well as ratings. 75 responses were completed (21%) out of 357 registered participants.

### Q1: Open Feedback (summary)

- Online sessions are difficult to engage with if participants have their camera turned off
- Renaming Mental Health First Aiders as Wellbeing First Aiders would sound more positive
- Face to face discussion would encourage and make for better conversations

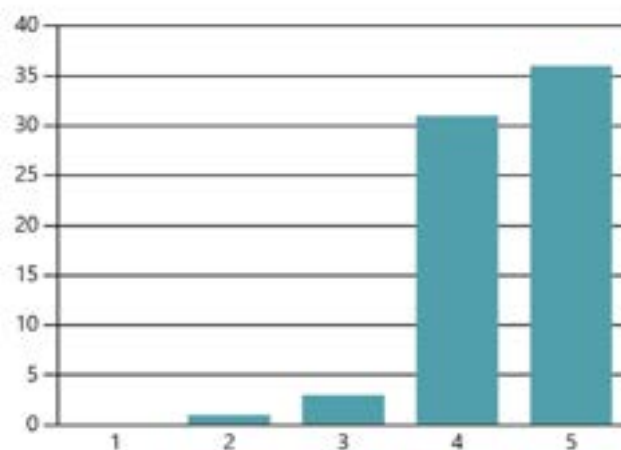
### Q2: Did the workshop increase your interest in Equality, Diversity and Inclusion (EDI) initiatives?

4.41  
Average Rating



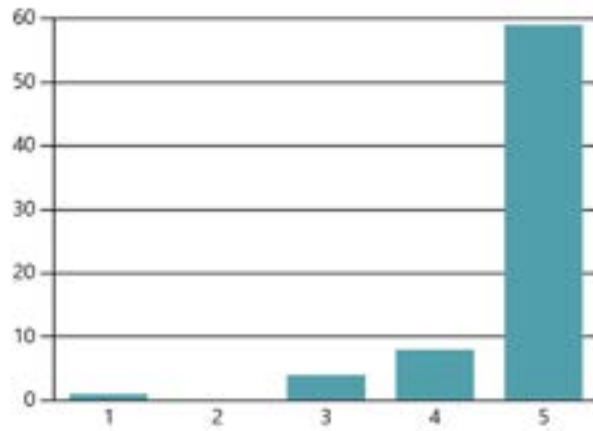
### Q3: Were the activities or topics discussed connect with you and/or your lived experience?

4.44  
Average Rating



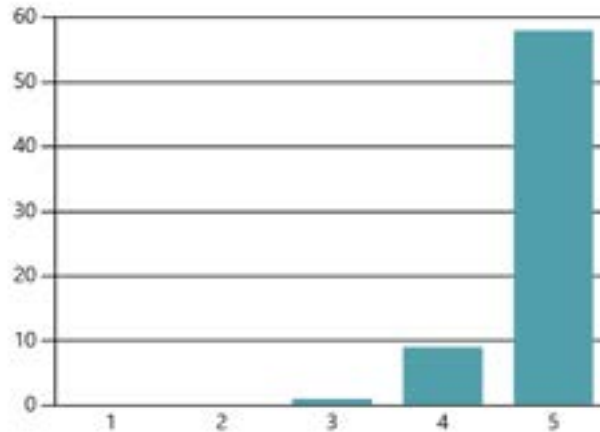
**Q4: Was the venue and the materials used accessible to you? (including online setup)**

4.72  
Average Rating



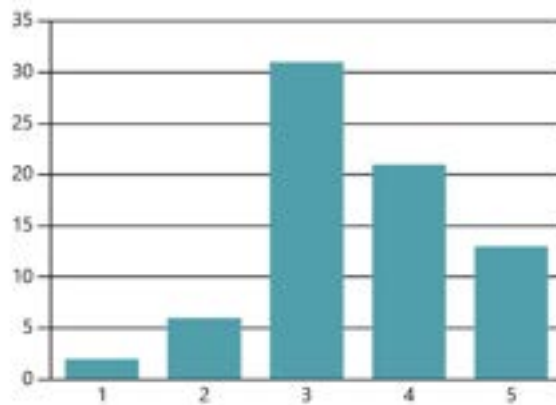
**Q5: Was the workshop totally accessible to you?**

4.84  
Average Rating



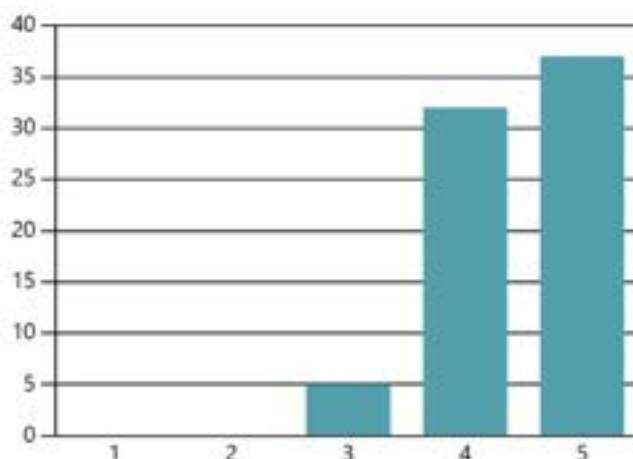
**Q6: Please rate how confident you are discussing and getting involved in Equality, Diversity and Inclusion in conversations BEFORE the workshop:**

3.51  
Average Rating



**Q7: Please rate how confident you are discussing and getting involved in Equality, Diversity and Inclusion in conversations AFTER the workshop**

4.43  
Average Rating



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## *Section 4: Suggestions / Requests / Comments*

The responses below are provided 'as is' and were also used in gathering the main themes for the conversation summaries:

### **Q1: Suggestions about would help you get involved and get the most out of the programme**

- Don't feel that I gained enough information about the programme to answer this yet.
- Face to face as I know a few of us had IT issues.
- Essential to keep in contact.
- Good session with helpful group session and thoughts.
- Please share any future meeting time links.
- To get the notes of the training emailed to everyone to implement it at work.
- None
- No. was great.
- Further discussion / training!
- No other suggestions - appreciate ongoing emails.
- Very good already.
- The ice breaker was difficult. Being neuro diverse there was to much going on to focus on the 1 person and remember the details.
- Continued opportunities to be involved beyond the information gathering stage. More involvement from others outside FC and NHS.
- A little more time to discuss.
- Expand it throughout health and social care - make a mandatory session.
- That everyone is in the same place as myself.
- Up to date training ongoing. Yearly session on outcomes.
- I really enjoyed the videos and the powerful quick message that they gave.
- Regular updated training and workshops.
- No
- Connections to support available, perhaps adding comments to proposals.
- None I felt fully involved.

- Felt the programme content was sufficient.
- None
- Emailing more info about how to get involved.
- Great workshop.
- Hearing support during group work would have helped inclusion.

## **Q2: Specific learning requests on equality themes or topic requests**

- Any links are helpful.
- Recruitment - sponsorship.
- How to gain access to services.
- Happy to source learning materials and links. Would engage in further workshops more in depth.
- ADHD websites where there are buttons pressed to take away jargon. What can be in place for people not just on a text format (learning styles).
- Mental Health.

## **Q3: Open Feedback**

- I found the course very inclusive and informative.
- Enjoyed meeting people from across the partnership. Very good learning.
- Really inclusive, welcoming and interesting.
- Difficult to answer as other than being female I'm very privileged when it comes to equality etc. I worry about offending people by doing or saying something wrong because things change so much and it is hard to keep up-to-date
- The workshop was very interesting and inspiring. It gave me the opportunity to imagine how other people's lives may be made difficult by prejudice. Danish short film was very illuminating and thought provoking. I think the whole of the UK should watch that film.
- Brilliant to see so many participants round the table sharing perspectives and thinking about inclusive practice. Always been a lifelong theme that I'm passionate about so great to be connected. Thoroughly enjoyed this session progress accessibility / inclusion. Many thanks once again.
- I felt my experiences were valued, acknowledged and listened to and validated. Discussions were respectful and very interesting coming from many different areas within services and many job roles.
- Good to share life experiences and listen to other people's experiences on equality, diversity and inclusion in the workplace.
- It will be good if have more time to discuss the topic.
- I think the format should be used in other organisations.
- I loved this happy to be involved further. Thank you.
- Good to meet others who have similar issues as often invisible in others and myself.
- Was a lovely opportunity to think, hear and talk about experiences. Safe environment. Thank you!
- A bit rushed - More time please.

## Contact:

### Fife Centre for Equalities

New Volunteer House, 16 East Fergus Place, Kirkcaldy, KY1 1XT

Telephone: 01592 645 310

Email: [info@centreforequalities.org.uk](mailto:info@centreforequalities.org.uk)

### Opening Hours:

Monday-Friday, 09:00 – 17:00



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# NEURODIVERSITY

**Neurodiversity means that people's brains work in different ways. There's no single "normal" brain, as Thomas Armstrong explains in his book "The Power of Neurodiversity." This idea includes the many ways people think and behave.**

In health and social care, neurodiversity is becoming an important part of promoting equality, diversity, and inclusion (EDI). It means recognising and valuing all types of information processing, learning, and communication styles.

Because everyone's brain works differently, every interaction with clients, patients and colleagues involves people with unique brain types. However, many organisations don't focus enough on neurodiversity or how to include neurodivergent individuals. This discussion focuses on conditions like autism, dyspraxia, dyslexia, and ADHD and how they affect people in health and social care environments.

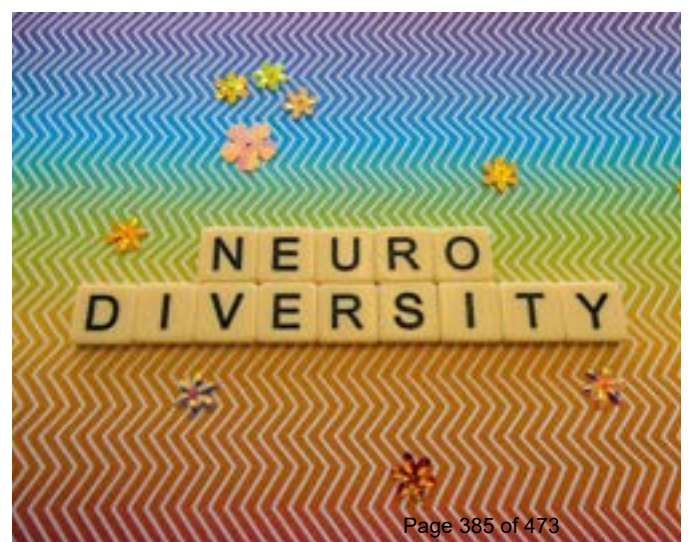


In the past, a lack of awareness about neurodiversity meant it wasn't considered when designing care processes, management practices, or environments. As a result, the usual ways of working may suit some but not others, possibly excluding up to 20% of people who self-identify as neurodivergent. These individuals often feel left out by organisational cultures, processes, and technologies that don't accommodate their thinking styles. It is also recognised that many challenges neurodivergent people face at work are due to environments, cultures, and processes designed only for those who are not neurodivergent.

Robust legislation, such as the Equalities Act in the UK, exists to safeguard the rights of individuals with disabilities. Neurodivergent individuals may vary in whether they consider themselves disabled but are protected under equality legislation.

Even though everyone's brain is different, people with similar thinking, communication, and information-processing styles often share a sense of identity, such as being autistic or dyslexic. This identity can come from receiving a medical diagnosis however, there are many people that are neurodivergent and don't have a diagnosis,

and don't feel they need one regardless of an official diagnosis these individuals are called 'neurodivergent.' Those who don't align with neurodivergence are often called 'neurotypical,' though there isn't one 'normal' brain.



There is some debate about what counts as 'neurodivergence,' but it's clear that we need to think more about different thinking styles in health and social care to help everyone reach their potential. Recognising that everyone has unique strengths and challenges can change how we see things.

Organisations in health and social care are increasingly prioritising EDI and staff wellbeing, recognising their connection to a responsible and high-performing workplace. However, neurodiversity is still often overlooked within EDI, reflecting a broader lack of understanding until recently.

Ignoring neurodiversity causes problems like missing out on talent, reducing productivity, and hurting staff wellbeing.

But things are getting better. Neurodivergent people are speaking up more, and some leading organisations are starting to recognise and include neurodiversity. They find that the benefits of making workspaces and processes inclusive of different thinking

styles far outweigh the minimal effort needed. Focusing on neuroinclusion is already helping these organisations with retention and creative problem-solving.

The business case for EDI highlights the value of 'diversity of thought'—bringing together people with different perspectives, backgrounds, and experiences can lead to more innovation and creativity. However, to achieve these benefits, organisations need to be neuroinclusive, ensuring equal outcomes for all types of thinkers.

Embracing neurodiversity is increasingly expected by job candidates who want to work for socially responsible organisations. They expect flexibility, support, and a culture where they can be themselves and do their best work.

Neurodiversity is crucial for the future of health and social care. By committing to neuroinclusion and ensuring equal opportunities and outcomes for all types of thinkers, organisations can stay competitive and not fall behind.



Now, that we know a little more about neuroinclusion, it is important to capture the voices of neurodivergent leaders and colleagues within FHSCP. Each have volunteered their time and energy into helping us understand neurodivergence more, by sharing their story. Each submitted piece is different and shaped by each writer, however, the brief given was:

If you could write a piece to your colleagues to help them better recognise and value, the diverse range of neurological differences creating, an inclusive environment where all neurodiverse employees can thrive.



**Evangeline (Evie) Menzies (she/they)**  
**Pronounced EH-vee MEHN-syeh**  
**Social Worker**  
**HSPC Hospital Team East**

I remember at primary school thinking there was something different about me. I didn't quite understand things the same as my classmates and would panic any time I was called out to read in front of the class. It wasn't until high school I learnt the word 'Dyslexia'. My drama teacher was very open about being dyslexic and would ask the pupils to help her with spelling on the chalk board. Reflecting back on high school, it was the only time in my childhood I remember someone of authority being overtly open about their learning difficulty.

It wasn't until my undergraduate degree; I was formally diagnosed with Dyslexia and I vividly remember my disability advisor saying 'you are very smart but very dyslexic'. I now know IQ and dyslexia are not linked. Struggling to learn things at school wasn't because I couldn't, it was because I am neurodivergent.

Neurodivergence is the term for when someone's brain processes, learns, and behaves differently from what is considered "typical" in society. Dyslexia falls under the umbrella of 'neurodivergence'. Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling, other symptoms include, poor short-term memory, problems with concentrating, a short attention span, sensations of mental overload and difficulty telling left from right. However, it must be noted Dyslexia affects each individual person differently.

During my undergraduate degree, I developed an interest on why my brain worked differently to others and I conducted my dissertation on Dyslexia. Following my undergraduate degree, I went on to do my Masters in Social Work. I did not think I would be capable of achieving a degree, yet alone two, due to the academic demands of higher education. However, with the support of the disability service in the University and software to aid in my studies, I am now employed as a Social Worker with Fife Council and able to carry out a role in helping others.

Inclusion in the workplace for me starts with visibility. I was unaware of many neurodivergent people growing up and would like neurodiversity to be more open in the workplace. Often a barrier for people accessing the support they require is the fear of being perceived as different from the "norm". I use a yellow tinted screen in the office to allow for reading and I am often asked why I have a yellow screen. I am now comfortable in sharing with people that I am dyslexic and it helps me read.

Being open about my learning difficulty has started conversations with colleagues in the workplace about help and support which can be put in place for neurodiversity. Creating a space which allows people to be themselves and speak openly about neurodiversity can help to build a more diverse and inclusive workplace.





**Jane McClelland (she/her)**  
**Pronounced Jeh-ihn Muhkl-ehl-uhnd**  
**Clinical Associate in Applied Psychology**  
**(CAAP)**  
**Clinical Health Psychology Service**  
**General Medical and Pain Management**  
**Fife Psychology Service**

As a clinician providing psychological therapy within a Psychology service, I initially had reservations about revealing that I was autistic. My internal voice was screaming loudly at me to speak up, but my worries about how I may be perceived or judged, held me back. This is essentially what daily life can be like for autistic and other neurodivergent people. It can feel like being in the spotlight whilst wearing a mask, and putting on a performance, worrying about what might happen if that mask slips.

I believe a main reason for this starts with society, as there continues to be a stigmatisation of autistic people and a misunderstanding of what being autistic really means. Being autistic is often viewed negatively; with a focus on perceived deficits in communication, and an inability to understand what others are thinking or feeling, or show empathy. These are key aspects of my role, of which I have been told I am very good at. I had questioned what others may think of my authentic self. Feeling safe within my working role is therefore priority for me. I believe this to be a key element when considering what it means to create an inclusive environment. Feeling safe is often difficult for many people that come under the neurodivergent umbrella; those that are said to experience the world and think in a way that is different to the majority of the population. Often these individuals have grown up in a world that has not felt safe and have had adverse life experiences due to being perceived as 'different'.

Feeling safe can mean many different things for different people. It can mean being provided with a space in which the staff member feels comfortable to express themselves in their own way, which is valued by other team members. It can mean recognition of strengths, whilst acknowledging these may not be actively recognised as strengths or important to non-autistic people, but they are still as valid. For me, feeling safe starts with identity and the use of language. This can be very important to a neurodivergent person. I am a late diagnosed autistic woman and I prefer to be referred to as autistic. Language varies person to person, however an overarching theme I have become aware of is non-autistic people often change the language because it makes them feel more comfortable. Some examples include 'living with autism', 'have autism', 'suffering with autism' and 'on the spectrum.' It is important to use the language the person uses themselves. Furthermore, I identify with the sex I was assigned at birth. Within the neurodivergent community there is further diversity within gender identity, and many people are transgender or gender non-conforming. Feeling safe within the workplace can mean using inclusive language, and the awareness that what is seen as the 'norm' and majority is not used as default.

What has been helpful for me within NHS Fife started at management level, with senior members of staff creating an inclusive environment for the small team I work in. This included open discussions around neurodiversity, pronouns, and consideration of what adaptations might be needed. It is important to consider what adaptations will be meaningful for the staff member on a personal level and awareness that one size does not fit all.

An inclusive environment would take into consideration the pace in which a new staff member is introduced into the service. It may take longer for the person to process and adapt to a new way of working, to meeting new faces, and in some instances be able to recognise those faces out of the context of where they were first introduced.

When considering practical adaptations, this can include being able to have time in between appointments to decompress and unmask, having autonomy over the working diary (where possible), and consideration of what work environments may be over or under stimulating. It can be helpful for people to know in advance what might be covered in meetings and supervisions, as this can further help with emotion regulation. Prior to group situations, explicitly letting the staff know that they can take breaks and time out when needed can also be helpful. Many autistic people find group situations and phone calls very difficult, so a consideration if another form of communication such as an email or 1:1 meetings may be used as an alternative, when reasonable to do so. Furthermore, direct and clear communication of instructions, tasks, and what is expected of the person can be very important.

Other adaptations might include looking at ways of working, such as how the working day is structured and what is manageable for the person. Being around people on a daily basis and masking is commonly physically and mentally draining for a neurodivergent person. Having adaptations in place, particularly time to decompress, can make the difference between feeling needs are met and workload is manageable, or contributing to the development of burnout and a detrimental impact on mental and physical health. The overarching point I want to highlight is that people feel that, not only is it 'reasonable' to have these adjustments, but they are essential for health and wellbeing.

I believe we need to recognise that society and traditional working environments are not designed with neurodivergent people in mind. We need to embrace diversity and recognise people are different, not less.





**Sam Clarke (she/her)**  
**Pronounced Sahn KL-ahrk**  
**Business Manager**  
**Primary and Preventive Care**



## **My Ode to ADHD**

by Sam Clarke

If I could only pin you down to one thing at a time,  
The problems and trouble you have caused!  
School reports, too chatty, daydreams.....  
And she's back in the room! Where did I just go? Oh, I must remember to.....  
And she's back in the room again!  
Why can't you just let me think about one thing at a time?  
Is it me? I don't feel like I fit in anywhere,  
Controlling impulsiveness not to talk over someone or shout out,  
Not fully understanding what has been asked of me, too embarrassed to say,  
Listening but saying very little for fear that you make it all come out in the wrong way, making me look foolish,  
Constantly note taking so I don't miss anything,  
You never let me focus long enough to catch every detail before you zone out because you're in overload mode,  
Why won't you process my information properly?  
It's all your fault!  
You are mentally exhausting, anxiety provoking, interfere with my sleep, body dysmorphia and at times, socially awkward and not feeling good enough,  
Just a fraction of my daily thoughts, living with you!

ADHD, take note, this is my line, representing my choices, that you try and sabotage at every opportunity!  
I will focus my attention on the positive aspects of my complicated brain, ADHD, you will not define me,  
With hard work and determination, I win!  
I have completed my Nursing degree and Diploma in Specialist Practice,  
I currently work as a Business Manager,  
I still work clinically as a Registered Nurse,  
I am unique but not alone,  
I suppose you are a gift in some ways,  
How else would we be able to hyperfocus on multiple tasks at a time?  
I am me, and I am okay with that,  
Are you?



**Steven McKenzie (he/him)**  
**Pronounced STEE-vuhn Muh-KEHN-zee**  
**Lead Officer**  
**Adult Services (Resources)**

When I got diagnosed with Dyslexia when I was 7 years old, I was like, what is this, I don't have a clue. As I was growing up, I had to learn lots of ways to manage my dyslexia and how I cope with the daily struggles today.

My dyslexia affect my, reading, spelling, writing, and sort term memory, also work recall, also i take time to process tasks, which affects my day.

At the age of 7 years old, it didn't really affect me, I was in the lowest group for Math, spelling and English, but as I grew older, I then started to realize that it was becoming more difficult in my day-to-day learning and tasks.

As I got into High school, it was difficult, as again I struggled with my dyslexia which I got bullied for. Which wasn't a good time for me at school, but never let this put me down. Near the end of school I managed to pass my exams with having a reader scribe. At first, I found this strange but managed to get used to it and pass all my exams, which was a good achievement for me, and was proud of myself.

I try and not let my dyslexia hold me back, but sometimes I have difficult days, as my processing takes a bit of time. I manage to get there. Some time I have dyslexia burn out where I have had a tough day and my brain goes, not playing, and I must stop as my tasks get more difficult to complete. I have got all the support with my dyslexia as my manager gives me time to do tasks and have equipment to help. In my works bag I have fidget toys as this helps me focus on tasks at work so my mind doesn't wonder, and I lose track on what I am doing.

When I write a piece of work, I write the way I speak, and spell phonetically, which sometimes can be frustrating for people who are not dyslexic reading this.

As a male with dyslexia, I sometimes find it hard to talk about it as typically (which I found this word hard to spell) Dyslexia is a taboo subject, but I am like no, people need to understand that Dyslexia is a hidden learning difficulty that a high percentage of male and female have, and can have any job out there.

I have good and bad days, and sometimes find it hard to talk to people about my dyslexia as sometime in the back of my head, it sounds like they are judging me, which is a personal struggle, but i know that this is not the case as all people who I have met, from my family and work collages have been supportive with this.

I fell that there needs to be more support of all staff who have a learning difficulty no matter what it is too fell like to belong it their workplace and not to fear their difficulty. Which I hope I can support with this.

Today I am a Lead officer, and I am a Major and company commander in the Army Cadet force, and I am extremely proud of myself, and with family support to get to where I am. I can't wait to see where I go with my dyslexia.



**Ewa Golebikowska (she/her)  
Pronounced EH-va Go-wemby-COUGH-ska  
Social Worker  
HSCP Older People St Andrews**

I received my diagnosis (ADHD, combine type) in my mid-thirties and, incidentally, not long prior to starting job in team I am now a Social Worker.

I was very fortunate that my supervisor had good knowledge of the condition due to having a family member affected by it, and they immediately suggested some strategies to support me. I think because of how recent my diagnosis was and how big an impact receiving it had, I would not stop talking about it, so I guess that meant that my colleagues knew from day one I was neurodivergent. I think because our team was already pretty diverse in terms of age, ethnicity, gender etc. and was working well, it was already apparent that diversity in workplace had been an advantage, which probably made it so much easier for me. I had seen a great deal of good practice in my team- genuine interest, willingness to learn and to accept different styles of work, communication, things like this- the fundamental acceptance and appreciation of difference is just there and then you can build up on it, it's easy with that foundation.

It also turned out that Social Work is, in fact, my neurodivergent Special Interest (ADHDers have them, too) so I was able to channel it into work (with a lot of help from medication, too) and subsequently, into studies.

My boss and colleagues not only 'tolerated' but embraced my neurodiversity and were able to appreciate its advantages. I see patterns easier, work in a less linear way and pick up on things others don't and have a good intuitive understanding of technology- the latter one is, I believe, the most appreciated. I do fall into little rabbit holes of special interests and, as I make them known, and my manager listens, I tend to get allocated, when possible, cases that will sustain my attention and are interesting to me and that I will do well working with. I also have a reputation for, rather uniquely in the team, for liking to work duty- I think ADHD for me is very useful in crisis intervention, screening, quick bits of intense work, so I will maybe cover duty more eagerly and often than others. I am also very much a 'dog with a bone'- if something is bothering me, playing on my mind, some information is missing- my hyperfocus will not shift until I have the answer, which is quite good sometimes, in the professional curiosity and finding resources or solutions.

It's not all great: I can struggle with prioritising and organising my workload, which is a nightmare in terms of case and time management; I also can struggle with long-term casework as my brain craves novelty. Some days are just a fight with my brain, me poking it with a stick, saying 'do something' and it just being a grumpy toddler. I get support around that in supervision, by having external structure like being set deadlines and having check-ins when I need to.





I think the challenge is also people not seeing that it is a constant added effort- they see you just sitting there, not realising that you are actually working very hard to complete a very basic tasks they don't even think anyone could struggle with. I think that's because they see you being able to do things that are very high effort, you execute them flawlessly and seemingly without breaking sweat and they can't reconcile that you can do those big things but then take like 3 h to record a visit. I think had I not been fortunate to have landed in a work environment that was by design (social work) and accident (above average diversity in the team) more inclusive, things could have been very different. Had I not had a manager that was able to see past some difficulties that could potentially be problematic in this field of work, and made an effort to support me with them, I would not be where I am today. They also seen advantages of my neurodiversity, put them to good use, and got the best of me, to the extent that I decided to qualify as a social worker whilst working as Social Work Assistant. Again, colleagues and manager have been extremely supportive throughout- putting up with tears, giving me time to study, opportunity to undertake a placement in team with enhanced duties and volunteering to take part in my dissertation research. Balancing work and studies was very, very hard- without medication and supportive work environment (and tutors with awareness of neurodiversity) it would not have been possible. I will forever be grateful for an opportunity and for my colleagues and management seeing features of my neurodiversity as an advantage, even when I struggled to!





## Podcasts

- [ACAS: Thinking differently about neurodiversity](#)
- [CIPD: Neurodiversity: a vital aspect of workplace inclusion](#)
- [Optimize podcasts and webinars with different lenses on neurodiversity](#)

## Local Advice and Information

- [Autism Rocks \(Fife\)](#)
- [ADHD Fife](#)
- [Fife One Stop Shop](#)
- [Scottish Autism - Fife](#)
- [Families Affected by Autism](#)
- [Real Life Options](#)

## Useful national websites

- [Optimize](#)
- [Access to Work](#)
- [Dyslexia Scotland](#)
- [Scottish ADHD Coalition](#)
- [British Dyslexia Association](#)
- [Business Disability Forum](#)
- [Disability Confident](#)
- [Hidden Impairment National Group](#)
- [Mind: ADHD and mental health](#)
- [Mind: Autism and mental health](#)
- [National Autistic Society](#)
- [ACAS](#)
- [CIPD](#)
- [Dyscalculia Association](#)
- [Dyspraxia Foundation](#)
- [RCN](#)
- [Scottish ADHD Coalition](#)
- [Texthelp](#)

## Get In Touch

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Organisational Development and Culture Specialist





**Meeting Title:** Integration Joint Board

**Meeting Date:** 27 September 2024

**Agenda Item No:** 10.4

**Report Title:** Primary Care Strategy 2023-2026 – Year one report

**Responsible Officer:** Lisa Cooper, Head of Service, Primary and Preventative Care Services

**Report Author:** Chris Conroy, Senior Portfolio Manager, Primary and Preventative Care Services

## 1 Purpose

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

- Assurance

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

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 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.
- 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.

- Primary Care Strategy Implementation Group, Friday 2<sup>nd</sup> August
- Fife HSCP, Monday 12<sup>th</sup> August 2024
- NHS Fife EDG, Thursday 15<sup>th</sup> August 2024
- Primary Care Governance and Strategic Oversight Group, 16th August 2024
- Quality & Communities Committee, 4 September 2024
- Strategic Planning Group, 5 September 2024
- Finance, Performance & Resources Committee, 10 September 2024

## **3 Report Summary**

### **3.1 Situation**

Fife's Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions. The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

### **3.2 Background**

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

Approved in June 2023 by Fife's IJB as a 3-year strategy, the vision of the Primary Care Strategy is:

***Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.***

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.

With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.

### **3.3 Assessment**

The Annual Report contained within Appendix.1 provides a comprehensive overview on the progress in delivering the key actions within year one of the Primary Care Strategy, with key progress across all workstream areas. The summary of this progress is outlined below:

- Leadership, Governance and Assurance review conducted with key recommendations approved and the majority delivered between 2023-2024, overseen by PCGSOG.
- Significant amount of work to improve the sustainability of General Practice through prompt, proportionate support to Practices via Multi-disciplinary input, which includes having returned 4 x 2c Practices back to independent status with pan on pace for remaining 2c practices x3
- Continued delivery of Fife's refreshed Primary Care Improvement Plan, in particular the priority areas of Pharmacotherapy and Community Treatment and Care services as outlined within nationally directed Memorandum of Understanding 2 (MOU 2), whereby services have been working creatively to increase capacity and resilience within service within a context of reduced workforce local/national and the finite resources available.
- Continued commitment to providing innovative and supportive learning environments for students via the ScotGEM Programme and the shortly to be launched Programme ScotCOM programme which has seen NHS Fife and St Andrews University working together to develop this medical degree. In further supporting Fife as a place to live and work during and post training, Fife continues to support newly qualified GPs to take their first steps into their GP career through a Clinical Fellowship career option, with opportunities to work within a GP Practice, UCSF (GP Out of hours) and conduct research/project work.

- Despite challenges with access to General Dental Services, largely due to local and national staff shortages, Fife has been working closely with Scottish Government to develop improvement opportunities whilst awaiting the full impact of National Dental reforms in October 2023. Whilst there are still challenges, dental registration figures are encouraging with a 24.6% increase in Adults registered with a dentist compared to 2023.
- In both delivering core services and supporting continued pressure for access to care as a result of GDS access challenges, the Public Dental Service has taken forward significant work to improve oral health and safeguard those required urgent dental treatment.
- With increased activity in terms of Pharmacy First Plus, increased treatments available and supported via a greater number of prescribing pharmacists Community Pharmacy continues to play a pivotal role within Primary Care, often as a first point of contact.
- Community Optometry has delivered key initiatives in improving eye care, working closely with shared care to make sure the people of Fife get the right care in the place.
- Critical work in terms of creating strong foundations for Primary Care to thrive via key enabler has been delivered, which includes minor improvements to GP Premises across Fife, a comprehensive Leadership and Governance review of Primary Care, development of a Primary Care Communication and Engagement strategy and outline plans for improved Digital Platforms across and between Primary Care Services

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of the people across Fife, building on the solid foundations set during 2023-2024.

With increased financial pressures across our Health and Social Care system, more than ever we are required to be agile, dynamic and innovative in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population, partners and stakeholders.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
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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

NHS Fife and Fife HSCP has robust infrastructure around Quality Assurance, through respective Governance structures now established.

The experience of Primary Care by our citizens will continue to be a critical part of our evaluation of the success of this Strategy.

### 3.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan focuses on training, recruitment and retention, career pathways, succession planning, and staff health and wellbeing will underpin the strategy and will be key for success.

### 3.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors. There remains a risk of a funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan.

Work continues to make sure there is optimisation of all resources to maximise distribution and spread of services to meet local needs in line with the resources now available.

The Primary Care Strategy continues to support achievement of the Medium-Term Financial Strategy including:

- Ensuring Best Value - ensure the best use of resources.
- Whole system working - building strong relationships with our partners.
- Prevention and early intervention - supporting people to stay well
- Technology first approach - to enhance self-management and safety.
- Transforming models of care - to support people to live longer at home, or in a homely setting.
- Prescribing - reduce medicines waste and promote realistic medicine and prescribing.

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

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility. The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services. The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level.

IJB and NHS Fife jointly hold corporate high-level risks related to delivery and sustainability of Primary Care Services. Delivery of the Primary Care Strategy 2023-2026 is a key mitigating action that it is envisioned will reduce the level of risk currently being managed.

It is recognised that national policy developments and agreements may change requirements over the period of the strategy (i.e. Dental Reforms) and these will be kept under review.

The key risks continue to relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

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

EQIA completed as part of the development of the Primary Care Strategy.

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

N/A

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

### **3.3.7 Other Impact**

N/A

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

*A Communication and Engagement Strategy has been developed and*



*approved by PCGSOG as a key deliverable of Year One of the Primary Care Strategy. Year 2 will see this plan implemented.*

#### **4.4 Recommendation**

##### **Assurance**

The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife's Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

#### **5 List of Appendices**

The following appendices are included with this report:

- Appendix 1 – Appendix.1 Primary Care Strategy - Year One Report 2023-2024

#### **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)**

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

#### **Report Contact**

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# Primary Care Strategy 2023 – 2026

## Year One Report 2023/2024

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## Section 1

### Foreword

I am delighted to support the first annual report for the Fife Primary Care Strategy. Fife remain pathfinders nationally in designing and now delivering year one of a strategy which ensures our strategic focus continues to prioritise recovery, quality and sustainability of all services which constitutes our Fife Primary Care system.

This strategy supports not only the Integration Joint Board in taking assurance regarding implementation of the Strategic Plan but also our partners in Fife Council, NHS Fife and third and independent sector as key stakeholders. A thriving Primary Care is essential and at the centre of integration to deliver our ambition in line with the national health and wellbeing outcomes for integration and that the people of Fife, carers and communities have access to consistently safe, high quality and effective health and social care in the right place at the right time delivered by the right person.

This strategy is a true enabler, and this annual report provides assurance that we are on track to achieve our vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

The professional and service leads and teams are visibly agile, dynamic and committed in their approach ensuring people, carers and communities remain at the centre of any planning and this is tangible through the report to provide assurance that we are on track with definite improvements evidenced as a positive outcome from year one and I remain excited to see what will be achieved as we move to year two of the delivery plan.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.



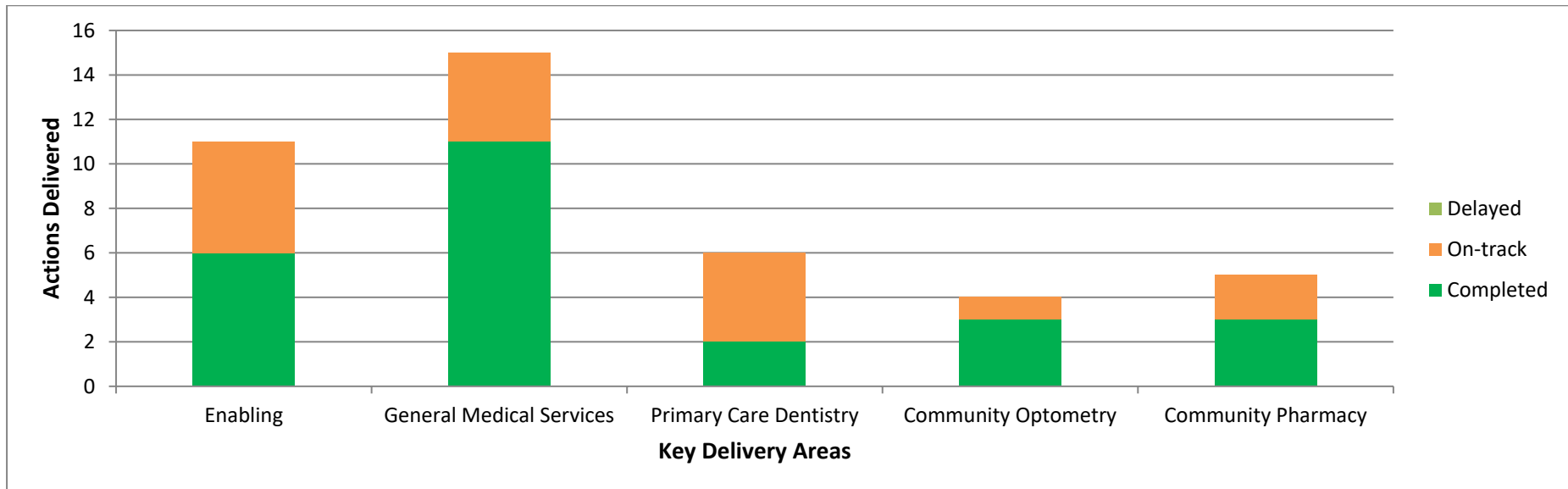
Dr Chris McKenna  
Medical Director



Fiona McKay  
Chief Officer IJB  
Director of Health and Social Care

## Introduction

Fife Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The final version is available on our website here: [fife-primary-care-strategy-2023\\_26-summary-version.pdf \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org/fife-primary-care-strategy-2023-26-summary-version.pdf). This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision for the people of Fife to live independent and healthier lives. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.



This graph includes an update for each of the transformational and supporting strategies (updated in January 2024).

Several of the strategies and their related delivery plans are still in development; these will be progressed in 2024.

The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlights the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan including 41 separate

actions. This Year One Report 2023 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

## Strategic context

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision **for the people of Fife to live independent and healthier lives** and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife's Population Health and Wellbeing Strategy<sup>1</sup> and its four strategic priorities to:

- Improve health and wellbeing.
- Improve the quality of healthcare.
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife<sup>2</sup> which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between Primary, Secondary and Social Care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

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<sup>1</sup> [nhsfife.org/media/4cixmio8/phwb-strategy-web.pdf](https://nhsfife.org/media/4cixmio8/phwb-strategy-web.pdf)

<sup>2</sup> [Plan\\_for\\_Fife\\_2017\\_2027\\_a.pdf](#)

## Vision

### Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system, Primary Care services aim to:

- Provide high-quality, equitable care for the population they serve.
- Prioritise those at highest risk.
- Support those with long-term conditions to self-manage these conditions as well as possible.
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm.
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition ***to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.***



## Delivery Plan

The overarching delivery plan (Table.1) below, sets out our priorities, deliverables, and planned outcomes of Fife's Primary Care Strategy.

Table 1. Overarching Delivery Plan		Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife			
Priorities	Deliverables	Outcomes	Strategic Focus		
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system	<ul style="list-style-type: none"> <li>Improve access to a wider range of care in our communities.</li> <li>Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services.</li> <li>Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic.</li> </ul>	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.	<ul style="list-style-type: none"> <li>Expand our primary care workforce and ensure that this is more integrated, and better coordinated.</li> <li>Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing.</li> <li>Align the principles of workforce planning to support independent contractors where possible</li> </ul>	The right people are employed to support the needs of the local population. Increased control over workload due to increased efficiency, skill mix, education, and resourcing.	R		S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality primary care services.	<ul style="list-style-type: none"> <li>Develop primary care premises strategic framework.</li> <li>Support creation of whole system Initial Agreement.</li> <li>Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board.</li> <li>Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported.</li> </ul>	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S

Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> <li>• Digital solutions are created to enhance capacity and support the care delivery models.</li> <li>• The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working.</li> </ul>	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support	R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> <li>• Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health.</li> <li>• Address the systematic disadvantage faced by people in deprived areas through provision of needs-based care</li> </ul>	Services are co-designed with communities to better meet the needs of people, families and carers. Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made		Q	S

## Delivery Structures

The statutory responsibility for the strategic planning and commissioning and oversight of delivery for Primary Care Services lays with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for contractual provision with the Medical Director having Executive Responsibility. Executive oversight and governance are provided in collaboration with the Director of Pharmacy and Medicines, the Director of Property and Asset Management and the Director of Public Health.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of Primary Care Services. Clinical leaders and specialty advisors across the four contractor groups contribute to the planning and governance of services (see Figure.1 below for summary).

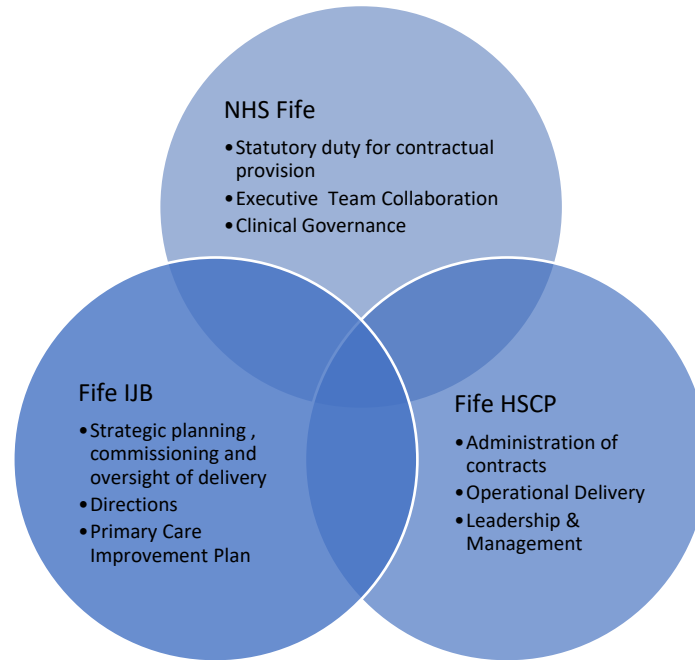


Figure.1 – Primary Care Governance arrangements

The Primary Care Governance and Strategy Oversight Group (PCGSOG) provides Executive Director oversight of the delivery of the Primary Care Strategy, providing high-level strategic leadership, scrutiny and review of Primary Care delivery and transformation covering all the 4 primary care groups and independent contractors, co-chaired by the Director of Health and Social Care and NHS Fife Medical Director.

## Section 2

### General Medical Services (GMS) Sustainability

A significant amount of work has taken place over the last year to improve the sustainability of General Practice, through prompt and targeted support to General Practices (GP), working closely with Multi-Disciplinary Leads across Fife HSCP and NHS Fife and working with the Local Medical Committee (LMC) and GP Subcommittee. Additionally, the Primary Care team have been working hard to return GP Practices who have become 2C Board Managed Practices, back to independent status, and are on track to have returned 6 2C Practices back to independent status by March 2025.

A sustainability framework has been developed to provide a structure to providing proactive and proportionate support to Practices to prevent sustainability pressures materialising. In support of this work, a GP Sustainability questionnaire was circulated to all General Practices across Fife with the intention of gathering information that would provide a clear understanding each Practice's workforce, GP Sessions, and any concerns that GP Practices faced across Fife in terms of sustainability. With a high response rate, this information gathered has been analysed to allow for targeted work to prevent sustainability pressures materialising, with no imminent pressures reflected within the responses provided.

### GMS Sustainability Key Actions update:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Support General Practice in stabilising its position.	Regular GP Practice Huddles managing issues and risk. Independent GMS included in huddle discussion where sustainability issues are live.	Continue with Primary Care huddles, including input from MDT colleagues, review safe to start clinical workforce staffing levels across Board Managed practices and independent Practices (by exception)	Reduction in need for huddles as NHS managed practice transfer	●
	Progress with a number of GP Practice Sustainability Loans via Scottish Government	Continue to work with Scottish Government colleagues in relation to release of funding to GP practices with outstanding loans	GP practices in Fife to receive sustainability loan funding from Scottish Government	●
	Establishment of Primary Care	Strengthen remit of PCSOG and output from	Progress with	

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
	Sustainability Oversight Group (PCSOG)	group	topics/actions though PCSoG	●
	GP Practice sustainability/health questionnaire conducted	Outputs from GP sustainability questionnaire being analysed to progress with focused approach on areas on Fife experiencing sustainability issues	Implement agreed actions regarding outputs from sustainability questionnaire	●
	Transfer NHS Fife managed GP Practice to independent GMS Contractor model, ensuring sustainable contract models	Progress with tender/procurement exercise in relation to the remaining NHS Fife managed GP Practices	Progress with plans for tender/procurement process	●
	Review of Enhances Services commenced	Detail of scope of work progressing, will link with demand and capacity in general practice and impact of national development in relation to general practice sustainability	Work to conclude early 2025, outputs will support general practice in delivery a range of services ensuring sustainable models of care	●
Explore options to join Rediscover Joy in General Practice programme	Work is ongoing with HR to reinstate this programme during 2024/2025			●
Support CQLs in delivery of cluster functions	Continued work day to day of the CQL and PQL in improving patient outcomes within their populations and also acknowledging their roles with localities strengthening	Review of CQL contribution to system-wide strategic groups to make sure there is effective General Practice to improvement and development projects	Continue to re-align CQLs to areas of work which will provide the most collective benefit to the population of Fife	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
	collaborative working			
Evaluate the impact of the improvement plans on general practice capacity	Developed a detailed performance Framework to help evaluate access and activity across General Practice	The Performance Framework is monitored via the Primary Care Governance and Strategic Oversight Group. Work is taking place nationally to develop key measures for General Practice.	Work with Health Boards across Scotland to develop national and local measures	●

### Primary Care Improvement Plan

Significant progress has been made during 2023-2024 in delivering priority areas of Fife's Primary Care Improvement Plan (PCIP), Pharmacotherapy and CTAC services, whilst continuing to work with General Practice to enhance other MoU Services i.e. Urgent Care, Community Link Workers, Additional Professional Roles, whilst recognising continued financial constraints. Focus over this reporting period has been on the review of current delivery models to reshape the workforce already funded to deliver the PCIP, with the intention to meet a position of parity and sustainable delivery across all General Practices in Fife, whilst continuing to deliver the full MoU intention for Pharmacotherapy and CTAC.

Moreover, actions within the updated 2023 PCIP for Fife, have held a continuous focus for the GMS Implementation Group. Leadership, although multifaceted, progress has been made across all actions and will continue to be made throughout 2024. In demonstration of the commitment to deliver the PCIP objectives in Fife, a new timeline has been established and approved by the Leadership of the GMS; March 2026, and has been agreed as the target for achieving delivery of the plan for Fife.

### Community Treat and Care Services (CTAC)

CTAC Services supports patients from all practices across Fife, delivering a wider range of services including taking patient bloods, changing wound care dressings, and providing Vitamin B12 injections. Over the last year, CTAC Services have continually improved the services they provide, with a QI approach to both improving quality and increasing capacity for GP Practices. Closer integration of services between CTAC and Community Immunisation Services has resulted in a significant increase in capacity across Fife, with full delivery of CTAC projected in 2024-2025. Delivering approximately 18,000 appointments per month across Fife, CTAC services are an integral part of treatment care within General Practice.



CTAC Team – During protected learning time session

*“I have been attending my CTAC unit because I have huge issues with sores on my knee ... tissue protrudes and weeps. There has been a significant improvement as I have been attending 3 times per week in order to have the sores dressed. I would like to praise the nursing staff there”.*

*“I firmly believe that the introduction of CTAC has improved the services needed to look after and better keep safe people in the Community.... I matter to the CTAC Team and the CTAC Team matter to me!”*

*Patient feedback, via Careopinion Website*

## Pharmacotherapy

The Pharmacotherapy team have been working on 'growing their own' workforce and have had success with this over the last year, as we are now seeing the benefits of the effort put in over the last year or two coming to fruition. We continue to work on the career pipeline from bringing in Medicines Management Support Workers (MMSWs), offering roles as student pharmacy technicians and ensuring that we have jobs for them at the end of their two-year training. By 2026, the expectation is that this work will have bolstered our Pharmacy Technician workforce by 14.



*NHS Fife Chief Executive hearing about Pharmacotherapy developments.*

In a climate where there is a local and national shortage of Pharmacy Technicians, this was recognised as the best way to ensure a pipeline of workforce. MMSWs, Pharmacy Technicians and Pharmacists are doing crucial work to provide remote support to GP practices across Fife and undertake medicines reconciliation, manage medicines shortages, and deliver considerable medicines efficiencies and safety work. Further considerations are being taken place on how the new partnership with Fife College would be utilised by the team, strengthening our local bonds. This work was recently recognised at an NHS Scotland Conference held in June 2024.

The team continues to work where possible on external recruitment in addition, with the aim of having a 1:1 ratio of Pharmacists to Pharmacy Technicians, currently we are sitting at 1.4:1. This work has been done in conjunction with maximising the role that each individual plays with regards to the delivery of Pharmacotherapy, which is creating capacity to move more into additional support to General Practice.

There has been successful development of our current Pharmacists, with 98% of the eligible Pharmacists in Fife either qualified and practicing as, or currently on the course to become, an Independent Prescriber. This qualification supports delivery of Pharmacotherapy services at all levels and every Pharmacist has multiple opportunity to utilise this skill on a daily basis, with this being essential within the expansion of Polypharmacy reviews.


The team has recently been accepted on to a Health Improvement Scotland collaborative, with an 8-week sprint due to start in November 2024 focussing on quality improvement with the Dunfermline team and a number of the Dunfermline practices.

### Primary Care Improvement Plan Key Actions update:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Support ongoing development of MDT	Co-opted MDT leadership onto the operational and strategic governing groups.  Supported whole system collaboration and recognising linkages between services.	All workstreams are now represented across both Operational and Strategic GMS groups  Collaborative workshops and SLWGs aimed at specific areas of support have taken place.  Integration of CTAC Services and Community Immunisation Services to create resilient workforce in meeting respective service needs	Transfer Community Link Worker workstream to BAU.	●



Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Support development of GPs Expert Medical Generalist Role	Mapped the level of service available within each cluster including workforce roles/capacity aimed at supporting general practice to release GP capacity either directly or indirectly.	Now working to map the workforce at individual practice level to understand the impact the PCIP is making, identify the gaps and explore solutions for consolidated service delivery.	Evaluate effectiveness of delivery.  Have robust methods in place for monitoring performance/ activity levels of PCIP services to ensure parity of delivery across Fife's practices	●
Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	Collaboration across CTAC/VTP to increase and improve outputs for both services.  Stabilised the Pharmacotherapy resource in place and provided a solid foundation to progress the required levels of delivery.	New staff alignment and recruitment model in place across CTAC and VTP, to allow focus across peak delivery periods, strengthening capacity and resilience within both teams.  Commencement of level 3 delivery is underway. The team will participate in a HIS Collaborative sprint in September with a view to release further capacity within the existing workforce.	Transfer CTAC to BAU  Agree an acceptable level of local pharmacotherapy delivery and roll this out to release the requirement for transitional payments.	●
Refresh and implement PCIP 2023/24	Refreshed the leadership groups.  Reset the timeline with clear milestones.	GMS Leads Group established and meeting bimonthly to ensure improved collaboration across all workstreams, management of actions and preparation of reports into the GMS IG for increased efficiency in decision making.	Re-establish full workstream level governance groups.  Continue to	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
	<p>Produced a 3-pronged communication plan – Leadership, Stakeholders, and Public.</p>	<p>Reinstatement of workstream level governance groups is gradually underway.</p> <p>Stakeholder newsletter 'Let's Connect' now in place and issued quarterly to increase awareness of implementation, including challenges and progress.</p> <p>Public facing messaging will bring more of a focus to the changing face of modern General Practice and explain new pathways on the patient journey.</p>	<p>produce the quarterly newsletter.</p> <p>Produce public facing messages to improve patient/ service user understanding of the MDT in general practice.</p>	
<p>Review delivery model for GMS learning from MOU implementation</p>	<p>Prioritised CTAC through collaboration with the already established VTP service.</p> <p>Prioritised Pharmacotherapy through stabilisation of the workforce in place and establishing a pipeline to 'grow our own' workforce.</p> <p>Reviewed the original models of delivery for the other workstreams to explore alternate approaches to implementation within the resource already in place.</p>	<p>CTAC is now meeting 86% of the MoU requirement. A further 2-year Service Level Agreement for Travel Health (TH) vaccination has been agreed with Community Pharmacy (CP)</p> <p>Pharmacotherapy is either physically or virtually active in all 52 general practices. A full career progression pathway is in place.</p> <p>Approved testing of a centralised hub model for In Hours Urgent Care. Mental Health Nursing exploring a hybrid model between practice and hub delivery. MSK Physiotherapy continues to work at operational level to tease out ideas for redesign.</p>	<p>Meet 100% of the CTAC MoU requirement.</p> <p>Prepare to move TH out of CP and into NHS service delivery.</p> <p>Consolidate the three levels of pharmacotherapy delivery.</p> <p>Test new models and work with LMC/GP Sub to reach mutual agreement for</p>	

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
			full roll out.	

## General Practice Workforce Development

Fife Practices continue to support the ScotGEM programme, which is a four-year graduate entry Medical Programme. It is designed to develop doctors interested in a career as a medical generalist within NHS Scotland. The programme is tailored to meet the current and future needs of the NHS in Scotland and focuses on rural medicine and healthcare improvement.

The unique and innovative programme is taught through a partnership between the universities of St Andrews and Dundee in collaboration with NHS Fife, NHS Tayside, NHS Highland, NHS Dumfries and Galloway and the University of the Highlands and Islands. This exciting partnership has enabled us to create a truly distinctive programme.

Additionally, Fife is now involved in developing the ScotCOM programme, which is a medical degree that is developed between NHS Fife and the University of St Andrews. The clinical delivery will be based on a hub and spoke model. Cameron Hospital and the Queen Margaret Hospital will be the two hubs, with the first students due to commence in January 2026.

Fife is also supporting GP Clinical Fellows to provide newly qualified GPs with a diverse and supportive first step into their GP career, whereby Clinical Fellows work between In Hours and Out of Hours GP services, with dedicated time for research/project work. Fife currently is supporting one Clinical Fellow, with 2 previous Clinical Fellows now permanently employed within practices across Fife.

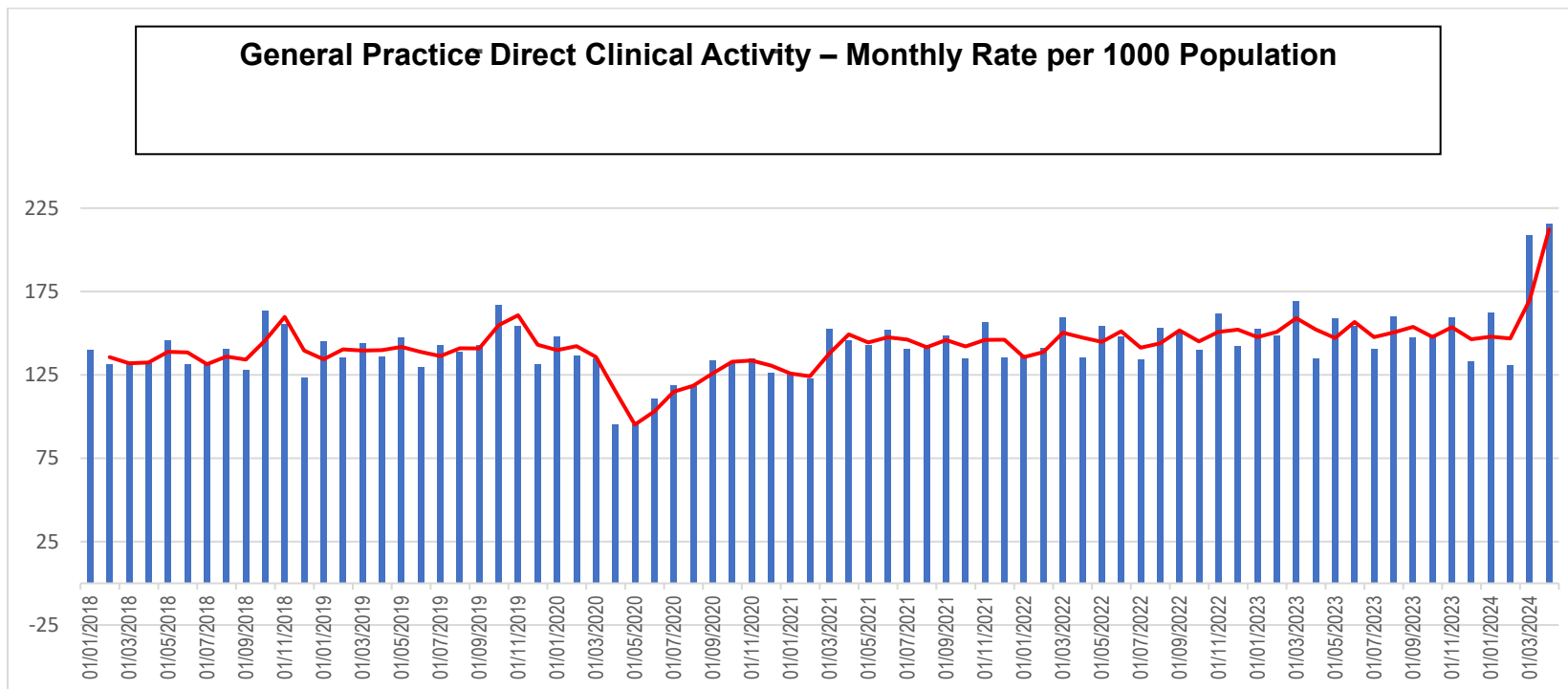
Urgent Care Services Fife (GP Out hours Service) has supported dedicated Protected Learning Time (PLT) afternoons for General Practice, with GP Practices having the option to close 7 afternoons during 2023/204 to support GP teams' own identified needs such as team reflection, developing and consolidating new ways of working, team relations and the whole team training and development needs. As the only Health Board in Scotland to provide PLT sessions, a calendar of PLT session are in place for 2024/2025, with work ongoing to provide Fife wide training and development opportunities for GP Practices. Some of the key areas of focus for these sessions have been: alcohol intervention; difficult patient interactions; high-risk pain medications; and respiratory illness management.

Significant work has been led by the Nursing Directorate to build a General Practice Nurse (GPN) forum and support network across Fife, providing engagement, training and development opportunities. We had a launch event in December 2023 with the

Head of Primary and Preventative Care Services within the HSCP and the HSCP Director of Nursing in attendance as well as. Following a launch event in December 2023, with Chief Nursing Officer Advisor for Primary Care and NES in attendance, the network is ever expanding, with over 140 GPNs on this network and engagement events ongoing, some linked to General Practice PLT.

### General Practice Activity

As per Chart.2 below, there has been a steady increase in activity by General Practice since the peak of the Covid-19 pandemic, which includes activity by GPs and other Clinicians providing direct patient contact within a GP Practice, with activity levels starting to return to pre-Covid-19 level from March 2021. Activity levels have significantly started to increase since March 2024, with a 60% increase in activity levels during March and April 2024 compared to the same period in 2019 (pre-Covid-19 Pandemic), with direct activity with GPs increasing at the highest over this period and driving this overall increase in activity.



## General Dental Service

There are ongoing issues nationally and locally with recruiting Dentists and Dental Care professionals, impacting on the population of Fife's ability to access an NHS Dentist via General Dental Services (GDS).

The Scottish Government implemented NHS Dental Contract Reform on 1<sup>st</sup> November 2023; the aim of the reform is to support the oral health needs of every patient in Scotland whilst ensuring dentists can still offer a comprehensive range of NHS treatments. The key elements of the reforms were:

- The time between check-ups can vary from less than 6 months to every 2 years. It depends on how healthy your teeth and gums are and your risk of future problems.
- Your dentist will decide how often you should have a NHS dental examination. This will be based on your treatment needs to ensure the best possible care. If you're seen less often than 12 months then this is a sign of good oral health.
- The maximum amount that will be charged to an individual per treatment plan will remain capped at £384 or 80% of costs.
- Some patients may be eligible to receive help towards healthcare costs, with some patients still qualifying for free dental care.

Whilst it is challenging to improve access locally, many options have been explored. This includes carrying out a significant mapping exercise across Fife to increase the number of areas identified as areas where Scottish Dental Access Initiative (SDAI) grants can be supported by Scottish Government.

The SDAI grants aim to encourage the provision of NHS dental services in designated geographic areas where access to NHS Dentistry is challenging and there is evidence of unmet patient demand and/or high oral health needs. The SDAI grant funding is available to contractors who intend to:

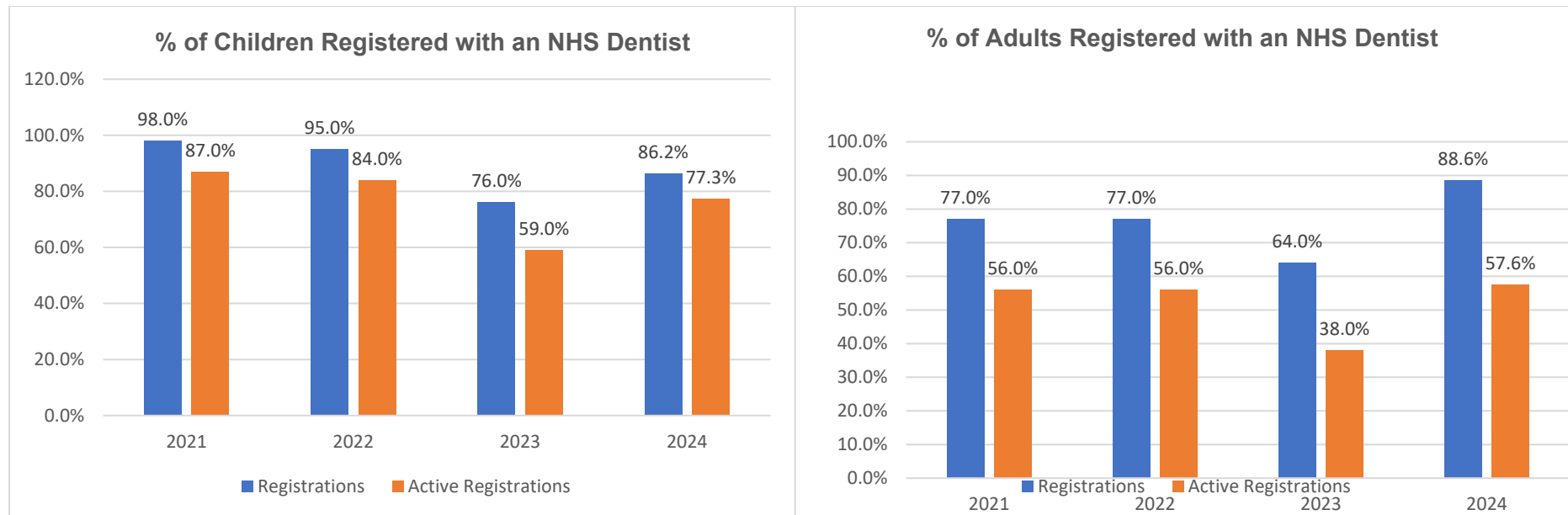
- Establish a new NHS Dental Practice.
- Expand an existing Dental Practice e.g. the addition of a new surgery.
- Purchase and maintain an existing Dental Practice and NHS patient registration list.

## Dental Registration and Participation

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)

The percentage of adults registered with an NHS dentist in as of 31<sup>st</sup> March 2024 was 89.4%, compared to 89.8% as of 31<sup>st</sup> December 2023 and 90.4% as of 30<sup>th</sup> September 2022. The percentage of children registered with an NHS dentist in as of 31<sup>st</sup> March 2024 was 87.1%, compared to 87.5% as of 31<sup>st</sup> December 2023 and 86.6% as of 30<sup>th</sup> September 2022 (Public Health Scotland, 2023-2024)

Participation data, the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior, are not currently published. Since registration is lifelong, it is important to consider this when looking at the figures. Challenges locally and nationally with the recruitment and retention of dental professionals is likely to have had an impact on participation.



References:

1. [NHS dental data monitoring report - Quarter Ending March 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
2. [NHS dental data monitoring report - November and December 2023 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
3. [Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

## Public Dental Service

The Public Dental Service (PDS) offers dental care for approximately 30,000 listed NHS patients and offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental general anaesthetics. The Public Dental Service also oversees the Dental Advice Line to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates over the weekend.

***Feedback on care delivered to a patient within PDS:***

*"I would like to thank you, the anaesthetist and nurses who looked after my daughter today at the Dental Clinic at the VHK. I, & her Carer who accompanied us, were concerned about how she would cope when she didn't know what was happening....the appointment went far better than I could have hoped for...We appreciated the calm and peaceful atmosphere of the department and that everything was carefully explained and of course...thankful for the necessary Dental treatment carried out.*

The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services from their General Dental Practitioner. Despite growing pressures within PDS, access to core PDS services, including Fife's Dental Advice Line has been maintained. Locally, the PDS has bucked national trends in terms of recruitment of Dentists, with the successful recruitment of key Dental positions, including a Paediatric Specialist; safeguarding paediatric care and preventing children having to travel out with Fife for treatment. PDS Workforce has further been enhanced through the re-introduction of Dental Core Trainees to Fife, providing them with experience of all core services and raising profile of PDS as a career option post qualification.

A PDS Dental Nurse within PDS successfully wrote a book titled “Harry’s Healthy Teeth”. This resource has been sent to all local nurseries and will be used by our Dental Health Support workers to promote the importance of regular brushing and dental visits.

Drawing from her years of experience working with children in Fife, our Dental Nurse was motivated to create an educational resource that would resonate with pre-school children and help them retain positive messages around their dental hygiene. Since being rolled out across all nurseries in Fife, the book has become a key educational tool to help instil good habits from early childhood.



As part of the Childsmile programme in Fife, Dental Nurses and Dental Health Support Workers from Fife’s Public Dental Service visit educational establishments across the Kingdom. The Public Dental Service works closely with Fife Council’s education service to help pre-school and school aged children learn about dental health and deliver the Childsmile programme.



PDS have also teamed up with Dunfermline Athletic FC to raise awareness of mouth cancer through targeted communication during games. With mouth cancer becoming more common, especially in younger adults, the early signs of mouth cancer are easy to detect when people know what to do look for. If detected early, cancers are usually easier to treat and recover from.

### Targeted Dental Treatment

There have been challenges for patients in accessing routine care with their GDP in 2023 and 2024. There are currently no practices in Fife registering NHS adult patients and a very limited number registering children.



The PDS are required to provide emergency care to unregistered patients but have also introduced a “targeted treatment” option for unregistered patients. This allows for a more detailed exam along with soft tissue screening important in detecting oral cancer. This allows dentists to treat the worst affected to try and reduce the need for continued emergency treatment.

An initial test of change saw the delivery of 74 appointment treating 49 patients. These were all unregistered patients who could not register with an NHS dentist at that time. Chart 3 highlights that 88% of those supported via targeted treatment were living in SIMD 1, 2 and 3, those patients who are least likely to be able to afford alternative options.

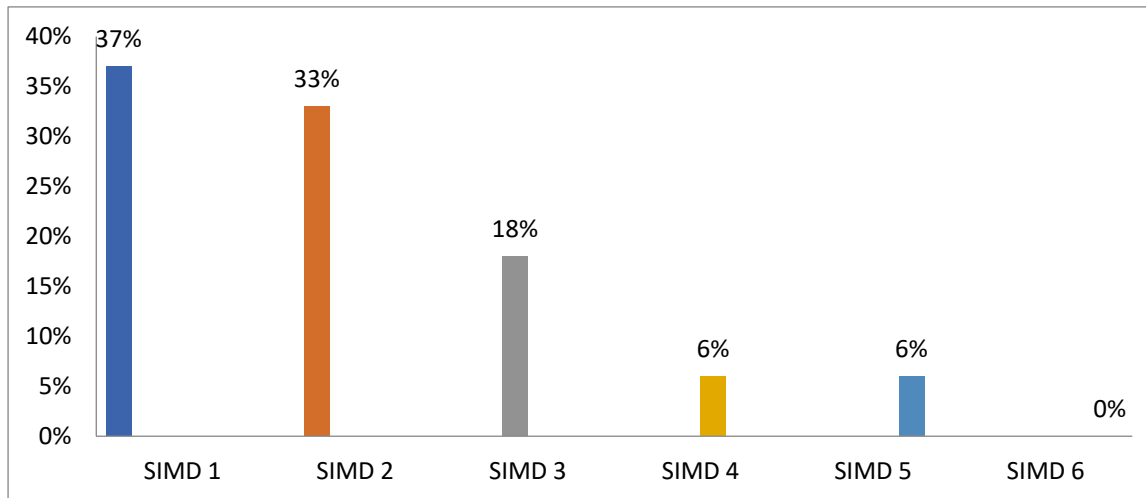





Chart.3 – Targeted Treatment SIMD Breakdown

Primary Care Dentistry key action updates:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
<p>Access</p> <p>Increase access to NHS Dental Services</p> <p>Consider national contracts revisions and impact on service delivery</p>	<p>Targeted treatment provided by PDS to support non-registered patients</p> <p>Supported improved ventilation, allowing GDP to increase access</p>	<p>Employed a bank dentist to provide targeted care.</p> <p>Employed a GDP to increase access in PDS.</p> <p>Working within constraints of the GDS Regulations regularly engage with Dental Body Corporates to improve access</p>	<p>Reconstituted SDAI areas.</p> <p>Continue to engage with SG as part of the review of the regulatory framework.</p>	
<p>Workforce</p> <p>Consider recruitment and retention options</p> <p>Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes</p>	<p>PDS recruitment and retention. Appointment of five dental clinicians.</p> <p>No influence over recruitment in GDS.</p>	<p>Six VTs taking up associate posts within Fife, following completion of their VT year in Fife practices.</p> <p>Aware of ongoing recruitment issues, particularly in DBCs.</p>	<p>Five VTs from out with Fife taking up associate posts in Fife.</p> <p>Appointment of CT placement within PDS/HDS.</p> <p>8 VTs starting in Fife dental practices in August 2024</p>	
<p>Urgent Dental Care</p> <p>Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care</p> <p>Review Emergency Dental</p>	<p>Pivoted core business to ensure triage and those requiring urgent care were seen.</p> <p>Expanded workforce on Dental Advice Line</p> <p>Public Holidays particularly challenging to cover so regular</p>	<p>Advice line busy Call volume reports available</p> <p>EDS attendance data available</p>	<p>Full EDS service review</p>	

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Service to improve sustainability and access	communication to GDPs and re-established EDS working group.  [See Workforce section- recruited staff to re-balance core vs. urgent]			
Pathways Refine referral pathways between GDS, PDS and secondary care services	CPD evening event held in February 2024. Flash report shared with presentations for those who did not attend.  Updated referral booklet sent out to all practices.	Dental weekly huddle enables us to triangulate information and follow up on high referral patterns or suboptimal referral information.	OHI team developed video to familiarise families with GA pathway and building as part of the pathway and reduce number of visits to contribute towards greener and sustainable healthcare.	●
Oral Health Continue to recover Oral Health Improvement actions to reduce oral health inequalities. Assess impact of OHIP and refine Annual Delivery plan – targeted approach	Oral health improvement programmes remobilised and NDIP in primary school setting.  Refocused fluoride varnish programme locally as part of Childsmile.  Work done with Dental Public Health and Public Health Data Intelligence team using NDIP data to help prioritise where to target resources.	NDIP data submitted to Public Health Scotland. National report will be published October 2024.  Campaign for oral cancer awareness with Dunfermline Athletic Football to coincide with Euros 2024.  OHI team back into the traveller sites in Fife.	National outcomes framework being discussed to devise a suite of indicators- Fife will report through these measures.  QI project to roll out universal toothbrushing programme to P1-P7 children attending Fife council schools  Continue work KY cafes and ADAPT services and Drug Forum Scotland.	●
Key indicators/measures Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation		CDO office has requested management information from NSS to be shared with NHS Boards.	Dental dashboard being considered nationally.	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
<p>rates. Consider national contracts revisions and impact on service delivery</p>				

## Community Pharmacy

Community Pharmacy continues to play a crucial role in delivering Primary Care to the population of Fife, increasing as the first point of contact for advice and support. This includes the provision of 24 Community Pharmacies registered to provide the Pharmacy First Plus Service, with 38 Pharmacists currently actively prescribing in 2023-2024, which an increase of 3 Pharmacies and 10 Pharmacists from last year. Already, the number of items prescribed via Pharmacy First Pharmacies are up from approx 4600 to 5600, comparing data from 2023/24 to data available so far for 24/25.

There has been a significant increase in the number of Practices who can support patients suffering from hayfever, with data up to July 2024 showing there has been a 450% increase of this service, reflecting there is a large proportion of a patient accessing Community Pharmacy for hayfever treatment that previously was only available on prescription.

Work has been undertaken to raise awareness and encourage the use of Community Pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP Practices, by sharing guidance with Practice admin/reception staff. This guidance details patients who can be seen by Community Pharmacy, and highlights those that do need to be seen within General Practice. This education aims to ensure that patients have a smooth journey of care and are reassured of the process. Currently we are looking at the provision of care surrounding individual patient group directions, such as UTI, to track the transfer of care and assess uptake. Through looking at statistics around the volume of prescriptions generated within General Practice, versus the volume generated within Community Pharmacy, we can assess whether or not care is being transferred to Community Pharmacy at an appropriate and reasonable level.

## Community Pharmacy key action updates:

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
<p>Access Review current process and assure robust arrangements for recovery and progression of new pharmacy applications</p> <p>Refresh Community Pharmacy hours of service contractual arrangements</p> <p>Ensure that the annual Pharmaceutical Care Services Report is co- designed with localities to meet the needs of local communities</p>	<p>Prepared a recovery plan to progress new pharmacy applications</p> <p>Public consultation on the report was undertaken via NHS Fife Participation &amp; Engagement.</p>	<p>Re-convene PPC hearings as per NAP instructions. Follow up with interested parties to confirm whether or not they want to proceed with their application.</p> <p>Report for 23/24 is underway. Plan to seek support from both NHS Fife and HSCP Participation and Engagement teams with publication in November 2024.</p>	<p>Continue to work through the recovery plan</p> <p>Prepared report as per previous years</p>	●
<p>Right Care, right time Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self-care advice – Right place, right time, first time</p>	<p>Work has been undertaken to raise awareness and encourage the use of community pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP practices by sharing guidance with practice admin/reception staff.</p>	<p>Currently we are looking at provision of care surrounding individual patient group directions, such as UTI to track the transfer of care and assess uptake.</p>	<p>Continue to monitor and act as required. This may be with regards to training provision, information dissemination etc.</p>	●
<p>Digital Digital Prescribing and Dispensing Pathways Programme</p>	<p>Working in partnership with the overall project team, tracking progress and preparing for the implications</p>	<p>Awaiting further update from national programme, working in partnership with local delivery plans and IM&amp;T links. Updates expected via GMS facilitators through the national group.</p>	<p>Continue to work in partnership, act on updates when required and prepare wherever possible</p>	●
<p>Workforce Prepare for all newly qualified pharmacists being</p>	<p>Growing pool and establishing regular use of DPP in Community Pharmacy,</p>	<p>Closely linking with NES to establish expectations, utilising and syncing with Royal Pharmaceutical Society and General</p>	<p>Continue this work and linking in with right care/right</p>	

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
independent prescribers from 2026	evaluation of capacity, exploration of current provision of Pharmacy 1st Plus, supporting independent contractor obligations.  Assessing provision across Fife via the annual Pharmaceutical Care Services Report	Pharmaceutical Council standards.	time	
Wider Impact Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	Representation on NHS Fife anchor group, feeding in Community Pharmacy ambitions	Raising profile of locality working in delivering NHS Fife anchor plans	Continue to sit on group, feeding in and acting on recommendations/ outputs	●  ●

## Community Optometry

The Low Vision team have created new links with the Vision Support Teachers across Fife to produce closer links between those that provide low vision services for children in Fife. This means a quicker access to low vision aids along with tightening protocols for when children transition from school to adulthood to maintain low vision support.

New pathways have been developed to speed up the processing of CVI (Certificate of Visual Impairments) applications, meaning patients are being processed in under a week and are able to access benefits, whereas before this would take at least one month, allowing people to get access to the appropriate services and support they require, quickly.

Community Optometry continues to support Secondary Care through emergency shared care scheme (FiCOS), which allows patients to be seen and treated at local Opticians urgently for a set of presenting conditions, preventing the requirement to be seen within Secondary Care and supporting the overall pressure on Unscheduled Care. Over the last year, around 770 patients were seen via this scheme, with approximately 1450 appointments undertaken, with only 11% of patients requiring onward referral to Secondary Care.

Along with emergency share care with Secondary Care, Community Optometry continues to support the treatment of patients requiring ongoing assessment and treatment for Glaucoma. As one of the first Health Boards to deliver Glaucoma shared care, there are almost 1,000 patients across Fife who are supported via this scheme with around 70 appointments taken place monthly. This allows patients to be seen within their local Optometrist for assessment and treatment, whilst still under the care of their Ophthalmology consultant within Secondary Care, with prompt access to Secondary Care as and when required. Nationally, work is ongoing to improve this scheme ever further, with the introduction of an Eye Care Digital solution, which is currently being scoped locally, with a number of Optometrists having completed additional specialist training in preparation for this development.

**Community Optometry Key action updates:**

<b>Where do we want to be in 2026</b>	<b>What we said we'd do in Year one?</b>	<b>What did we do in year one?</b>	<b>Plans for 2024/2025</b>	<b>RAG Status</b>
Develop GP-Optometry Pathway	Collated current and past examples of GP to Optometrist referral forms from other health boards and discussed the challenges others faced when implementing these locally.	Currently awaiting next AOC meeting (Sept 2024) to discuss with local optometrists about what they feel is needed within the GP referral form. Ideally base on same format style as the Pharmacy first form.	Link in with local GP colleagues to share ideas of GP pathway from local optometrists.	●
Implementation of national community glaucoma service	All prep work for scheme (minus EPR) has been implemented with full support from secondary care colleagues about the rollout. Two Fife Cohort 3 NEGAT optometrists qualified to provide the service. Three Fife optometrists have been accepted onto Cohort 4 of the project (intake Jan 2025).	Main issue still remains the introduction of the EPR system (openeyes) due to budget constraints, conversations ongoing with senior team and also NES technology to hopefully provide a solution.	Resolve the EPR issues to complete the rollout.	●
Review uptake of GOS across all localities and develop plan to address inequalities	Challenges with data availability	Once data is available, assessment with take place	Assessment of uptake and appropriate action taken to address gaps	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Review demand, access and equality of low vision services	Reduced NHS low vision wait times to within 2 months of referral. Developed closer relationship between NHS low vision clinics and vision support teachers to provide better paediatric eyecare within Fife.	Link in with the local providers of low vision care (Seescape) to enhance the service the already provide and to see where access to service may be lacking across Fife.	Provide low vision demonstration kits for local vision support teachers to use within schools allowing quicker access to aids needed.	●

### Section 3



## Leadership and Governance Review

Given the ambitions outlined within the Primary Care Strategy, with a whole-system approach to delivering improvements, it was critical to make sure there were solid foundations to deliver high quality, safe and effective Primary Care Services. As such, a review took place to assess the leadership, governance, and assurance arrangements across Primary Care Contracting (PPC) Services and associated services, from an operational, strategic, clinical, professional and financial perspective.

A report was presented and supported at the Primary Care Governance Strategy Oversight Group (PCGSOG) in February 2024, with a number of key recommendations. Most of these recommendations have now been delivered, with ongoing review overseen by PCGSOG. Overall, it was clear that the governance structures across PPC Services are consistent with other Health Boards across Scotland contractually, professionally, and clinically. The transfer of operational and strategic delivery of Primary Care Services to HSCP ultimately created the opportunity to enhance the governance and leadership arrangements, with strengths in terms of holistic planning of services with local communities across Fife.

Whilst it had taken time for some of the well-established governance structures to be re-convened following the Covid-19 pandemic, this created an opportunity to review and improve the systems and processes surrounding PPC Services. This includes better integration of Primary Care teams, in particular in regard to managed services, such as the In Hours and Out of Hours, Community Treatment and Care Services (CTAC), and Community Immunisation Service teams.

The review recognised that the governance structures surrounding Primary Care Services are complex, cutting across multiple directorates, however that these structures are proportionate in delivering safe, effective, and person-centred services. There is a critical role for the leadership team across all aspects of Primary Care Services to effectively navigate these structures for the best outcome for the population of Fife.

## Communication and Engagement

A detailed communications plan has been developed to support the delivery of the aims and objectives outlined in the Primary Care Strategy with the overall aim: to communicate the strategic drivers, the strategic priorities, and the overarching deliverables of the Strategic Plan to allow a more detailed year one plan to be shaped in collaboration by those who lead services professionally and managerially across Primary Care.

Ten communications SMART objectives are outlined in detail in the communications plan:

- Engage with partners and key stakeholders to influence national direction for primary care and contract reviews,
- Support the Implementation of new GP Practice system (VISION),

- Continue to refresh and encourage public use of Community Pharmacy as a first line of contact for minor illness and self-care advice – right place, right time, first time,
- Consider recruitment and retention options including in GP, Dentistry & Optometry,
- Establish calendar of protected learning time in collaboration with UCSF and promote benefits to staff and public,
- Support ongoing development of MDT. Raising awareness and confidence of the public in using pharmacists, nursing staff and AHPs in addition to GPs,
- Stabilising the position of General Practice and accessing right care at the right place.
- Supporting General Practice to reduce pressures on their services,
- Raising awareness of how people can support us and continue to access Primary Care services, right care at the right place,
- Targeted communication in regards to Board Managed, 2C Practice support.

The various elements outlined above will also be cross-referenced with other associated campaigns across NHS Fife and Fife Health and Social Care Partnership such as medicines efficiency/optimisation and high-risk pain medicines, to share key messaging and ensure consistency of narrative across different programmes. This also includes ScotGEM and ScotCOM University of St Andrews and Fife College links.

The objectives are underpinned with detailed audience groupings, key messages and calls to action, objectives and supporting tactics, outlined in full in Appendix 1.

The campaign will largely be digitally focussed, using predominantly metrics such as:

- Web page clicks and in-depth analytical information
- Social media engagement
- Social media labelling
- Data from partners and services including A&E presentations and GP analytics.
- Information from national colleague focus groups (understanding of the right care right place campaign and awareness of messaging)
- Evaluating the prominence and tone of media coverage of the campaign.

The campaign will be regularly and informally monitored and reviewed on an ongoing basis, and more formally evaluated following its conclusion.

## Premises

A review of GP premises was undertaken to establish an up-to-date baseline of key information to inform future development of Primary Care premises. The review considered: -

- The appropriateness of current Primary Care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate.
- The estate requirements to implement the Primary Care Transformation Programme.
- The investment priorities to inform the updated Property & Asset Management Strategy.
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short-, medium- and long-term investment priorities. The development of Primary Care premises is being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of Primary Care and improved access to functionally suitable Primary and Social Care premises. Some key minor improvements were delivered during 2023-2024, creating additional capacity across all GP Practices in Fife, largely in line with the ongoing delivery of the Primary Care Improvement Plan.

## Population Experience

The Health and Care Experience (HACE) Survey occurs annually, and the 2024 results show Fife as either an average Scottish performer or in the case of General Practice, slightly poorer. There is some improvement evident, especially in treatment or advice from General Practice, with most questions showing Fife to be similar to the Scottish average; with either most questions (91%) either show no change (57%) or improvement (34%). Treatment and advice from a GP have generally improved across almost all questions, with some disparity with responses across different geographical areas of Fife. Whilst the reasons for this will be multi-faceted, it merits further review during 2024, to understand, in conjunction with other reports, whether further support or action is required to improve the experience of our patients.

Table.2 below highlights the difference in feedback from the population of Fife, against key category areas which are explored as part of the HACE Survey, such as people's experience of GP services. With an array of questions across these key categories, this table demonstrates the difference in the populations experience compared 2022.

Category area	Number of Questions	Difference in the populations experience of Health and Care	Comparison not
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		since compared to 2022			Possible (i.e.new are of questioning)
		Worse	No Change	Better	
General Practice	10	3	4	3	0
Treatment or advice from General Practice	14	0	3	8	3
Out of Hours Healthcare	10	0	8	1	1
Care, support and help with everyday living	9	0	0	0	9
Caring responsibilities	5	0	5	0	0

**Table.2 - HACE Survey Summary**

**Enabling key action updates:**

<b>Where do we want to be in 2026</b>	<b>What we said we'd do in Year one?</b>	<b>What did we do in year one?</b>	<b>Plans for 2024/2025</b>	<b>RAG Status</b>
Evaluate impact on reducing health inequalities	Ground work has commenced of key intelligence requirements	Collation of key data from multiple sources	Develop framework to assess impact of strategy Implementation	●
Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	All leads across Primary Care Services play a key role in national work and leads meetings	Monthly Dental meeting have supporting national communications and considerations in terms of regulations Representation on SLWGs reporting to Primary Care Leads Group	Continue to play critical role on national groups	●
Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population Health and Wellbeing Strategy	The impact of the PC strategy will be fully assessed in line with performance framework	Performance framework has been developed, to support review of progress of PC strategy, with key measures also contributing to HSCP wide Strategic Performance Framework	Continue to work with Scottish Government to develop consistent and reliable PC measures	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
Establish calendar of protected learning time in collaboration with UCSF	7 PLT sessions delivered	7 PLT sessions delivered, with annual calendar now scheduled	Continue to assess the benefit of PLTs and develop Fife wide development opportunities	●
Further strengthen leadership and governance arrangements	Leadership and Governance review conducted	Taking forward actions in line with recommendations outlined within Leadership and Governance review	Continue to deliver on actions	●
Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	Performance Framework under review by PCGSOG	A draft framework has been developed, overseen and monitored by PCGSOG	Continue to develop and seek to expand on reliable measures	●
Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	Develop Communication and Engagement strategy	Strategy signed-off by PCGSOG	Delivery of SMART objectives of Strategy	●
Develop primary care workforce plan aligned with NHS Fife and Fife HSCP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	Key workforce priorities aligned to NHS Fife and Fife HSCP workforce strategies	Primary Care services delivered key workforce developments, supporting increased options across Primary Care Services	Develop primary Care strategy to workforce development, including recruitment and retention	●
Continue to support minor works to make most of existing premises	Minor works carried out in GP Practices across Fife	Created Facilities for Community immunisation team in Pitteuchar Health Centre, Glenrothes.	Create Facilities for Community	●

Where do we want to be in 2026	What we said we'd do in Year one?	What did we do in year one?	Plans for 2024/2025	RAG Status
		<p>Work to create extensions to several practices across Fife</p> <p>Minor improvements at Kincardine &amp; Lochgelly Health Centres.</p>	immunisation team in Kirkcaldy area	
Develop Primary Care Premises Strategy	Premises Strategy developed and agreed	All minor works completed or near completion, with all capital projects on hold pending future capital allocations from SG	Continue to ensure that the business cases for reprovision of Kincardine & Lochgelly Health Centres are current and SG are aware of Fife's position of readiness to proceed.	●
Implementation of new GP Practice system (VISION)	Working collaboratively with National group on timelines, National delays have impacted on delivery, and we remain in planning. Business case has been developed and there are discussions ongoing in relation to the funding. We will be in discussions around the timeline with National.	Business Case drafted and discussions held in relation to Finance.	Finalise Business Case and agree finance.	●
Support development and spread of models that allow adoption of technologies	We have worked collaboratively with partners on any requests which are submitted for digital consideration.	Continue to work collaboratively on any new areas of work	Continue to move any areas forward	●

## Conclusion

The Primary Care Strategy: 2023 to 2026 is ambitious, putting Primary Care at the heart of Fife's integrated Health and Social Care system, making sure people who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. The strategy recognised that to deliver on these ambitions, there is a requirement for a collaborative approach to improvements across all areas responsible for the effective improvement of Primary Care, which is reflected within this wide-ranging Year One Annual Report.

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of those locally, building on the solid foundations set during 2023-2024. With increased financial pressures across our Health and Social Care system, more than ever we are required to be agile and open-minded in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population and partners.

The Executive and Senior Leadership Team have ensured clear direction, effective governance, oversight and support to progress the strategic ambitions of recovery, quality and sustainability. Positive relationships are established across all stakeholders which ensure constructive planning and delivery. The Primary Care team are agile and committed to ensuring the plan progresses and this is highly evident within this report. Collaboration is evident and there is a genuine desire to ensure we remain ambitious to achieve the vision as we progress to year 2 of the plan.



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE 27 JUNE 2024 AT 10.00 AM (MS TEAMS MEETING)

**Present:** Dave Dempsey (Chair), Fife Council  
John Kemp, (Vice Chair) NHS Non-Executive Board Member

**Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP)  
Jocelyn Lyall, Chief Internal Auditor, FTF Audit & Management Services (Fife H&SCP)  
Tracey Hogg, Finance Business Partner, (Fife H&SCP)  
Barry Hudson, NHS Fife  
Isabella Middlemass, Management Support Officer (Note taker)

**Apologies:** Sam Steele, Fife Council  
Fiona McKay, Head of Strategic Planning & Performance & Commissioning (Fife H&SCP)  
Avril Sweeney, Risk Compliance Manager (Fife H&SCP)  
Vanessa Salmond, Head of Corporate Services (Fife H&SCP)  
Nicky Connor, Director of Fife Health & Social Care Partnership (Fife H&SCP)  
Sinead Braiden, NHS Non-Executive Board Member

		<b>ACTION</b>
<b>1.</b>	<b>WELCOME AND APOLOGIES</b> Dave Dempsey welcomed everyone to the meeting. Apologies were noted as above.	
	<b>DECLARATION OF INTEREST</b> No declarations of interest were noted.	
<b>2</b>	<b>MINUTES OF PREVIOUS MEETING OF 17 MAY 2024</b> Minutes of the previous meeting were approved.	
<b>3</b>	<b>ACTION LOG</b> It is noted that Item 4 Contract/Work Capacity Audit on the Action Log read in the Progress Notes - Report issued in draft on <b>28 February 2024</b> . Final Report to be presented to the 27 June A&AC was actually presented later than 28 February. Action Note. Approved.	



<p><b>4</b></p>	<p><b>FIFE IJB DRAFT AUDITED ANNUAL ACCOUNTS FOR THE FINANCIAL YEAR TO MARCH 2024</b></p> <p>Audrey Valente presented the unaudited accounts for 2023/24 which has 4 recommendations 1st being assurance for members information, 2nd for members to discuss the unaudited annual accounts. The 3rd recommendation is asking for decision to approve the annual governance statement around financial management and Audrey proposed we change that recommendation to approve the draft governance statement for 23/24 as final statement will be presented in September for approval. The 4th recommendation is for the Committee to agree that we submit the unaudited accounts to external auditors.</p> <p>Tracey Hogg gave a presentation and an overview to the Committee which explained the accounts process.</p> <p>The annual accounts financial statements are a statutory requirement to be provided each year. 31st March is the annual year end, today 27th June the unaudited accounts will be submitted to external audit if this Committee gives the approval to do so. On 1st July the accounts will be made available for public inspection for 15 days. By 13th September we should be in a position where we have the audited accounts presented back to this Committee to recommend at that point they are signed off, and at the IJB on 27th September they would be approved for signing.</p> <p>Management commentary in the accounts is intended to help the readers understanding of the annual accounts, it provides an analysis of past operational and financial performance, it also focusses on the elements which is understanding the financial position and highlights and the key messages in the financial statements, it also gives insight into future priorities risks and strategies to achieve the priorities and mitigate any risks.</p> <p>Discussions took place around timescales, the management commentary within the accounts and the reporting on national indicators. There was also assurance that governance is in place around the timescales.</p> <p><b>Recommendations:</b> Decision to agree the recommendations with the amendment that was asked in recommendation 3 to change that recommendation to approve the draft governance statement for 23/24. Agreed.</p>	
<p><b>5</b></p>	<p><b>FIFE IJB ANNUAL REPORT 2023/24 (INCORPORATING REPORT F05/24 – INTERNAL CONTROL EVALUATION 2023/24)</b></p> <p>Jocelyn Lyall presented the 2023/24 Annual Internal Audit Report – Section 1 which incorporates the findings of the ICE report. The report provides reasonable assurance over the IJB’s arrangements for risk management, governance, and control based on internal audit work undertaken. Section 1 provides the executive summary of the audit opinion, key themes and the key developments. Section 2 of the Annual Report has separately been provided to management for their review and consideration. The financial governance section is still</p>	

	<p>being worked through and will be issued to management shortly for discussion. Once there has been agreed accuracy of the full report and the responses to the recommendations within it, the composite 23/24 Annual Report will be issued to members and will be presented to this Committee in September. Key points from Section 1 are 5 recommendations from 22/23 - 4 are fully complete with 1 outstanding to develop risk appetite and ensure that the risk management strategies across Fife are aligned with the integration scheme. This one is in progress.</p> <p>The financial forecast for year-end was a provisional deficit that will leave balance of reserves for a specific commitment but none will be available for general use. That provisional out-turn position will have a significant impact on savings required for 24/25 onwards and recovery plans to be developed. The Audited Accounts are scheduled for sign off at the September 2024 IJB, providing the opportunity for the Chief Internal Auditor to consider the outcome of the Due Diligence exercise and any resulting updates in the 2023/24 Governance Statement.</p> <p><b>Recommendations:</b> The Audit and Assurance Committee are asked to consider the assurance provided and note that once Management responses to recommendations have been collated, the final composite report will be circulated to Audit and Assurance Committee members and presented in full to the September 2024 Audit and Assurance Committee. Agreed.</p>	
<p><b>6</b></p>	<p><b>FK04-23 FIFE IJB CONTRACT/MARKET CAPACITY</b></p> <p>Lesley Gauld presented this report to the Audit and Assurance Committee for discussion and assurance.</p> <p>The IJB Strategic Risk Register includes a risk relating to the sustainability of services commissioned by the Partnership from the independent and third sectors. This is risk number 21 in the risk register. An internal audit was completed to assess the management of this risk, the external services included in the audit were homecare, residential, and day care services. The Final Audit Report was issued on 20th June and is included on page 75 of the meeting papers. The audit identified the level of assurance as reasonable, with a generally sound system of governance, risk management, and control measures in place. 4 recommendations were included in the audit report, and time bound actions have been agreed, these are:</p> <ul style="list-style-type: none"> <li>• Develop a Risk Ranking Register for Care Services.</li> <li>• Create a process to support internal monitoring arrangements and enable cross checking of internal and external inspections of care homes.</li> <li>• Develop a Register of Suppliers.</li> <li>• Create and implement a process to set and manage performance objectives for providers.</li> </ul> <p>A working group has been set up to complete these actions by December 2024. Members are asked to note the findings in the audit report and take assurance from this positive assessment.</p>	

	<p>Discussion around number of service providers and metrics around this took place. Assurance was provided that these elements are considered/monitored during management of service provision, and are included in regular performance reporting to their committees. Also discussed were the audit findings and the committee took assurance that strategic risk is being managed effectively. Lesley Gauld will pick up with Alan Adamson to advise the FPS Committee that these elements have been highlighted by the A&amp;AC during discussion/review of the audit report.</p> <p><b>Recommendations:</b> The Audit and Assurance Committee are asked to discuss the findings and take assurance for the positive report which recommends “reasonable assurance” and includes 4 service improvements which will reduce the identified strategic risk. Assured.</p>	<p style="text-align: center;"><b>LG</b></p>
<p><b>7</b></p>	<p><b>IJB STRATEGIC RISK REGISTER</b></p> <p>Audrey Valente presented this report for assurance and discussion. The risk register was last presented to this Committee in May 2024. The risks have mostly been reviewed in June. The score for the finance risk has increased from 16 to 20 to reflect the out-turn position and the impact this will have on the 24/25 financial position. Appendix 1 displays the risks presented in the usual condensed format in order of residual risk score. This is the score taking into account the management actions that are currently in place. A full version of the risk register is also included at Appendix 2 for information and also to allow the members to see the movement for SMART actions in column 10 and 11. There are currently 4 risks with a high-risk score these are shown in summary form on the SBAR. Deep Dive reviews have been carried out on all these risks within the last year. The risk profile for the IJB as of June 24 and March 24 is also shown on the SBAR. Following discussion at the last Committee a section highlighting the lessons learned and the assurance provided from the deep dive risk reviews undertaken to date is included at the bottom of section 3.3. The trend analysis showing the trajectory of scores from November 2020 up to the target date of March 2025 and March 2026 is provided at paragraph 3.4 and at Appendix 4 for information and consideration.</p> <p>Discussions took place around whether the current target scores seem realistic and governance that should be in place around it. Also, the Committee need assurance that this is being reviewed and updated on a regular basis. Audrey Valente to have discussions regarding how we formally update other committees of actions agreed by the Audit and Assurance Committee that will have an impact on that specific committee. SMART actions were discussed, Audrey Valente advised that she would review and present a revised reporting format to a future Committee meeting.</p> <p><b>Recommendations:</b> Assurance – this report for assurance that risks continue to be managed by the relevant risk owners and that lessons learned from the deep dive review process are helping to support the management of risks and discuss the IJB Risk register and whether further information is required and whether current target risk scores are achievable. Assured and discussed.</p>	<p style="text-align: center;"><b>AV/VS</b></p> <p style="text-align: center;"><b>AV/AS</b></p>

8	<p><b>ANNUAL REVIEW – TERMS OF REFERENCE</b></p> <p>Audrey Valente presented this report on behalf of Vanessa Salmond. It is recommended that the Audit and Assurance Committee review and discuss the current Terms of Reference at Appendix 1 and Audit and Assurance Committee agree to any required amendments of the Terms of reference.</p> <p>Discussion took place around minor alterations to the presentation of the document and the quoracy of this Committee.</p> <p><b>Recommendations:</b> To agree and discuss and review any required amendments. Done.</p>	
9	<p><b>AUDIT AND ASSURANCE WORKPLAN</b></p> <p>The purpose of the workplan is for discussion and noting. Done</p>	
10	<p><b>ITEMS FOR REFLECTIONS AND HIGHLIGHTING TO THE IJB</b></p> <p>None.</p>	
11	<p><b>AOCB</b></p> <p><b>GOVERNANCE OF FINANCE</b></p> <p>The Chair wanted to walk through the budgets process specifically in relation to where the money gets assigned. The Chair was also clear that the discussion should take place without reference to any H&amp;SC matters and not looking at any of the details.</p> <p>Discussions took place around the constraints of funding and the direction of the budget. Audrey will present the Chair and Vice chair with a Finance paper and a Lessons Learned paper and further discussions will be had at the next meeting of the Audit and Assurance Committee.</p> <p>Key questions and answers:</p> <p>Q. What constraints are there?</p> <p>A. The Council has a medium-term financial strategy. They clearly articulate in there that whatever funding uplift comes to the Council is what will be passported on to the IJB or the H&amp;SCP so if there is a 2% cut in funding, we will receive a 2% cut.</p> <p>Q. 3 months ago, there were pages attached on the back of each direction and one was a diagram on how the money comes in and where the money goes out and then there was a breakdown in the various categories. Is that breakdown considered to be part of the direction?</p> <p>A. Yes, in the budget paper we clearly talk about the cost of continuing so we say what did it cost to deliver the services last year are there any known cost pressures that we need to build into our budget model. What is the funding that comes in, then as a result of that what is our gap and what are the savings that we are coming forward with. That then allows us to determine what budget goes back out to Health and what budget goes back out to Fife Council.</p>	

	<p>Q. Where does the money sit?</p> <p>A. There is a separate bank account for the reserves- currently held by Fife Council on behalf of IJB – it sits in the Council accounts for the Social Care/Social Work Services and Health delegated sits in the NHS Fife financial ledger/bank account.</p> <p>Q. If the payment in from one of the partners was £Xm more than what you are intending to give back to them does that £Xm move/get paid at that point?</p> <p>A. Not necessarily all at that point there is resource transfer which happens throughout the year but as part of the direction if we direct the transfer of £10.8m or £4m as part of the budget setting process then it would be expected that should transfer at the start of the year.</p> <p>Q. If these directions are mandatory and one of the partners does not comply.</p> <p>A. There is a Lessons Learned paper and financial paper being issued today and the directions are part of that. The paper suggests that legal advice be sought on this matter.</p> <p>Q. During the year how do you control that expenditure which is in effect being managed by our partners?</p> <p>A. In the paper you will be sighted (lessons learned) there is clear reference to the current financial management arrangements in place. A budget is set annually for each of the services within the HSCP. The finance business partners actively support and challenge budget holders to manage those budgets and there is regular monitoring updates to both budget holders, SLT and appropriate governance committees, as well as financial regulations in all partner organisations to ensure effective financial monitoring.</p> <p>Q. If you have given £20m to partner A for service X in a sense once they have spent the £20m whose money are they spending once they pass that figure.</p> <p>A. As per the Integration Scheme, we work collegiately with the 'Fife Pound', thus we report a consolidated financial position. This financial position may include an overspend in one partner organisation which is balanced by an underspend in another partner organisation. Where a consolidated overspend exists, the risk share agreement is evoked on a 62/38 basis.</p>	
<p><b>12</b></p>	<p><b>DATE OF NEXT MEETING</b></p> <p>13 September 2024 at 10:00 a.m. MS Team</p>	



# Fife Health & Social Care Partnership

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## MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 3<sup>RD</sup> JULY 2024 AT 10.00 AM VIA MICROSOFT TEAMS

**Present:** Alastair Grant, NHS Non-Executive Board Member (Chair)  
John Kemp, NHS Non-Executive Board Member  
Cllr Dave Dempsey  
Colin Grieve NHS Non-Executive Board Member

**Attending:** Nicky Connor, Director of Health & Social Care  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Audrey Valente, Chief Finance Officer  
Lynne Garvey, Head of Community Care Services  
Vanessa Salmond, Head of Corporate Services  
Jennifer Rezendes, Professional Social Work Lead  
Helen Hellewell, Associate Medical Director  
Jillian Torrens, Head of Complex & Critical Care  
Lisa Cooper, Head of Primary and Preventative Care Services

*In attendance:*

William Penrice, Service Manager, Performance Management & Quality Assurance  
Gillian Muir, Management Support Officer (Minutes)

**Apologies for Absence:** Cllr Graeme Downie  
Cllr David Alexander  
Lynn Barker, Director of Nursing

No.	Item	ACTION
1.	<p><b>WELCOME AND APOLOGIES</b></p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	
2.	<p><b>DECLARATIONS OF INTEREST</b></p> <p>No declarations of interest were noted.</p>	

3.	<p><b>MINUTE OF PREVIOUS MEETING – 15<sup>TH</sup> MAY 2024</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p><b>MATTERS ARISING / ACTION LOG</b></p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p>	
5.	<p><b>FINANCE</b></p>	
5.1	<p><b>Finance Update</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position.</p> <p>Committee noted this was the first monitor of the new financial year based on actuals to the end of May 2024 noting a projected outturn of £24.353m of an overspend and noted the main variances detailed in the paper.</p> <p>Audrey Valente highlighted that the non-delivery of the savings, which are included in the overspend, equate to at least 70% of the total overspend. Committee noted that the paper identifies of the £39m approved savings it is projected that £20m of those will be delivered by the end of the year leaving £19m undelivered. This will become a focus for SLT this financial year to bring the projected overspend down.</p> <p>Audrey Valente also highlighted that the movement in budget towards the end of last financial year had had implications for the projected outturn. It is estimated that a further £6m of savings will be required to be identified. Committee noted that some of these savings are detailed within the Lessons Learned paper under item 5.2 of the agenda. A recovery plan will require to be actioned and brought to the next Committee. Committee also noted that there will be a high chance that the Partnership will be in a risk share position. Assurance was given that the Partnership will do all that it can to minimise the requirement for risk share.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included what are the main drivers behind the forecast variance in hospitals and long-term care adult placements; the Partnership is projecting an overspend / under saving what are the contingency actions that will be taken to find savings in other ways; has the receipt of timely forecast data from partner organisations improved?</p> <p>Queries were also raised with regards to the savings tracker and to the Scottish Government funding for PMS and the direction issued by the IJB in March does the Scottish Government funding sit out with the direction?</p>	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that there is robust financial monitoring in place.</li> <li>2. Agreed onward submission to the IJB for approval of the financial monitoring position as at May 2024.</li> </ol>	
<p><b>5.2</b></p>	<p><b>Lessons Learned Financial Movement Review</b></p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the lessons learned following the movement in the budget between the December reported position for Fife Council, the January reported position for NHS Fife and the consolidated year end provisional outturn position.</p> <p>Audrey Valente highlighted the five main reasons for the movement in the projection from January’s reported position to year end and Committee noted the detail of these.</p> <p>Committee also noted the challenging financial position the Partnership faces in 2024-25 and the requirement for enhanced scrutiny of the financial position with lessons learned requiring to be a continuous approach to achieving financial sustainability.</p> <p>Audrey Valente shared a slide detailing proposals to bring forward the additional £6m savings now required. Officers provided an overview of each of the proposals and noted these will be in the recovery plan being brought to next committee.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the exercise undertaken.</p> <p>Considerable discussion took place and items raised for discussion included how did the Partnership not know that it couldn’t use the Government linked reserves until it sought permission; what are the next steps; if going to use the directions need to know if these are mandatory or optional; why is there such scrutiny around vacancies with delegated health functions; is there any intention to seek staffs’ views / ideas on savings?</p> <p>Committee noted that some aspects of the work being undertaken are linked with NHS Fife’s RTP Programme and the need to liaise to ensure savings do not impact on each other.</p> <p>Committee felt that before any future actions are settled that all three organisations are in the same place. It felt that it was important that conversations continue to ensure the three organisations are clear what next steps are and agree what the lessons learned are to ensure the Partnership is not in this position again.</p>	



	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance by the lessons learned exercise.</li> <li>2. Noted and approved the lessons learned exercise.</li> </ol>	
<b>5.3</b>	<p><b>Finance Risk Register Deep Dive Review Report – Contractual / Market Capacity Risk</b></p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance and Commissioning setting out the Partnerships position, scoring and key mitigations.</p> <p>Committee noted the deep dive risk review seeks to demonstrate how the risk is being managed and sets out the relevant appetite for risk, assurances, performance measures, benefits, and linked risks which will help to reassure members that mitigations will have an impact on the elements of the risk that the Partnership can influence and control and that it is actively monitoring the elements of the risk that are out with its control.</p> <p>Committee also noted that the Partnership has confidence that there is a reasonable level of assurance in place to support management of this risk which is supported by the issue of the Internal Audit report on Contract and Market Capacity. Work is ongoing and close scrutiny is being applied to deliver actions and performance monitoring. It is acknowledged that there are a number of external factors out with its control that can impact on the risk, and the Partnership continues to monitor these closely.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query with regards to the risk scoring and whether the actions, if completed, will reduce any of the scores and whether the definition of the risk is correct?</p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the deep dive review and provided comments and suggestions for improvement.</li> <li>2. Were satisfied with then level of assurance provided on this risk.</li> </ol>	
<b>6.</b>	<b>PERFORMANCE</b>	
<b>6.1</b>	<p><b>Annual Performance Report 2023-2024</b></p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance &amp; Commissioning noting this was the second draft of the Annual Performance Report as it evolves and progresses through the governance process.</p>	

	<p>Committee noted this is a requirement of the Scottish Government and is due for submission by end of July 2024. The report provides a balanced assessment of the Partnership’s performance over the period 2023 to 2024 and includes areas of best practice, specific achievements, and performance appraisal in accordance with national indicators.</p> <p>Committee also noted that the Annual Performance Report is structured using the Partnership’s strategic priorities. This format has been welcomed in previous reports because it aligns with the structure of the current Strategic Plan and enables comparison of performance across multiple years.</p> <p>The discussion was opened to Committee members who provided additional comments and feedback on the report.</p> <p>No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the Annual Performance Report 2023 to 2024, highlighted some changes required, and provided agreement that the Report should progress to the Integration Joint Board.</li> <li>2. Took assurance that the report is brought to Committee to provide assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.</li> </ol>	
7.	<b>TRANSFORMATION</b>	
7.1	<p><b>Creating Hope for Fife : Fife’s Suicide Prevention Action Plan</b></p> <p>The Committee considered a report from Lisa Cooper, Head of Service, Primary &amp; Preventive Care to assure members that the work to develop and implement the new Fife Suicide Prevention Action Plan has now been completed and is a priority within Fife’s Mental Health Strategy.</p> <p>Lisa Cooper provided the background to ‘Creating Hope Together’ which is a development of the new Scottish Suicide Prevention Strategy and recognises the multitude of factors that determine suicide risk. The strategy identifies four priority areas which underpin the strategy which are reflected in the four outcomes for the strategy.</p> <p>Committee noted that there had been significant work progressed to bring the work forward and their attention was drawn to links detailed within the paper which ties into the guidance that has supported the creation of the plan.</p>	

	<p>The focus of all work remains on person centred, quality care delivery with the aim of preventing suicide and its impact on the person and others. The Partnership continues to build on the strong Fife multiagency approach and arrangements already established to deliver the Fife Suicide Prevention Action Plan.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee commented that this was an excellent plan and was clear how multiagency working will work and what kind of action will be taken.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that the process to develop the Fife Suicide Prevention Action Plan 2023-2025 was in accordance with national strategic requirements.</li> <li>2. Took assurance that a robust Fife Suicide Prevention Action Plan has been designed as a result of the process and will be implemented with oversight by the Mental Health Strategy governance structures.</li> </ol>	
<p><b>7.2</b></p>	<p><b>CAMH's Update</b></p> <p>The Committee considered a report from Jillian Torrens, Head of Service, Complex and Critical Care detailing the progress towards achieving the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT); current performance against this; actions and mitigating factors.</p> <p>Committee noted that the National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who require treatment by specialist CAMHS services commence that treatment within 18 weeks of referral. Subsequently Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition of the 90% target by requiring that services develop an improvement plan with the objective of achieving the established targets by March 2023.</p> <p>Committee noted that unfortunately the target had not been met mainly due to reduced capacity within the service due to staff vacancies and absences, but a detailed plan is now in place to try and meet the target by January 2025 with the initiatives that have been put in place and the focus on recruitment. Focussed work continues to look at trajectories and there is confidence that the January 2025 target will be met however will be dependent on retaining the workforce.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee noted the improving picture.</p>	

	<p>Decision</p> <p>The Committee</p> <p>1 Endorsed the strategy taking into account the amendments being worked on as outlined within the report.</p>	
8.	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 26<sup>th</sup> July 2024.</p>	
9.	<p><b>AOCB</b></p> <p>No issues were raised under AOCB.</p>	
10.	<p><b>DATE OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>Wednesday 11<sup>th</sup> September 2024 at 10.00 am via MS Teams</li> </ul>	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE FRIDAY 5<sup>TH</sup> JULY 2024, 1000hrs - MS TEAMS

- Present:** Sinead Braiden, NHS Board Member (Chair) (SB)  
Councillor Margaret Kennedy  
Paul Dundas, Independent Sector Lead (PD)  
Morna Fleming, Carer's Representative (MF)  
Kenny Murphy, Third Sector Representative (KM)  
Colin Grieve, Non-Executive Board Member (CG)  
Alistair Grant, Non-Executive Board Member (AG)
- Attending:** Dr Helen Hellewell, Deputy Medical Director (HH)  
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)  
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMcK)  
Jennifer Rezendes, Principal Social Work Officer (JR)  
Jillian Torrens, Head of Complex and Critical Care (JT)  
Vanessa Salmond, Head of Corporate Services (VS)  
Avril Sweeney, Risk Compliance Manager (AS)  
Lesley Gauld, Strategic Planning Team Manager (LG)
- In Attendance:** Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
- Apologies for Absence:** Councillor Sam Steele  
Councillor Rosemary Liewald  
Councillor Lynn Mowatt  
Amanda Wong, Director of Allied Health Professionals (AW)  
Ian Dall, Service User Rep, Chair of the PEN (ID)  
Nicky Connor, Director of Health & Social Care (NC)  
Ben Hannan, Executive Director - Pharmacy and Medicines (BH)  
Lynn Barker, Director of Nursing (LB)  
Lynne Garvey, Head of Community Care Services (LG)  
Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw)  
Catherine Gilvear, Quality Clinical & Care Governance Lead (CG)

No	Item	Action
1	<p><b>CHAIRPERSON'S WELCOME AND OPENING REMARKS</b></p> <p>SB welcomed everyone to the 05 July HSCP Quality &amp; Communities Committee meeting.</p>	
2	<p><b>ACTIVE OR EMERGING ISSUES</b></p>	
	<p>No emerging issues were reported.</p>	
3	<p><b>DECLARATION OF MEMBERS' INTEREST</b></p> <p>No declarations of interest were received.</p>	
4	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies were noted as above.</p>	
5	<p><b>MINUTES OF PREVIOUS MEETINGS HELD ON 10 MAY 2024</b></p> <p>The previous minutes from the Q&amp;CC meeting on <b>10 May 2024</b> 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><b>ACTION LOG</b></p>	
	<p>The Action Log from the meeting held on <b>10 May 2024</b> was reviewed. VS advised a member of the Community Care Services will be invited to the next IJB Development Session.</p> <p>An annual update relating to AHP Professional Assurance will come back to Committee in Jan '25.</p> <p>LG has committed to providing 6-monthly updates re the Community Care Rehab model. This is included in the Q&amp;CC Workplan.</p> <p>The Action Log was approved as accurate and the updates provided were noted.</p>	
7	<p><b>GOVERNANCE &amp; OUTCOMES</b></p>	
7.1	<p><b>Quality Matters Assurance</b></p> <p>This report was brought to Committee by Helen Hellewell on behalf of Lynn Barker for Assurance.</p> <p>HH introduced the report which comes from QMAG which Lynn Barker Chairs. She highlighted the good practice which is emerging from the Mental Health Commission visits. She stated the meeting had to be curtailed as an emergency meeting had been called for at the same time. All outstanding items were carried forward to the next QMAG meeting, however, HH gave assurance there are no concerns</p>	

	<p>regarding governance for this having taken place. HH invited questions.</p> <p>SB queried the reference to MAPPA within the minutes of the QMAG meeting. She was pleased to read the positive reviews relating to the MWC visits. HH advised MAPPA is to come through this Committee and understood this was on the Q&amp;CC Workplan. HH suggested it may be useful to meet offline regarding MAPPA. SB stated she would meet with J Rezendes and L Barker outwith the meeting.</p> <p>FMcK advised JR will be joining the meeting, she was experiencing computer issues. FMcK added she has discussed MAPPA with Dougie Dunlop and there is to be a review carried out by DD and his Team. The report will come to a future meeting of Q&amp;CC, and will also include ADP, along with other areas. Currently, this is a work in progress.</p> <p>HH advised, there has been an effort to reduce the length of the QMA report and asked for feedback to be forwarded to herself or LB.</p> <p>MF felt the report was easier to read and follow and gave thanks for the improvement. HH suggested MF be involved in a glossary which is to be created.</p> <p>SB commented on the increase in incidents and queried if there was an explanation. HH advised, an increase in incidents is not always a negative, it can mean Datix is being used more effectively to record incidents. She was happy to pick up a conversation off-line to explain in further detail or perhaps Committee would prefer a deeper dive into specific areas? SB was happy to discuss off-line.</p> <p>SB stated the Committee took Assurance from the report.</p>	<p style="text-align: center;"><b>SB</b></p> <p style="text-align: center;"><b>SB / HH / LB</b></p>
<p><b>7.2</b></p>	<p><b>Quality and Communities Committee Terms of Reference</b></p> <p>HH introduced the Q&amp;CC Terms of Reference which was brought for discussion and acceptance. She stated the majority of the changes were accepted at the previous meeting, however, there has been a request from Internal Audit for the reporting arrangements to be clarified around the role of NHS Fife Governance and the Integration Scheme Arrangements. She highlighted the diagram which was included within the ToR.</p> <p>A Chair's Report along with the ToR will go the next meeting of the IJB.</p> <p>CG queried the diagram showing the routes of information flow. He asked why NHS Fife sits with QMAG, before going to SLT, with no route back into SLT. This was discussed in some detail and HH agreed, clarification is required.</p>	<p style="text-align: center;"><b>HH / VS</b></p>

	<p>FMcK felt there was something missing as SLT must be sighted on all matters, and this should be reflected in the diagram.</p> <p>KM agreed the diagram did not quite fit the practicalities of reporting arrangements. He referred to text on page 23, and felt some of the wording was not clear and he would like this to be given further consideration.</p> <p>VS advised, some of the specific wording was in response to points raised by Internal Audit, however, agreed should be revisited. She referred to Child and Adult Protection issues reporting arrangements should be reflected in ToR as a whole system arrangement.</p> <p>HH proposed the mentioned points are considered, and worked through with Internal Audit. VS offered to circulate a refreshed ToR to Members by email for ratification, rather than delaying a further two months until the August meeting. This was agreed.</p>	<b>VS</b>
<p><b>7.3</b></p>	<p><b>Deep Dive Risk Review for Contractual/Market Capacity Risk</b></p> <p>This report is brought to Committee by Fiona McKay and comes for Discussion and Assurance. FMcK introduced A Sweeney, Risk Compliance Manager, who presented the Paper.</p> <p>AS stated, as part of the IJB Risk Management Policy and Strategy, a Risk Reporting Framework has been agreed. As part of the Framework, each Risk on the IJB Strategic Risk Register is assigned to the Q&amp;CC or the Finance, Performance &amp; Scrutiny Committee. She advised, this specific Risk is assigned to both Committees.</p> <p>The Deep Dive Risk Review is shown in Appendix 1 detailing the Risk description and the Risk scoring. The review also highlights the internal and external factors which may impact on the Risk, it provides assurances, performance measures, benefits and linked Risks. A performance summary is shown at the end of the Deep Dive Risk Review.</p> <p>AS outlined the question set out in Appendix 2 which is to aid Committee Members in their scrutiny of the Risk. The key mitigations were described.</p> <p>The collaboration of Care Home and Care @ Home, and new systems such as Pin Point have been key to the work. AS stated, the Care @ Home collaborative report is now used as an exemplar by Scottish Government. Mitigations have been identified through the Strategic Planning Group. A new performance framework is providing additional assurances and control measures and information on performance and benefits is being sought from a quality and quantity perspective, which AS gave detail of.</p> <p>Agreed actions are ongoing, it was acknowledged there are factors out with the Partnership's control, however, these are being monitored.</p> <p>PD thanked AS for the report. He felt a good understanding of oversight of the whole system is established and there is</p>	



	<p>mechanism in place to be aware of Risks and to mitigate them quickly.</p> <p>KM felt the report was comprehensive. He felt it was difficult to identify any other mitigations which could be put in place. He queried the amber status given to the Risk, however, it was agreed with the number of external factors, this was appropriate.</p> <p>FMcK spoke of close working with the Partners around finances.</p> <p>MF referred to page 32 of the report, increased demand for services and unmet need. She felt alternative wording could be used to describe the level of Risk impacting Carers more closely, which she felt should be acknowledged.</p> <p>AS agreed to revisit the wording on page 32.</p> <p>The Committee took Assurance from the Deep Dive Risk Review.</p>	<b>AS</b>
<b>8</b>	<b>STRATEGIC PLANNING &amp; DELIVERY</b>	
<b>8.1</b>	<p><b>Community Led Support Services Progress Report 23/24</b></p> <p>FMcK was very pleased to bring the Community Led Support Report as there has been a tremendous amount of work taking place. The report was brought to Committee for Assurance. She described the many Services and work with GPs re direct referrals, also work taking place across Localities and with Acute Services through The Wells.</p> <p>She advised from Page 50 onwards within the report, significant work is outlined which has been taken forward. She referred to figures which are coming through, particularly referrals from The Wells. She added, The Wells only operates 24hrs per week.</p> <p>FMcK referred to staff losses, which caused a temporary loss in referrals, however, these staff have now been replaced. She spoke of work taking place with Fife Council's 'No Wrong Door' Programme and funding which has been received for The Wells from Area Committees and from the Homelessness Housing Project, providing additional support. Questions were invited.</p> <p>Cllr Kennedy was very pleased to see the increase in the number of men engaging with The Wells. She commented on the Link 24/25 CARF, as it is well known financial issues can be a factor in poor mental health and wellbeing. She was concerned issues around staffing, funding and sustainability could be a threat to continuity of the less bureaucratic services. She felt this was a huge concern moving forward.</p> <p>FMcK agreed there is a challenge securing funding, however, her and the Team's commitment to ensuring these services continue is steadfast. She spoke of an impending visit from the Chief Executive of Fife Council to The Wells</p>	

	<p>MF was very complimentary of the simplicity of the report and felt it would be readily understood by the public. She asked why there were no stats for The Wells and referred to the Case Study of Steven who was diagnosed with Cancer. He asked why the support available was not signposted to Steven at the time of diagnosis, she asked this is addressed.</p> <p>FMcK stated individuals are given information at the time, however, the person is not always ready to accept the support. She felt the wording in the report gives the impression the information was not readily available, the wording will be reviewed. FMcK told of the process which is followed from Acute Services, which is a Government approved MacMillan process.</p> <p>FMcK advised the recording system used for The Wells is a WIP to find a suitable system.</p> <p>PD commended the report which showcases the range, quality and diversity of the work taking place by Jacqueline Stringer and her Team. He spoke of further services which are coming forward through Community Led Support.</p> <p>The Committee took Assurance from the report.</p>	
<b>9</b>	<b>LEGISLATIVE REQUIREMENTS &amp; ANNUAL REPORTS</b>	
<b>9.1</b>	<p><b>Fife ADP Annual Report and Annual Survey 2023-2024</b></p> <p>FMcK introduced the report which was brought to Committee for Discussion and Decision. She advised Elizabeth Butters, who normally presents the report is currently on leave. Nicky Connor, who was Chair of the ADP, has been heavily involved in the work which has taken place.</p> <p>FMcK ran through the main highlights from the report. She stated all of the MAT standards for Fife have been graded as green, which is a significant achievement for the Team.</p> <p>S Braiden thanked F McKay for what was an excellent report. M Fleming queried page 107, asking why drug related deaths are still so high. She commented, not receiving official figures for 2023 until July 2024 seems very late and having to rely on figures from Police Scotland was not helpful as the figures were incomplete. She referred to Page 128 and asked why Fife suffers from such a high level of Benzodiazepine hospital admissions. Also, page 134, she queried why a very increased level of alcohol Brief Intervention was a positive.</p> <p>HH wished to comment on the alcohol intervention and explained this relates to having an intervention before alcohol misuse becomes ingrained for a person. She stressed the benefits of intervening at an</p>	

earlier stage. She suggested this could be made clearer in the report. She described a high level of work which goes into investigating Drug Deaths in Fife and there is work coming forward re Benzodiazepine use.

FMcK stated drug deaths in Fife have been lower than the Scottish average, however, one death is too many. She advised due to the young people's deaths, there has been an Oversight Group established to consider messaging to younger people to ensure Fife is getting this right. She advised 'Clued Up' is supporting to ensure the correct messaging is used. She spoke of the work Addiction Services do to support the work. FMcK described working with people with lived experience being vital and HSCP have funded support for family carers. She described several of the supports which are provided.

K Murphy was supportive of EBIs as a positive early intervention and asked if more work is taking place because the workforce is better or because demand is higher and it is a growing problem, or a bit of both? HH spoke of the complexity of the matter with a closer look and monitoring required.

FMcK added the ADP are looking at EBIs. She explained, there is a national target in which Fife are way ahead (green). Currently looking to discover if Fife are doing anything unnecessary which could save finances if stopped.

SB queried the residential treatment facility, she asked if there is involvement with the Third Sector. FMcK advised, Fife HSCP do not commission residential rehab themselves, it goes to FIRST, who commission on Fife's behalf. She explained, FIRST are able to negotiate rates more effectively than HSCP and she described work FIRST do and their involvement with ADP.

SB also asked why drug deaths are so high, and queried if Fentanyl is a growing problem. She felt the ADP have done tremendously well given the national context.

LC has been working on the Young Person's Drug Death Task Force Group which has recently been established. She told of the good work they are doing and preventative work taking place.

JT, Head of Complex & Critical Care, new into post is joining the ADP Committee. She stated, Addiction Services in Fife have a huge caseload - currently over 2200 cases, she spoke of work with partner agencies to bring drug death figures down.

CG acknowledged the positive work which is taking place and the multi-faceted community safety aspects involving HSCP, Community Safety Partnership and Localities.

FMcK agreed, joined up working is critical with partnerships, police, fire, community safety all linking together.

	<p>SB thanked FMcK for the report which the Committee were happy progress.</p>	
<p><b>9.2</b></p>	<p><b>Annual Performance Report 2023-2024</b></p> <p>The report is brought to Committee by Fiona McKay, she explained all IJB's who have a Strategic Plan are required by Scottish Government to submit an Annual Performance Report by end July each year. This will be measured against all Partnerships within Scotland and feedback will be provided.</p> <p>FMcK stated the report has grown each year and it is to give a flavour of the significant work which is taking place within the Partnership. She referred to demographics, awards received, locality planning, performance linked to National Health &amp; Wellbeing outcomes and Public Health Priorities for Scotland. She stated the report is on a journey with other elements to be added, particularly the Introduction and Best Value.</p> <p>MF gave thanks for the report and felt the reports are becoming easier to read. She queried "why there is a 12-16 week lag in discharge diagnosis coding" and asked if this is likely to reduce. She was concerned to learn why only 27.6% of Unpaid Carers felt supported in their caring role.</p> <p>FMcK responded by advising data must be verified through Scottish Government, resulting in a lag. She felt this could be picked up and perhaps 'informal' data used. Re Unpaid Carers, new reporting has been received with an increase to 30% for 2024, slightly higher than Scottish average, however acknowledged there is still lots of work to be done. Carers forums, sign-posting and other work taking place should help to improve the situation.</p> <p>PD highlighted the good work LGould has included with graphics, charts, QR codes, etc which he felt has made a positive difference, FMcK agreed.</p> <p>KM referred to Appendix 3, National Indicators, he was surprised to see a 5<sup>th</sup> with no data available. FMcK agreed and explained a position has not been reached where there is a consensus across the country. This will be highlighted when the report is submitted to the Government.</p>	
<p><b>9.3</b></p>	<p><b>Creating Hope for Fife : Fife's Suicide Prevention Action Plan</b></p> <p>LC introduced the report which was brought to Committee for Assurance. She stated, a significant programme of work has been undertaken to deliver the Suicide Prevention Plan for Fife.</p> <p>She gave a background to the report and explained the aim is to reduce the number of suicide deaths through prevention and early</p>	

	<p>intervention as well as tackling the inequalities which contribute to suicide.</p> <p>LC gave an outline of the Plan and referred to the data within it. She spoke of the multiple stakeholder agencies involved, effective communication, training and education for staff and reducing risk.</p> <p>Governance reporting for the Suicide Prevention Action Plan will come through the Mental Health Strategy moving forward.</p> <p>FMcK advised the HSCP fund support organisations, linking into Mental Health Strategy and Drug &amp; Alcohol Strategy.</p> <p>KM referred to the Summary Paper, sections 6,7,8 and 9. He asked the purpose and stated there should be detail provided. LC agreed to investigate.</p> <p>JT referred to the guidance which differentiates between a drug death and suicide which she offered to share. There was discussion around links between Addiction Services and Mental Health Services. A helpful report from the MWC ‘Ending Exclusion’ brings the services together to have a more holistic approach. JT will share with Members.</p> <p>SB advised the Committee took Assurance from the report.</p>	<p>LC</p> <p>JT</p>
<p><b>9.4</b></p>	<p><b>Children’s Services Annual Report 2022/23</b></p> <p>The report is brought to Committee by Lisa Cooper for Assurance. LC described how the report shapes delivery of HSCP’s Children’s Services and how it is constituted. She spoke of the various Services, highlighting areas of success, such as Children and Young People’s Occupational Therapy Service, a professional enquiry line has been developed and supported with significant demand and with positive outcomes. Also, the Children and Young People’s Community Nursing Service was awarded the ‘Children &amp; Midwifery Award’ at this year’s RCN Scotland Nurse of the Year Awards.</p> <p>CG commented on the lack of accessibility of links within the report. LC will ensure these are updated and can be easily accessed.</p> <p>SB advised the Committee took Assurance from the report.</p>	<p>LC</p>
<p><b>10</b></p>	<p><b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b></p>	

	<p>10.1 Quality Matters Assurance Group Unconfirmed Minute 17.05.24</p> <p>10.2 Clinical Governance Committee Unconfirmed Minute 03.05.24</p> <p>10.3 Fife Alcohol, Drugs and Therapeutics Committee Unconfirmed Minutes 17.04.24</p> <p>10.4 Strategic Planning Group Unconfirmed Minutes 02.05.24</p>	
<b>11</b>	<p><b>ITEMS FOR ESCALATION</b></p> <p>No items for escalation.</p>	
<b>12</b>	<p><b>AOCB</b></p> <p>No other business requested.</p>	
<b>13</b>	<p><b>DATE OF NEXT MEETING</b></p> <p><b>Wednesday 04 September, 1000hrs, MS Teams</b></p>	



## CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 2 JULY 2024 AT 9.00 AM VIA TEAMS

**PRESENT:** Fiona McKay, Head of Strategic Planning, Performance & Commissioning (Chair)  
 Debbie Fyfe, Joint Trades Union Secretary  
 Audrey Valente, Chief Finance Officer, H&SC  
 Billy Nixon, Health & Safety, NHS Fife  
 Hazel Williamson, Communications Officer, H&SC  
 Benjamin Morrison, Podiatrist, NHS Fife  
 Kenny McCallum, UNISON  
 Liam Mackie, UNISON Fife Health Branch  
 Lisa Cooper, Head of Primary and Preventative Care Services  
 Lynn Barker, Director of Nursing - HSCP  
 Lynne Garvey, Head of Community Care Services  
 Jillian Torrens, Head of Complex & Critical Care Services  
 Roy Lawrence, Principal Lead Organisation Development and Culture  
 Sharon Adamson, RCN  
 Vicki Bennett, British Dietetic Association Representative  
 Yvonne Batehup, UNISON Welfare Representative  
 Morag Stenhouse, H&S Adviser, Fife Council  
 Chu Chin Lim, Consultant, NHS Fife  
 Laura Wheatley, Senior Dental Officer, NHS Fife  
 Paul Hayter, NHS Fife  
 Wendy McConville, UNISON Fife Health Branch  
 Karen Cassie, HR Lead Officer, Fife Council  
 Melanie Jorgensen, HR Team Leader, NHS Fife  
 Elizabeth Crighton, Organisational Development & Culture Specialist  
 Dafydd McIntosh, Organisational Development & Culture Specialist  
 Vicki Birrell, Strategic Planning Team Manager (Item 10)  
 Carol Notman, PA (Minutes)

**APOLOGIES:** Nicky Connor, Director of Health & Social Care  
 Jennifer Rezendez, Principal Social Work Officer  
 Eleanor Haggett, Staff Side Representative, Fife Council  
 Lee-Anne French, HR Business Partner, Fife Council  
 Helen Hellewell, Deputy Medical Director, H&SC

NO	HEADING	ACTION
1	<b>APOLOGIES</b> Apologies were noted as above	
2	<b>PREVIOUS MINUTES / ACTION NOTE 14 MAY 2024</b> The Minute and Action Log from the meeting held on 14 May 2024 were both approved as accurate records of the meeting.	
3	<b>JOINT CHAIRS UPDATE</b>	

	<p>Fiona McKay advised with Nicky Connor leaving and taking up her role as Chief Executive of NHS Tayside she has been asked to undertake the role of Interim Director and Chief Officer until permanent replacement is in place.</p> <p>Fiona noted that there was the opportunity to say goodbye to Nicky on Thursday 4<sup>th</sup> July in Fife House and all were welcome.</p>	
<p>4</p>	<p><b>HEALTH &amp; WELLBEING</b></p> <ul style="list-style-type: none"> <li> <p>• <b>Attendance Information</b></p> <p>Melanie Jorgensen talked to the overview for NHS Fife and highlighted that there had been a slight decrease in absence rates from April 2024 with short term absence rate decreasing but long-term absences increasing during May 2024.</p> <p>Karen Cassie advised on behalf of Fife Council there has been a change to the reporting style with working days lost now being reported and advised that the Team undertook a comparison between the data from 2023 &amp; 2024 and could advise that there was significantly lower number of days lost during the same period in 2024.</p> </li> <li> <p>• <b>Recruitment</b></p> <p>Melanie Jorgensen noted that the highest number of recruitment activity for NHS Fife was within nursing and midwifery services.</p> <p>Melanie Jorgenson advised that she has met with the East Region Team to investigate the delays in getting successful candidates into post. These delays have increased by a further 43 days during the last quarter.</p> <p>Karen Cassie advised that there has been 87 Job Requisitions for Fife Council for the Partnership over the first quarter of 2024 and noted that the report outlines the demographics of applicants who have applied.</p> </li> <li> <p>• <b>Staff Health &amp; Wellbeing</b></p> <p>Elizabeth Crighton advised that the Partnership Strategy Group has been formed with its membership comprising from NHS Fife, Fife Council, Third and Independent Sectors. The Terms of Reference for the group is being developed and the draft work plan is anticipated to be finalised shortly.</p> <p>Elizabeth advised that the Partnership Induction and Learning Passport will be commencing in the Care at Home Team and confirmed that benchmarking work with the Independent Sector is currently underway.</p> <p>There was discussion around absence relating to anxiety and stress that is not work related and what more can be done to support staff. It was noted that there is no reporting mechanism in place to undertake a deep dive, but managers have a better understanding of what is happening with their staff members for whom they have a duty of care for and as part of their attendance management process can refer staff to counselling and support services if required.</p> <p>There was discussion around the length of time to get staff who have been successful at interview into post which in some cases can take</p> </li> </ul>	



	<p>up to 5 months. There was a request that a deep dive is taken that outlines how many candidates have withdrawn due to the delay. Melanie Jorgensen agreed to provide update on discussions at the next meeting.</p> <p>The query was raised with regards how many posts were being refused to go to advert due to the current financial pressures. Melanie Jorgenson advised that this was out with her remit as NHS Fife's Vacancy Management Panel is responsible for this. Fiona McKay advised that this information is being tracked by the Partnership.</p>	
<p><b>5</b></p>	<p><b>HEALTH AND SAFETY UPDATE</b></p> <ul style="list-style-type: none"> <li> <p><b>Mandatory Training – Dashboard and Trajectory - Update – Inc HS&amp;W Assurance Group Update</b></p> <p>Jillian Torrens talked to the report highlighting that the flash report provides details on the progress that services are making towards the 90% compliance rate for mandatory training. Jillian was pleased to report the significant improvement from February 2023 to April 2024.</p> <p>It was noted that the compliance for the Manual Handling for Patients Course for nursing staff was at 40% and the question was asked what can be done to support staff with completing the course. Jillian Torrens confirmed this would be ensuring that staff have protected time for learning. There was discussion around whether protected learning can be monitored which Jillian agreed to investigate.</p> <p><b>Action:</b>  <b>Jillian agreed to investigate whether the protected learning time can be monitored and will feedback to this group at a future meeting.</b></p> </li> <li> <p><b>H&amp;S Updates – NHS and Fife Council – inc Violence and Aggression</b></p> <p>Morag Stenhouse talked to the Fife Council element of the report highlighting that there have been 4 RIDDOR reportable incidences during March-May 2024.</p> <p>Following request, the Violence and Aggression report has been provided but it was noted that the information is only available from July 2022-May 2024.</p> <p>There was discussion and it was felt that violence and aggression incidences is significantly under reported as staff are not aware that being sworn at whether face to face or via telephone would classify as violence and aggression and should be reported. Staff are to be encouraged to report all violence and aggression as there are occasions where support can be put in place for instances such as sexual harassment from dementia service users.</p> <p>There was discussion around how staff record abuse such as micro aggression which is prevalent, and it was confirmed for NHS Staff this would be via DATIX. Fiona McKay asked Elizabeth Crighton to investigate what Equality Support was available, Elizabeth advised</p> </li> </ul>	<p>JT</p>

	<p>this falls within an action in the wellbeing plan and would report back at a future meeting.</p> <p><b>Action:</b>  <b>Elizabeth Crighton to report back on what wellbeing support is available for staff who are experiencing micro aggression.</b></p>	EC
6	<p><b>FINANCE UPDATE</b></p> <ul style="list-style-type: none"> <li> <b>Finance Update</b>  Audrey Valente noted that the finance position was challenging with the Partnership projecting an overspend of £24.3M.</li> </ul> <p>Audrey also noted that previously the IJB had approved savings of £39M in March but it was anticipated that £19M of these will not be delivered and an understanding of why is required as well as a recovery plan put in place to minimise the risk share which will be required by the end of this financial year.</p>	
7	<p><b>SERVICE PRESSURES &amp; WORKFORCE UPDATE</b></p> <ul style="list-style-type: none"> <li> <b>FHSCP Multifactorial Review Report on Attendance Management</b>  <p>Lisa Cooper advised that the Senior Leadership Team had requested a review of attendance management across all Portfolios. The findings were presented to the SLT who requested further direction to take another programme of work to map the infrastructure to support staff to attend work. Lisa advised that the results would feed into the Year 2 Action Plan for the Workforce Strategy.</p> </li> <li> <b>Verbal Update on Progress with Transformation &amp; Change</b>  <p>Audrey Valente advised that works were ongoing with regards Transformation and Change which tied in with the £39M savings of which £18M has been delivered. Audrey confirmed that the priority going forward was achieving as close to the agreed £39M savings as is possible.</p> </li> </ul>	
8	<p><b>WORKFORCE ACTION PLAN FLASH REPORT</b></p> <p>Roy Lawrence talked to the flash report highlighting that the Foundation Apprenticeship Programme has agreed 59 work placements across social care settings. In addition, the funded Technology Enabled Care with Fife Care Academy has over 60 people who have started.</p> <p>There was discussion around FC4/5 band staff not feeling that they have any career progression due to time it was agreed that further discussion out with meeting was required.</p> <p><b>Action:</b>  <b>DF/RLaw to discuss career progression for Fife Council Staff Members out with meeting.</b></p>	RLaw/DF
9	<p><b>LPF ANNUAL REPORT 2023-2024</b></p>	Page 466 of 473

	<p>Roy Lawrence advised that the theme for the LPF Annual Report was 'Looking back to step forward' and confirmed following feedback from the group the content celebrates the work of the LPF.</p> <p>Roy advised that there was a short window to make any amendments to the report and to let him know if there are further changes to be made.</p>	
<b>10</b>	<p><b>ANNUAL PERFORMANCE REPORT 2023-24</b></p> <p>Fiona McKay introduced the Annual Performance Report which highlights the Partnership's performance and priorities which are linked to the strategic priorities. Fiona noted that prior to final submission a paragraph thanking Nicky Connor for the years that she has supported the strategy will be added.</p> <p>Fiona requested that any further comments to be returned to Vicki Birrell prior to the report progressing through the Governance Committees onto the IJB for final sign off prior to publication at the end of July 2024.</p>	
<b>11</b>	<p><b>ITEMS FOR BRIEFING STAFF</b></p> <p>Lynne Garvey wished to highlight the good practice that is being undertaken within Home Care, the Service Manager is distributing a weekly newsletter, similar to the Directors Brief, but focussing on Home Care and Carers and the feedback has very positive and she would encourage all managers to take a similar approach.</p>	
<b>12</b>	<p><b>AOCB</b></p> <p>Kenny McCallum on behalf of Eleanor Haggett and the whole Unison Team wished to pass on their thanks and gratitude to Nicky Connor for her exceptional leadership and commitment to the Partnership.</p>	
<b>13</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>Tuesday 10 September 2024 – 9.00 am – 11.00 am</p>	



**MINUTE OF THE STRATEGIC PLANNING GROUP  
HELD VIRTUALLY ON TUESDAY 9<sup>TH</sup> JULY 2024 AT 2.00 PM**

<b>Present:</b>	<p>Roy Lawrence, Principal Lead for Organisational Development &amp; Culture (Chair)          Cllr Dave Dempsey          Cllr Rosemary Liewald          Cllr Sam Steele          William Penrice, Service Manager, Performance Management &amp; Quality Assurance          Paul Dundas, Independent Sector Representative          Jacquie Stringer, Service Manager, Locality/Community Led Support          Tracy Harley, Service Manager, Participation &amp; Engagement          Lynne Garvey, Head of Community Care Services          Morna Fleming, Carer Representative          Fay Richmond, Executive Officer to Chief Executive &amp; Board          Jennifer Rezendes, Professional Social Work Officer          Lesley Gauld, Team Manager, Strategic Planning          Jillian Torrens, Head of Complex &amp; Critical Care          Ian Dall, Service User Representative          Vicki Birrell, Team Manager, Strategic Planning          Kenny Murphy, Third Sector Representative          Lisa Cooper, Head of Primary &amp; Preventative Care          Tom McCarthy-Wilson, Portfolio Manager, Planning &amp; Performance Team NHS Fife</p>
<b>Apologies for Absence:</b>	<p>Fiona McKay, Interim Director of Health &amp; Social Care          Ben Hannan, Director of Pharmacy and Medicines          Helen Hellewell, Associate Medical Director          Claire Dobson, Director of Acute Services          Paul Short, Service Manager, Housing Services          Lynn Barker, Associate Director of Nursing          Audrey Valente, Chief Finance Officer</p>
<b>In Attendance:</b>	<p>Gillian Muir, Management Support Officer (Minutes)</p>

NO.	TITLE	ACTION
1.	<p><b>WELCOME AND INTRODUCTIONS</b>            Roy Lawrence welcomed everyone to the meeting and apologies were noted as above.</p>	

NO.	TITLE	ACTION
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1.	<p><b>WELCOME AND INTRODUCTIONS</b> (continued)</p> <p>It was noted that Roy has now taken over the lead for the Strategic Planning Group following Fiona McKay's move to Interim Director.</p> <p>It was also noted that following the recent general election Graeme Downie will be stepping down as chair of the Strategic Planning Group. The group gave their thanks to Graeme for his contribution to the Group.</p> <p>A welcome was extended to Jillian Torrens who has taken up post from Rona Laskowski as Head of Complex &amp; Critical Care and to Tom McCarthy-Wilson who becomes a member of the group following the retiral of Fay Richmond in September.</p> <p>An acknowledgement was also extended to Fay for her contribution to the group.</p>	
2.	<p><b>MINUTE OF LAST MEETING – 2<sup>ND</sup> MAY 2024 AND ACTION LOG</b></p> <p>The minutes of the last meeting were agreed as an accurate record of discussion with a minor amendment noted to the attendance list.</p> <p>All actions noted have been taken forward and are noted as either complete or in progress.</p> <p>An update was received from Paul Short under the action of 02/05/24 - Local Housing Strategy. The Affordable Housing Team are still reviewing the impact on the Affordable Housing Programme - once this has been completed, a briefing will be provided to key partners (including Health &amp; Social Care IJB. Action to be extended to the next meeting (September 2024).</p> <p>A query was raised with regards to the outcomes of the completed actions of 02/05/2024 with regards to the Terms of Reference and the PMO Oversight Board.</p> <p>It was noted that in relation to the Terms of Reference, advice has been sought. The current understanding is everybody in the Strategic Planning Group is an equal member. In terms of quoracy, seven members require to be in attendance to be quorate, however the Group will ensure that specific members are included in any decision making or meetings going forward.</p> <p>With regards to the PMO Oversight Board it has been agreed that the PMO will bring their minutes of the PMO Oversight Board to future Strategic Planning Groups. This will become a standing agenda item from September 2024.</p>	<p><b>GM</b></p> <p><b>PS</b></p> <p><b>LG</b></p>
3.	<p><b>ANNUAL REPORTS</b></p> <p>a. <u>Annual Performance Report 2023-24</u></p> <p>Following submission of the Draft Annual Performance Report 2023-2024 to its meeting on 2<sup>nd</sup> May 2024, the Strategic Planning Group were asked to note the updated report and its progress through the governance process and to advise of any additional changes required before the final draft progresses to the IJB.</p>	
<b>NO.</b>	<b>TITLE</b>	<b>ACTION</b>
3.	<b>ANNUAL REPORTS (continued)</b>	

a	<p><u>Annual Performance Report 2023-24</u> (continued)</p> <p>The Strategic Planning Group noted that feedback received had been positive. Lesley Gauld highlighted the revisions which had been made to the report and noted that any further changes received would be added to the final draft for submission to the Integrated Joint Board at the end of July.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised as to who the target audience was and whether there would be something produced which was in between the high-level report and the easy read version (a Sway has been produced for this purpose) and whether there was data available to be included with regards to the Post Diagnostic Support Team.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>• Discussed the Annual Performance Report 2023 to 2024, highlighted changes required, and provided agreement that the report should progress to the Integration Joint Board.</li> <li>• Noted the report is provided to give assurance that Fife Health and Social Care Partnership is meeting its legislative requirements under Section 42 (Integration authority: performance report) of the Public Bodies (Joint Working) (Scotland) Act 2014.</li> </ul>	
b	<p><u>Home First Strategy Annual Report</u></p> <p>Lynne Garvey presented the first Annual Report of the Home First Strategy noting that the Strategy was approved by the Integration Joint Board in July 2023 with the vision that “everyone in Fife is able to live longer healthier lives at home or in a homely setting”.</p> <p>The Strategic Planning Group noted that the Strategy sets out the transformational initiatives relevant to the three critical elements of Home First. The Group also noted that the paper and accompanying Annual Report provides an update on the delivery of the Home First Strategy.</p> <p>The Strategic Planning Group were asked to consider the progress made and be assured that work is being undertaken at pace to realise further benefits from the tests of change.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised with regards to the progress being made through the support from the Red Cross, the move from analogue to digital technology and with regards to the tracker for adults with incapacity - was this only used in our Adult and Older People’s Services or is it used or something similar in our Learning Disability and Mental Health Services for discharge.</p>	
<b>NO.</b>	<b>TITLE</b>	<b>ACTION</b>
3. b	<b>ANNUAL REPORTS (continued)</b> <u>Home First Strategy Annual Report</u> (continued)	

	<p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> <li>Considered the progress made and was assured that the work is being undertaken at pace to realise further benefits from the tests of change.</li> </ul>	
<b>4.</b>	<p><b>STRATEGY FLASH REPORTS</b></p> <p><b>a</b></p> <p><u>Dementia Strategy</u></p> <p>Jillian Torrens provided an overview of the Flash Report submitted and progress of work undertaken to date.</p> <p>Work is currently underway to develop a local Dementia Strategy which is identified as one of the transformational strategies within the H&amp;SCP Strategic Plan (2023-2026). The local strategy will be informed by the new (4<sup>th</sup>) National Dementia Strategy and the Delivery Plan for 2024-26 which was published nationally.</p> <p>The purpose of the Fife Dementia Strategy will be to provide realistic and achievable priorities supported by an implementation plan which will lead to the improvement and development of services for those living with a diagnosis of dementia and those who care for them over the next four-year period.</p> <p>Completed actions and planned actions were noted.</p> <p>A review of the work and evidence that has been collated, including the analysis that has been progressed for the strategy, will be undertaken. Following this a new timeline will be developed for the Dementia Strategy and a detailed Delivery Plan.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. A query was raised in relation to what a STEEP analysis was, and items raised for discussion included the membership of the Dementia Strategy Group and Dementia Implementation Group and whether Fife had representation on the National Dementia Lived Experience Panel.</p> <p><b>b</b></p> <p><u>Mental Health &amp; Wellbeing Strategy</u></p> <p>Jillian Torrens provided an overview of the Flash Report submitted and progress of work undertaken to date.</p> <p>The National Strategy was published in 2023, a Delivery Plan and Workforce Action Plan were also published in November 2023.</p> <p>Areas highlighted within the report included:</p>	
<b>NO.</b>	<b>TITLE</b>	<b>ACTION</b>
<b>5.</b>	<p><b>STRATEGY FLASH REPORTS (continued)</b></p> <p><b>b</b></p> <p><u>Mental Health &amp; Wellbeing Strategy (continued)</u></p>	

	<ul style="list-style-type: none"> <li>• The Mental Health Strategy Implementation Group (MH SIG) holds delegated responsibility for the development, delivery and oversight of Fife’s Mental Health and Wellbeing Strategy.</li> <li>• Mental Health Services Redesign Programme continues to progress, and regular updates are provided to the Partnership’s Senior Leadership Team (SLT), the PMO Oversight Board, and the Mental Health Strategy Implementation Group. Outputs from this programme will continue to inform the development of the new Mental Health and Wellbeing Strategy and related Delivery Plans.</li> <li>• Participation and Engagement activities for the new Mental Health and Wellbeing Strategy started in June 2023 (planning stage) and were completed in February 2024 (analysis and evaluation). Most of the engagement with stakeholders took place during November/December 2023.</li> <li>• A detailed Delivery Plan will be developed to take forward specific actions that will support the implementation of the strategy. The Strategic Planning Group noted in terms of risk, some workstreams have been affected by the emerging financial position and the Mental Health Estates Project has been put on hold.</li> <li>• Completed and planned actions were also highlighted.</li> </ul> <p>A review of the current position, including the draft strategy and supporting evidence/documents will be undertaken and following this a new timeline will be developed for the Mental Health and Wellbeing Strategy and a detailed Delivery Plan.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included transition of young people into adults and the significance and importance of both people living with dementia and the Mental Health and Wellbeing Strategy.</p>	
<p><b>5.</b></p> <p><b>a</b></p>	<p><b>ANY OTHER BUSINESS</b></p> <p><u>Future Needs of the Strategic Planning Group</u></p> <p>Roy Lawrence queried if there was any development work that the Strategic Planning Group would benefit from coming together out with the decision-making forum.</p> <p>It was suggested perhaps a Development Session on Project Development &amp; Control would be helpful looking at how the Partnership decides which projects to take forward.</p>	<p><b>RL/LG</b></p>
<p><b>NO.</b></p>	<p><b>TITLE</b></p>	<p><b>ACTION</b></p>
	<p><b>ANY OTHER BUSINESS (continued)</b></p> <p><u>Future Needs of the Strategic Planning Group (continued)</u></p> <p>Discussion also took place regarding the value of Locality Planning for all elected members and noted a future IJB Development Session was planned</p>	



	<p>on this topic. Agreed to reissue details of locality events for the Strategic Planning Groups information.</p> <p>The Strategic Planning Group agreed to revisit further topics at a future meeting.</p>	<b>JS</b>
<p><b>6.</b></p>	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Thursday 5<sup>th</sup> September at 2.00 pm via MS Teams</li> </ul>	