



**INTEGRATION JOINT BOARD MEETING WILL BE HELD ON
WEDNESDAY 4 DECEMBER 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**

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10	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 Armed Forces Covenant Duty</p> <p>10.2 Adult Protection Report (Social Work / Social Care)</p> <p>10.3 Workforce Report incorporating: -</p> <ul style="list-style-type: none"> • Workforce Year 2 Annual Report 2023-24, • Year 3 Action Plan 2024-25, • Whistleblowing Report 2023-24 	<p>Fiona McKay / Lesley Gauld</p> <p>Jillian Torrens</p> <p>Roy Lawrence</p>	<p>131-139</p> <p>140-186</p> <p>187-296</p>
11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE HIGHLIGHTED</p> <p>Audit & Assurance Committee Confirmed Minute from 13 September 2024</p> <p>Finance, Performance & Scrutiny Committee Confirmed Minute from 11 September 2024</p> <p>Quality & Communities Committee Confirmed Minute from 4 September 2024</p> <p>Local Partnership Forum Confirmed Minute from 10 September 2024</p> <p>Strategic Planning Group Confirmed Minute from 5 September 2024</p>	<p>Dave Dempsey</p> <p>Alastair Grant</p> <p>Sinead Braiden</p> <p>Kenny McCallum</p> <p>Roy Lawrence</p>	<p>297-300</p> <p>301-309</p> <p>310-321</p> <p>322-330</p> <p>331-337</p>
12	AOCB	ALL	Verbal
13	<p>DATE OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – Wednesday 18 December 2024</p> <p>INTEGRATION JOINT BOARD – Wednesday 29 January 2025</p>		

Lynne Garvey
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Copies of papers are available in alternative formats on request from Vanessa Salmond, Head of Corporate Governance, 6th Floor, Fife House – email Vanessa.Salmond@fife.gov.uk



**UNCONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD (IJB) - FRIDAY 27 SEPTEMBER 2024 AT 10.00 AM**

Present:

Arlene Wood (AW), Chair
David Ross (DR), Vice-Chair
Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Lynn Mowatt (LM), Mary Lockhart (ML) and Sam Steele (SS)
NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK), Sinead Braiden (SB)
Chris McKenna (CMcK), Medical Director, NHS Fife
Amanda Wong (AW), Associate Director, Allied Health Professionals
Debbie Fyfe (DF), Joint Trade Union Secretary
Ian Dall (ID), Service User Representative
Kenny Murphy (KM), Third Sector Representative
Lynne Parsons (LP), Employee Director, NHS Fife
Morna Fleming (MF), Carer Representative
Paul Dundas (PD), Independent Sector Representative

Professional Advisers:

Fiona McKay (FC), Interim Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Helen Hellewell (HH), Deputy Medical Director, NHS Fife
Jacqueline Drummond (JD), Consultant Forensic Psychiatrist
James Ross (JR), Chief Social Work Officer, Fife Council

Attending:

Avril Sweeney (AS), Risk Compliance Manager
Cara Forrester (CF), Communications Advisor
Clare Gibb (CG), External Communications Advisor
Eileen Rowand (ER), Executive Director Finance & Corporate
Fiona Forrest (FF), Director of Pharmacy & Medicines
Jillian Torrens (JT), Head of Complex & Critical Care Services
Jennifer Rezendes (JR), Principal Social Work Officer
Lisa Cooper (LC), Head of Primary & Preventative Care Services
Louise Radcliffe (LR), Organisational Development & Culture Specialist
Lynda Reid-Fowler (LRF), Policy Coordinator
Margo McGurk (MM), Director of Finance & Strategy
Roy Lawrence (RLaw), Principal Lead for Organisational Development & Culture
Tracy Hogg (TH), Finance Business Partner
Vanessa Salmond (VS), Head of Corporate Services
Gemma Reid (GR), H&SC Co-ordinator (Minute)

	TITLE	ACTION
1	<p>CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES</p> <p>Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board and advised that apologies had been received from Lynne Garvey, Janette Keenan, Margaret Kennedy and Joy Tomlinson.</p> <p>Arlene acknowledged the appointment of Lynne Garvey as Director of Fife Health and Social Care Partnership and Chief Officer as of 4th November 2024.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and mute their microphone when not talking, and in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>A recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to proceedings.</p> <p>Arlene thanked Fiona McKay for the IJB update newsletter provided via SWAY.</p>	
2	<p>DECLARATION OF MEMBERS' INTERESTS</p> <p>There were no declarations of interest highlighted.</p>	
3	<p>MINUTES OF PREVIOUS MEETING & ACTION NOTE 26 JULY 2024</p> <p>Dave Dempsey highlighted the survey which was circulated regarding the preferred format of IJB meetings. Vanessa Salmond advised that the majority had voted to continue meetings in a blended fashion.</p> <p>Arlene Wood highlighted one outstanding item on the action note in relation to the Ministerial Strategic Group, with a deadline of end September. Fiona McKay advised she will be bringing a joint report and taking this through Finance, Performance and Scrutiny.</p> <p>The Minute and Action Note were then both approved as an accurate record.</p>	FMcK / VS
4	<p>CHIEF OFFICER UPDATE</p> <p>Fiona McKay began her update by welcoming James Ross, Chief Social Work Officer to the meeting. Fiona extended her thanks to Arlene Wood as this was her last IJB meeting as Chair and welcomed David Ross as the incoming Chair. Going forward, Arlene will take up the post of Vice-Chair of the IJB and Chair of the Strategic Planning Group.</p> <p>Fiona recognised the full agenda and highlighted the SWAY which was an update on the work of colleagues across the sector, noted the Cabinet Secretary visit.</p> <p>Fiona acknowledged the difficult decisions that members were being asked to make and reminded all of the need to consider and embrace change. Fiona highlighted that this would be her last formal IJB as Chief Officer and thanked everyone for their support during her time in post.</p>	
5	<p>COMMITTEE CHAIR ASSURANCE REPORTS</p>	

	<p>Arlene Wood advised that these reports were being presented to enhance Governance arrangements by providing assurance to the IJB on Committee Business, noting that agreement on the principles of these reports were discussed at the Quality and Communities Committee on 4 September 2024, the Strategic Planning Group on 5 September 2024, the Finance, Performance & Scrutiny Committee on 11 September 2024 and the Audit & Assurance Committee on 13 September 2024</p> <p>Arlene Wood introduced Vanessa Salmond who presented the reports and confirmed that all statements had been signed off by current Chairs</p> <p>Arlene Wood then invited in turn Dave Dempsey, Chair of the Audit and Assurance Committee, Alastair Grant, Chair of the Finance, Performance & Scrutiny Committee, Sinead Braiden, Chair of the Quality & Communities Committee and Roy Lawrence, Interim Chair of the Strategic Planning Group. All agreed that the reports were helpful summaries.</p> <p>The Board were assured that the Governance Committees are discharging their functions and remit and escalating any issues appropriately.</p>	
6	<p>STRATEGIC PLANNING & DELIVERY</p> <p>6.1 Prevention and Early Intervention Strategy</p> <p>This report was discussed at the Quality and Communities Committee on 4 September 2024, the Strategic Planning Group on 5 September 2024, the Local Partnership Forum on 10 September 2024 and the Finance, Performance & Scrutiny Committee on 11 September 2024.</p> <p>Arlene Wood introduced Lisa Cooper who presented this report.</p> <p>Lisa Cooper advised that this report was being brought to the Board for decision and noted that this follows a two-year programme of work designed with wide stakeholder engagement and within a whole system approach. Nationally this is a key strategic driver for change through Public Health priorities. The Board's attention was drawn to Appendix 2, the High-Level Delivery Plan. Lisa advised she has received helpful feedback from stakeholders and noted that financial constraints are recognised, we need to be ambitious to shift the balance of care and she is confident that Prevention and Early Intervention will enable this. Lisa and her team are working with localities to agree plans for delivery and noted through the discovery phase that this is the first Prevention and Early Intervention Strategy within a Health and Social Care Partnership, which is an achievement to be celebrated. Lisa Cooper concluded by thanking everyone for their contribution.</p> <p>Arlene Wood then invited Committee Chairs to comment in turn.</p> <p>Sinead Braiden, Chair of the Quality & Communities Committee commended the report and supported its submission to the IJB.</p> <p>Roy Lawrence, Interim Chair of the Strategic Planning Group commended the vast amount of work that has gone into the report but highlighted that the Committee recognised the current financial challenges, which may prove to be a barrier in driving the actions forward.</p>	

<p>Debbie Fyfe provided feedback in the absence of Kenny McCallum and confirmed the LPF were supportive of the strategy.</p> <p>Alastair Grant, Chair of Finance, Performance & Scrutiny Committee supported the progression of the strategy to the IJB and commended the work carried out to produce but recognised that financial constraints may make it difficult to progress.</p> <p>Kenny Murphy questioned if directions would be forthcoming as the action plan is developed. Vanessa Salmond confirmed that we will be clear on what partners are being asked to deliver. Audrey Valente acknowledged tough decisions and the existing spend on Prevention and Early Intervention and highlighted the need to ensure that we are spending this in the correct places, confirming this will be reviewed.</p> <p>Arlene Wood highlighted the need for prioritisation of strategies for delivery, being cognisant of the current financial situation.</p> <p>Morna Fleming thanked Lisa for including her request for transition on becoming a carer within the report, noting that on page 28 of the report, the 4th column of the table is missing “and future needs”. Lisa apologised and confirmed that this would be updated.</p> <p>Morna Fleming highlighted the top 10 causes of ill health and noted there was no reference to obesity. Lisa Cooper recognised this and confirmed this will come forward through the year one action plan. Paul Dundas gave his thanks to Lisa and highlighted his concerns regarding delivery due to financial constraints, and whilst supporting we need to consider the action plan and decisions around the recovery plan.</p> <p>Rosemary Liewald commended the report, highlighting it was one of the most well laid out, precise reports the Board have received, and she was pleased to see a locality approach.</p> <p>Jennifer Rezendes welcomed the increase of 22% in referrals from the social work contact centre.</p> <p>Chris McKenna noted the challenges in relation to increasing demand for healthcare due to increasing ill health, demographic and decreasing life expectancy. Financial constraints are recognised but highlighted that we need to do more for the long term aims of population health, highlighted that screening is an important part of prevention and detection. Lisa Cooper agreed with this critical intervention and gave assurance that it will form part of the year one action plan and will come forward in the annual report. Chris McKenna questioned whether we could use this strategy to aid the uptake of screening and Lisa Cooper gave assurance that this will be built into the delivery plan.</p> <p>Arlene Wood noted that the delivery plan is quite high level. Lisa Cooper confirmed that a more detailed delivery plan is to be developed. Lisa confirmed that Prevention and Early Intervention is working in partnership with other strategies and is not a standalone strategy.</p> <p>Fiona McKay highlighted an annual locality event in the Rothes Halls on 5th November 2024 and the IJB were encouraged to attend. It was requested a hold to be put in diaries.</p>	<p>LC</p>
	<p>LC</p>
	<p>GR</p>

	<p>Arlene Wood thanked Lisa Cooper and her team for the significant amount of work that had gone into producing this report.</p> <p>The Board approved the Prevention and Early Intervention Strategy and took significant assurance.</p>	
7	<p>LIVED EXPERIENCE & WELLBEING</p> <p>7.1 Lived Experience – Cardiac Care in the Community</p> <p>Arlene Wood introduced Helen Hellewell who presented the Lived Experience video, highlighting the important work of the Cardiac Care in the Community team.</p> <p>Arlene Wood requested that Helen pass on thanks to the team, highlighting that patient stories are important to the work of the Integration Joint Board.</p>	
8	<p>INTEGRATED PERFORMANCE</p> <p>8.1 Fife IJB Draft Audited Annual Accounts for Financial Year to March 2024.</p> <p>This report was discussed at the the Audit & Assurance Committee on 13 September 2024.</p> <p>Arlene Wood introduced Audrey Valente who presented the report highlighting that Chris Brown, External Auditor is unavailable, and Audrey will give a brief summary of the report, outlining the current financial status.</p> <p>The annual accounts presented an overspend of £5.5m after the use of £12m reserves. The balance of £5.5m is met by Partners as per the Integration Scheme.</p> <p>Audrey Valente presented the salient points from the annual audit report which confirmed that the IJB has appropriate administrative processes in place with no significant weaknesses. Audrey drew the Board’s attention to page 139, highlighting the financial sustainability of the IJB which is at significant risk from 24/25 onwards, and reminded those present that we are facing a challenging financial position</p> <p>Arlene Wood invited Dave Dempsey, Chair of the Audit & Assurance Committee to comment on discussions at the Committee before questions from Board members. Dave noted that the wider scope audit is a useful summary, highlighting the graph on page 142 showing how the deficit evolved during year, with Appendix 3 on page 169 looking forward.</p> <p>Morna Fleming welcomed the mention of the Carer’s Strategy, highlighting that the Carer’s Survey demonstrates a low level of feeling of support amongst carers. Audrey Valente noted a significant investment in carers of over £6m and brought in Fiona McKay who acknowledged the results from the Carer’s Survey were lower than expected. Fiona confirmed there is a huge amount of work happening on this and that we are starting to see progress.</p> <p>Morna highlighted the Plan for Fife and queried to what extent staff changes during the pandemic had been retained. She recalls staff being nimble with their work patterns during the pandemic, changing their work patterns due to service closures and responding to needs in other areas. Morna queried if this has been</p>	

developed as opposed to reverting to pre-pandemic ways of working. Fiona McKay advised that transformation work has allowed us to think differently around the deployment of staff, with staff embracing new ways of working aligned to the Digital Strategy.

Arlene Wood acknowledged the unqualified audit report and requested confirmation that lessons learned, and recommendations would be presented to the Audit and Assurance Committee. Audrey Valente provided this assurance.

The Board noted the IJB’s audited Annual Accounts and External Annual Audit Report and approved and signed off the audited Annual Accounts.

8.2 Finance Update

This report was discussed at the Finance, Performance & Scrutiny Committee on 11 September 2024 and the IJB Development Session on 17 September 2024, which had a focus on financial recovery.

Arlene Wood introduced Audrey Valente who presented this report.

Audrey Valente advised that whilst she would present the report, her Senior Leadership Team colleagues would also support this agenda item.

Audrey began her report by noting the challenging financial position, noting a projected overspend of £21.5m, highlighting that whilst not ideal this is an improved movement from the May position, and mainly reflects the delivery of the May savings. The savings being reported are £28m of the £39m which was approved at the IJB in March 2024. Audrey confirmed the £28m is what we are projecting to be saved by the end of the current financial year, noting that although this is ambitious, the Senior Leadership Team will endeavour to deliver the stretched targets. Reserves were depleted at the end of the last financial year, with only a balance of circa £4.5m remaining for specific local and national priorities. A recovery plan of £13.5m is being brought forward, identifying where actions are delivered currently and where in-year only. The aim is to bring the budget back in line by March 2025, although realistic timescales are likely to see full delivery into the next financial year. Audrey highlighted that essential spend only has been instructed.

Audrey highlighted the importance of the Third and Independent Sector and recognised the impact of the recovery plan on these areas. Audrey confirmed to Paul Dundas and Kenny Murphy that she will work in partnership to ensure an equitable approach, and they will be fully involved throughout the process.

Audrey highlighted the need to progress as quickly as possible with the recovery plan in order to bring the budget back in line by the end of the financial year.

Fiona McKay gave her thanks to Audrey. Fiona noted that she appreciates that this is not a good position, and we are clear to partners that this financial position is not acceptable. Whilst considering the recovery plan our priority is always to keep people safe and mitigate risk.

Fiona highlighted the in-year savings, the budget of over £700m and noted that the £12m we are asking for is less than 2% of this budget. Fiona proposed a Wellbeing Working Group, looking at the short-term plan to change and mitigate risks and stressed that nobody will be left at risk from the work that we do.

FMcK

Helen Hellewell highlighted the need to mitigate risks to the people of Fife and provided assurance that there will be good clinical oversight, and we will remain agile in our decision making.

Audrey Valente introduced members of the Senior Leadership Team who, in turn, provided assurances that they are working collectively and collegiately to mitigate risks and consequences across the wider system, with the people of Fife at the centre of any decisions.

Fiona McKay concluded by giving her commitment to the people of Fife to deliver the recovery plan safely.

Arlene Wood acknowledged the difficult decisions and invited views from IJB members. Chris McKenna, Medical Director highlighted that Janette Keenan was not in attendance and that she had no prior oversight of the plan due to absence. Chris recognised that the proposals would impact the nursing workforce and therefore it is vital that the Director of Nursing has her view heard. Whilst recognising action is required, Chris noted that he struggles to support what is described in the paper, confirming that whilst he supports the direction of travel, he needs assurance around clinical risk and mitigations and cannot endorse without further detail. Chris confirmed that he is committed to working with the Senior Leadership Team to ensure the proposals are safe and achievable.

Arlene Wood then sought a view from Amanda Wong who noted that whilst she understands the financial position, there is not enough information to make an informed decision, considering the risks to patient safety and quality of care. Amanda is also happy to work with the Senior Leadership Team to move forward.

Arlene Wood then took questions from the Board.

Sam Steele highlighted the transformation of urgent care services proposal and highlighted that out of 8 Scottish Cities, Dunfermline is the only one without an A&E, noting that services should be added and not removed. Sam's opinion is that the proposal is not acceptable, and she cannot support.

Dave Dempsey highlighted that in his opinion the first 3 proposals detailed within the recovery plan go against the principles of the IJB. He noted that the directions in their current format are not satisfactory and require to be refined.

David Ross acknowledged the focus on in-year recovery but stressed that we must not lose focus of the longer-term plan to put us in a more favourable position moving forward, highlighting the importance of recruitment and retention of staff in order to reduce agency spend. The respite reduction from 6 to 3 weeks is considerable and he would like assurance this will be flexible, taking into consideration the knock-on effect to the Independent and Third Sector. David stressed that we need to recognise the timescales, find solutions and move forward.

Lynne Parsons confirmed that she had discussed the paper with the Joint Trade Union Secretary for Fife Council and whilst she is committed to working in partnership, she cannot support the paper as it stands as she is not assured by the current detail of the paper. Lynne read out a joint statement prepared on behalf of the Joint Trade Union Secretaries. To summarise the statement, there were concerns around staff redeployment on a voluntary basis and what the plan

will be if nobody volunteers. Lynne highlighted that Staffside would expect deeper engagement in plans.

Debbie Fyfe noted that a special Local Partnership Forum offered by Fiona McKay to go through the finer details would be welcomed, noting that a respite reduction will impact carers. Debbie questioned the £5m savings for redeployment and queried where this figure came from. Debbie doesn't feel that this has been a partnership approach.

Paul Dundas thanked the Senior Leadership Team and Director for their communications. He noted his concerns within the Independent Sector around loss of staff and the re-recruitment risk should care packages be reduced due to a reduction in income to commissioned services, which would also have an impact on the income of staff involved. Inevitably the large sums noted within the in-year budget could result in redundancies for external commissioned employers. Paul noted that Fife have been successful in the last few years through collaboration to attract and retain staff and there is a risk of losing this successful track record.

Paul also noted the risk to international employees, with any changes to their contracts impacting on their visa eligibility.

Kenny Murphy stated that the paper lacks detail, so it is difficult to be supportive at this stage, noting that funding is reducing in the third sector. Recruitment and retention are also a major issue with job security poor. Kenny highlighted the reduction in volunteering since the pandemic and noted that the Partnership had previously recovered £1m from Third Sector and hopes further savings will be minimised going forward.

John Kemp noted the need to agree the plan in principle with further work on detail due to timescales and feels that the recovery plan needs to be agreed wider with NHS and Local Authority partners.

Morna Fleming highlighted the respite proposals and sought assurance that as partners in care, decisions on reduction are done in collaboration with families. The formation of a Wellbeing Working Group is welcome. Morna requested assurance that Carers Act funded social work assistants are not part of the general social work activity and are ring fenced for a particular job, not absorbed into the general social work workforce.

James Ross highlighted that postponing decision-making today is negligent due to the current financial position.

Rosemary Liewald highlighted her serious concerns with the entirety of the paper, noting that a reduction in care packages being described within the paper as "a deterioration in service" is concerning. Rosemary recognised that respite provision reduction will have a huge impact. Whilst Rosemary recognises the work of Audrey and her team, she has huge concerns with the current proposals.

Dave Alexander questioned what happens if we don't vote today and highlighted that if we don't take difficult decisions today, we will need to take horrendous decisions next year, feeling that partners could have supported more.

Alastair Grant noted that greater risk and impact needs to be assessed as detail is missing, whilst recognising that steps need to be taken towards recovery.

Arlene Wood then summarised the discussions, recognising the pressure the Senior Leadership Team are under in pulling these plans together, whilst noting that the IJB has a responsibility to produce a recovery plan to provide to partners. Whilst Arlene acknowledged the work of the team, noted the pressure and timescales for the team to produce a recovery plan and also that she has trust in the team to make considered, safe recovery plans, she is hearing concerns around risk and collaboration and a general feeling that the Board are not fully supportive of the plan but are supportive of approving the direction of travel in principle, with partnership working and stakeholder involvement forthcoming.

Audrey Valente thanked everyone for their comments and reiterated the need to make difficult decisions, whilst recognising these decisions have impacts. Audrey confirmed that the risk impacts were approved in March, highlighting her concerns around timescales and noting that the longer this goes on, the 2% savings will increase and delivery will be less likely by year end. Audrey recognised that we are not going to balance by end of year and proposed that we write to partners to seek additional funding. Audrey welcomed the formation of a Wellbeing Working Group.

AV

Fiona McKay confirmed that she will take on board everyone's comments and issues raised, confirming a Wellbeing Group will be established to look at further detail not noted in the finance paper. Fiona highlighted the transformation programme but acknowledged this is not enough and keeping people safe is a priority.

FMcK

Recommendation

The Board: -

- Noted 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.
- Noted 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.
- Approved the financial monitoring position as at July 2024.
- Requested that Audrey Valente refine the direction before it can be formally approved and issued.
- The recovery plan was approved by Alastair Grant, Dave Dempsey and Sinead Braiden. All other voting members voted against the proposals outlined within the report as they stand, and therefore as the majority did not approve due to concerns, the Board would present modified recommendations today to avoid further delays.

AV

There was a 10-minute adjournment before modified recommendations were proposed by the Chief Officer and Chief Finance Officer, as follows.

Modified recommendations –

- Formally approve the recovery plan in principle as a direction of travel, noting the ongoing work and governance that will follow on to ensure safe and effective delivery of services to the people of Fife, subject to further

	<p>detailed discussion at pace with clinical advisors, staff, Trade Unions and Independent/Third Sector and further impact of assessment undertaken via a Wellbeing Working Group. All voting members agreed, with the exception of Chris McKenna and Lynne Parsons and therefore a majority was reached.</p> <ul style="list-style-type: none"> Formally write to partners as per integration scheme 8.2.3 to advise a balanced budget is unlikely to be reached and to seek additional funding. All voting members agreed Agree an extraordinary Finance, Performance and Scrutiny meeting and Extraordinary IJB in October to discuss the single item. All voting members agreed. 	<p>AV</p> <p>AV</p>
	<p>8.3 Performance Report – Executive Summary</p> <p>This report was discussed at the Finance, Performance & Scrutiny Committee on 11 September 2024.</p> <p>Arlene Wood introduced Fiona McKay who presented this report and started by giving her thanks to the IJB who have supported this work. Fiona highlighted the START programme which is working well in the community and meeting targets. It was highlighted that drug and alcohol waiting times are back in line and Fiona thanked addiction services and the Partnership for their support with this. CAMHS & Psychiatry are closely monitored, Fiona confirmed we will continue with enhanced scrutiny and a fuller report on this will be brought forward at the next Finance, Performance & Scrutiny Committee. Fiona McKay discussed nursing and residential concern and noted a large spike in people going into care homes, confirming we are working with the Red Cross to support people at home with overnight care.</p> <p>Arlene Wood invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee who confirmed that the Committee were assured that work is progressing to achieve the agreed outcomes.</p> <p>Rosemary Liewald noted that the KY5 drop in is no longer situated at the Lochgelly Centre, and now at the Maxwell Centre in Cowdenbeath which is apt given the Cowdenbeath figures are the highest across Fife. Fiona McKay highlighted that there is a proposal to open one in Glenrothes.</p> <p>The Board were assured of the performance and that the full report had been discussed at the Finance, Performance & Scrutiny Committee.</p>	
<p>9</p>	<p>GOVERNANCE & OUTCOMES</p> <p>9.1 Quality & Communities Committee Revised ToR</p> <p>This revision was discussed at the Quality & Communities Committee on 5 July 2024, with the Committee content to remit to the IJB for formal approval.</p> <p>Arlene Wood introduced Dr Helen Hellewell who presented this report.</p> <p>Dr Hellewell noted the continued focus on governance arrangements to ensure fit for purpose and highlighted that Diagram 1 will be changed prior to publication to ensure it is in accessible format.</p>	<p>HH</p>

	<p>9.4 Scheme of Delegation Update: Resilience & Business Continuity</p> <p>This report relates to one specific action identified within the Fife IJB Resilience and Business Continuity Planning Arrangements Audit Report. The full audit report was previously presented to the Audit and Assurance Committee in May 2024.</p> <p>Arlene Wood introduced Vanessa Salmond who presented this report and highlighted an addition to the Scheme of Delegation to reflect the IJB becoming Category 1 responders and advised that a review of the full scheme of delegation is scheduled for 2025.</p> <p>Dave Dempsey, Chair of the Audit & Assurance Committee confirmed there were no issues raised at the Committee.</p> <p>The Board formally agreed the proposed amendments to the Scheme of Delegation at Appendix A.</p>	
10	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p> <p>10.1 IJB/HSCP Resilience Annual Report</p> <p>This report was discussed at the Quality & Communities Committee on 4 September 2024.</p> <p>Arlene Wood introduced Avril Sweeney who presented the report and highlighted that key points are the duties IJB holds as a Category 1 responder. Avril confirmed the group is led by the Head of Community Care Services.</p> <p>Avril drew the Board’s attention to the workplans within appendices and confirmed that an internal audit had been carried out with the report providing a reasonable level of assurance that the IJB are meeting their duties as Category 1 responders.</p> <p>Sinead Braiden, Chair of Quality & Communities confirmed there were no issues raised at the Committee.</p> <p>Arlene Wood commended an excellent paper and welcomed the pro-active approach taken.</p> <p>Board Members were 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.</p>	
	<p>10.2 Records Management Annual Report</p> <p>This report was discussed at the discussed at the Audit and Assurance Committee on 13 September 2024.</p> <p>Arlene Wood introduced Audrey Valente who presented this report</p> <p>Audrey brought in Avril Sweeney who she acknowledged had carried out much of the work on this report.</p> <p>Avril noted that the report details the original plan agreed in 2019 and the action plan extended to 2024, highlighting that it sets out 14 elements of the plan and assessment criteria. Avril confirmed that all 14 elements of the records</p>	

	<p>management plan have been agreed by the keeper as being green and assurance was given that we will continue to submit annual progress reports.</p> <p>Dave Dempsey, Chair of Audit & Assurance confirmed there were no issues raised at the Committee.</p> <p>The Board were assured of the current position.</p>	
	<p>10.3 Equality, Diversity & Inclusion Action Plan</p> <p>This report was discussed at the Quality and Communities Committee on 4 September 2024, the Local Partnership Forum on 10th September 2024, and the Finance, Performance & Scrutiny Committee on 11 September 2024.</p> <p>Arlene Wood introduced Roy Lawrence who presented this report and noted that he recognises the impact of workforce on the pressures in system so highlighted the importance of this work. Roy recognised that this is an ambitious plan and noted that it is driven by core values. Roy highlighted that in partnership with Fife Centre for Equalities 30 internal facilitators have been trained. The appendices provide a brief summary and more documents available on request. Roy acknowledged the work of Louise Radcliffe and her contributions to this paper.</p> <p>Sinead Braiden, Chair of Quality & Communities acknowledged the work and gave her thanks to everyone who had contributed on behalf of the Committee.</p> <p>Kenny McCallum, Chair of the Local Partnership Forum was not in attendance to make comment and Alastair Grant, Chair of Finance, Performance & Scrutiny confirmed there were no issues to raise from the Committee.</p> <p>Lynne Parsons commended Roy Lawrence on the paper.</p> <p>The IJB endorsed the Action Plan as a positive approach to the Partnership’s commitment towards recognising the Equality, Diversity & Inclusion needs of our workforce.</p>	
	<p>10.4 Primary Care Strategy 2023-26 Year One Report</p> <p>This report was discussed at the Quality and Communities Committee on 4 September 2024, the Strategic Planning Group on 5 September 2024 and the Finance, Performance & Scrutiny Committee on 11 September 2024.</p> <p>Arlene Wood introduced Lisa Cooper who presented the report.</p> <p>Lisa highlighted the vision for a thriving primary care service at the centre of the Health and Social Care system, with 41 actions agreed for year one, with 60% delivered and 40% carried forward into year 2. Lisa highlighted the work to progress the sustainability of 2C practices and a regular calendar of protected learning time. Lisa noted the support provided with dental registrations and highlighted a book which has been published and recognised nationally - “Harry’s healthy teeth.”</p> <p>Arlene Wood commended what had been achieved in a short space of time and invited the Committee Chairs to comment in turn. Rosemary Liewald commented (in Sinead Braiden, Chair of Quality & Communities’ absence) commending the report and supporting its progression to the IJB, confirming her grandson had enjoyed the book. Roy Lawrence, Interim Chair of the Strategic Planning Group recognised the significant progress and challenges in the system and Alastair</p>	

	<p>Grant, Chair of Finance, Performance & Scrutiny recognised the vast amount of work that had gone in to preparing the reports.</p> <p>Chris McKenna gave his thanks to Lisa Cooper, noting that the report demonstrates the effort and that has gone into Primary Care and congratulated the team around the approach to 2C practices.</p> <p>The Board were assured of 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.</p>	
11	<p>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP</p> <p>The minutes of the following Governance Committees were provided for information:</p> <ul style="list-style-type: none"> • Audit and Assurance Committee – 27 June 2024 • Finance, Performance & Scrutiny – 3 July 2024 • Quality & Communities Committee – 5 July 2024 • Local Partnership Forum – 2 July 2024 • Strategic Planning Group – 9 July 2024 <p>Arlene Wood requested that any queries on the above are directed to the Committee Chair due to timescales.</p>	
12	<p>AOCB</p> <p>As the Chair had not been alerted prior to the meeting of any other business to be raised under this item the meeting was closed by the Chair confirming the dates of the next meetings.</p>	
13	<p>DATE OF NEXT MEETINGS</p> <p>IJB DEVELOPMENT SESSION – WEDNESDAY 30 OCTOBER 2024</p> <p>INTEGRATION JOINT BOARD – WEDNESDAY 4 DECEMBER 2024</p> <p>Extraordinary meetings of FPS and IJB - dates TBC</p>	

ACTION NOTE – INTEGRATION JOINT BOARD – WEDNESDAY 4 DECEMBER 2024

REF	ACTION	LEAD	TIMESCALE	PROGRESS
1	Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024 - 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	Fiona McKay / Vanessa Salmond	30 September 2024	Action complete – report to be presented at Jan '25 IJB
2	Finance – formally write to partners to seek additional funding	Audrey Valente		Action complete
3	Q&C Revised ToR – Diagram 1 to be changed prior to publication to ensure accessible format.	Helen Hellewell		Action ongoing

COMPLETED ACTIONS



Meeting Title: Integration Joint Board

Meeting Date: 4th December 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 November Committee cycle as per the Committee workplan were presented.

The Committee requested further work to be progressed on the alignment of the Terms of Reference with the Workplan to ensure both are fit for purpose.

At the meeting on 15th November the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Items related to Audit: Internal Audit Progress Report;
- Risk: Risk Management Update; IJB Strategic Risk Register
- Business Cycle: Workplan Mapping, Lessons Learned Action Plan.

3 Update on Risks

A review of the Finance, Performance and Scrutiny Strategic Risk Register was considered, noting there remains 4 high level risks, with the demographic changing landscapes being increased from 16 to 20 reflecting the current financial pressure. Committee were in agreement with this increased score. The Committee agreed to escalate concerns around Deep Dive Risk Reviews and the potential for many/most of the risks failing to achieve their target scores by their target dates.

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

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 15th November 2024:-

Assurance

- **Internal Audit Progress Report** - Committee were assured by the progress in relation to the 2024-25 Internal Audit Plan.

Recommendations

- **Risk Management Update Report** – Committee were assured around progress on Risk management and agreed the Risk Maturity Model should be formally presented to IJB for approval.

Decisions

- **Lessons Learned Action Plan** – Committee agreed to review progress at each Committee until full implementation is achieved.

5 **Escalations/Highlights to the IJB**

The Committee wish to formally escalate to the IJB concerns around the scrutiny of Deep Dive Risk Reviews. The Audit and Assurance Committee do not currently have sufficient evidence to feel assured that appropriate scrutiny is being placed on these deep dive risk reviews by individual committees and would like to request an update on these to the Audit and Assurance Committee.

There was further discussion around Financial Governance and the Committee would like to request a dedicated Development Session around IJB Governance to try to ascertain mutual understanding around some of the points within the Integration Scheme and Financial Regulations.

6 **Forward Planning/Horizon Scanning**

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

Dave Dempsey, Chair, Audit and Assurance Committee



Meeting Title: Integration Joint Board

Meeting Date: 4th December 2024

Agenda Item No: 5.2

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

Committee Chair: Alistair Grant

Responsible Officer: Audrey Valente, Chief Finance Officer

Report Author: Vanessa Salmond, Head of Corporate Governance

1 Introduction

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

2 Performance Against Work Plan

The Finance, Performance and Scrutiny Committee has an Annual Workplan. All items of business scheduled to be reported at the November 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 12th October the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Finance: Finance Update, Service Level Agreements; Homecare Overspend and FP&S Strategic Risk Register
- Performance: Monitoring of Directions and Winter Planning 2024-25
- Scrutiny: Public Sector Climate Change Duties (by email correspondence) and Review of Terms of Reference
- Strategies: Workforce Annual Report and future year plan

3 Update on Risks

A review of the Finance, Performance and Scrutiny Strategic Risk Register was considered, noting there remains 4 high level risks, with the demographic changing landscapes being increased from 16 to 20 reflecting the current financial pressure. Committee were in agreement with this increased score.

4 Committee Levels of Assurance / Decisions / Recommendations

The Finance, Performance and Scrutiny Committee made the following decisions at its meeting on 12th October 2024:-

Assurance

- **Homecare Overspend** – Committee welcomed this presentation, however requested that the Service Manager responsible for this area to attend a future meeting to provide more detail around the financials.

Recommendations

- **Finance Update** – Following discussion and a Q&A session, Committee acknowledged the worsening financial projection and agreed to remit the financial monitoring position as at September 2024 to the IJB.
- **Service Level Agreements** – Members agreed that all budgets pertaining to delegated services should be accounted within the IJB Budget and did support this transfer, however, there was recognition amongst members that any transfer within this financial year would increase the projected overspend.
- **Monitoring of Directions** – Following discussion between members, it was agreed this paper would be amended prior to being submitted to IJB to ensure there is clarity around the status of the open Directions.
- **Winter Planning** - Committee commended this report and are assured from the actions contained within the report and supported this to progress to the IJB for formal approval.
- **Public Sector Climate Change Duties** - Committee supported the priorities to be remitted to the IJB for formal approval by email due to time constraints.
- **Workforce Annual Report and Future Year Plan** - Committee supported this strategy to progress to the IJB for formal approval.

Decisions

- **Terms of Reference** – An exercise to align current ToR with workplan will be presented at future meeting.

5 Escalations/Highlights to the IJB

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

6 Forward Planning/Horizon Scanning

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

Alastair Grant, Chair, Finance, Performance and Scrutiny Committee



Meeting Title:	Integration Joint Board
Meeting Date:	4th December 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 November 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 8th November the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Governance and Outcomes: Quality Matters and Quality and Communities Committee Strategic Risk Register;
- Strategic Planning: Winter Planning, Locality Planning – Community Chest Fund and Smoking Cessation Deep Dive Paper.
- Legislative Requirement and Annual Reports: Workforce Strategy Action Plan Year 2 Report; Pharmaceutical Care Services Report 2023-24, MAPPA Report, Adult Protection Report, Mental Health Commission Annual Report and Armed Forces Covenant Duty

3 Update on Risks

The Committee agreed to the latest scoring within the Quality and Communities Strategic Risk Register, noting the risk score for Demographic/Changing Landscapes has increased from 16 to 20 since the last review in light of the current significant financial pressures.

4 Committee Levels of Assurance / Decisions / Recommendations

The Quality and Communities Committee made the following decisions at its meeting on 8th November 2024:-

Assurance

- **Quality Matters Report** – There were no governance issues to highlight or escalate to the Board. Overall, the Committee were assured that clinical and care governance was discharged effectively during this reporting period.
- **Winter Planning** – Committee were assured by the comprehensive actions detailed within this report around the preparedness for the predicted winter pressures.
- **Community Chest Fund** – This paper provided assurance to members that the Carers Community Chest Fund is being appropriately monitored and evaluated and is having an overall positive impact.
- **Smoking Cessation Deep Dive Paper** – Members were provided with a moderate level of assurance that a robust smoking cessation model is in place within Fife. Members agreed there should be a specific focus on the harm of vapes.
- **Pharmaceutical Care Services Plan** – Members were assured by this report.
- **MAPPA Report**– Committee were assured by the update around MAPPA activity and ongoing public protection arrangements.
- **Adult Protection Report** - Committee members acknowledged the current work being progressed around adult protection and were assured by this report.
- **Mental Health Commission Annual Report** - The Committee were assured by this report and the positive improvement activity being pursued around audit recommendations.

Recommendations

- **Workforce Strategy Action Plan Year 2 Reports** – Members commended this report and supported it to be formally presented to IJB.
- **Armed Forces Covenant Duty** - Members of the Committee were assured by the content of this report, particularly the progress made over the last year and support these to be formally approved by the IJB.

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



Meeting Title:	Integration Joint Board
Meeting Date:	4th December 2024
Agenda Item No:	5.4
Report Title:	Chair's Assurance Report Strategic Planning Group
Group Chair:	Roy Lawrence (Acting)
Responsible Officer:	Fiona McKay, Head of Strategic Planning and Commissioning
Report Author:	Vanessa Salmond, Head of Corporate Governance

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 8th November the following was discussed:-

- Regular Business: Minutes of previous meeting and Action log.
- Annual Reports: Workforce Strategy Annual Report
- Strategy Flash Reports: Children's Services Plan and Armed Forces Covenant Duty
- Strategy: Mental Health and Wellbeing Strategy

3 Group Levels of Assurance / Decisions / Recommendations

The Strategic Planning Group made the following decisions at its meeting on 8th November 2024:-

Assurance

- **Mental Health and Wellbeing Strategy** - Members were assured by the work to progress this Strategy, provided feedback and were advised this will be presented to this Committee in the March 2025 cycle.
- **Children's Services Plan** - The Group were assured by the updates on progress reported within the Flash report, with no issues requiring escalation.
- **Armed Forces Covenant Duty** – The Group acknowledged the progress within the last year as reported within this report.

Recommendations

- **Workforce Strategy Annual Report** – This report and associated appendices provided assurance to the Group that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce. The Group commended this report and supported this to progress to the IJB for formal approval.

4 Escalations/Highlights to the IJB

Arlene Wood will take over as Chair with effect from November 2024. Informal meetings are being arranged between Arlene and Group members.

5 Forward Planning/Horizon Scanning

Following the series of informal meetings, a group development session will be scheduled.

Roy Lawrence, Acting Chair, Strategic Planning Group



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	4th December 2024
Agenda Item No:	6.1
Report Title:	Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2024/25
Responsible Officer:	Lynne Garvey, Director, HSCP
Report Author:	Lynne Garvey, Director, HSCP Lisa Cooper, Head of Primary and Preventative Care Services Lyndsey Dunn, Clinical Services Manager

1 Purpose

This Report is presented to the IJB for:

- Discussion and 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 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

Please provide details of where report will go once discussed at this meeting e.g., SLT Formal (Assurance/Business/Strategic); Governance Committee (specify which); Integration Joint Board – or Not Applicable if dealt with at this meeting.

SLT Assurance	14 th October 2024
SLT Business	
SLT Strategic	
Audit & Assurance	
Finance, Performance & Scrutiny	12 th November 2024
Quality & Communities	8 th November 2024
Local Partnership Forum	12 th November 2024
Integration Joint Board	4 th December 2024
Not Applicable	Issue Dealt With

Glossary of Terms

Below is a list of common abbreviations/acronyms used within the Fife HSCP Winter Planning 2024/25 paper.

ACP	Anticipatory Care Plan
ANP	Advanced Nurse Practitioner
AWI	Adults with Incapacity
BAME	Black, Asian, and Minority Ethnic
CNS	Clinical Nurse Specialist
COPD	Chronic Obstructive Pulmonary Disease
DN	District Nursing
DNACPR	Do not attempt cardiopulmonary resuscitation
ED	Emergency Department
eKIS	Electronic Key Information Summary
EQIA	Equality Impact Assessment
ESOL	English for Speakers of Other Languages
Fife HSCP	Fife Health and Social Care Partnership
H@H	Hospital at Home
ICT	Intermediate Care Teams
IJB	Integration Joint Board
IV	Intravenous
JSST	Joint Social Service Taskforce
LGBT	Lesbian Gay, Bisexual and Transgender
LTC	Long Term Conditions
MDT	Multi-disciplinary Team
NMP	Non-medical Prescribing
NOK	Next of Kin
NVSS	National Vaccination Scheduling System
P2P	Professional to Professional
PDD	Predicted Day of Discharge
RCS	Rehab Complexity Scale
RSV	Respiratory syncytial virus
SAS	Scottish Ambulance Service
SMID	Scottish Index of Multiple Deprivation
SLT	Senior Leadership Team
SMART	Smart Measurable Achievable Realistic Timely
TOC	Test of Change
WIS	Weakened Immune System
UCSF	Urgent Care Services Fife

3 Report Summary

3.1 Situation

To support effective winter planning and ensuring service readiness, continuing to be agile and flex, and learning from work that has had positive impacts is fundamental to ensure our readiness and preparedness for the coming winter months.

This report will:

- Update on the actions that were agreed last winter and the associated performance.
- Describe further work that is being undertaken in Fife HSCP to prepare for winter 2024/25.

3.2 Background

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of people are met in a timely and effective way across the winter months. Although demand for care can happen at any time of the year, in winter activity rises. There is increased risk of infection, the weather conditions can be adverse, and influenza is more likely than at other times of the year and planning comes with additional challenges relating to Covid-19.

In Fife the HSCP along with key partners; NHS Fife and Fife Council have a shared responsibility to undertake effective planning to manage the impact of the winter demand and pressures across all health and social care.

The relationships and joint working with third sector, independent sector and Scottish Ambulance Service (SAS) are crucial to the success of planning for winter.

3.3 Assessment

Last winter and associated performance

Systems Pressures

The pressure on the health and care system intensified over the winter period and has not subsided in terms of capacity and flow since 2020.

Evidence advises that the year 2023/2024 was one of the most highly pressured experienced across health and social care. To this end, the demand on our services was significant. There was an unprecedented rise in referrals to the Discharge Hub over the past 3 years with a referral increase from a pre covid average of 56 per week (winter 2019/2020) to the current average of 61 per week (summer period 2024). This increase in activity is further evidenced by the fact that on 4 separate weekly occasions this year over 65 referrals have been received by the discharge hub, with July being the highest number ever recorded in July at 74.

Despite the significant increase in demand for health and social care our team's performance has exceeded any other year. The next section of the report will focus on actions that were taken to respond to and manage the increasing demands.

Actions Taken

Discharge without Delay - use of Predicted Day of Discharge (PDD)

Planning for discharge by setting a Predicted Day of Discharge (PDD) as a united extended Multi-disciplinary team (MDT) ensures community teams are ready and able to support the transition of patients from hospital to home without delay. Adopting 'home first' as an ethos ensures patients stay in hospital is only as long as is clinically and functionally necessary.

Key elements of the approach in Fife are to prioritise early, whole-system planning, create tomorrow's capacity today and to discharge to assess as default. Key components of this approach are to:

- Ensure 'enhanced work-up' occurs at front door to ensure early identification of those who could be turned around quickly.
- A "home first" approach has been adopted, asking "why not home, why not now" at every point of a patient's journey through the development of clear communication and holistic assessment.

Front Door Team

Previously, the approach to discharge involved the assessment of a patient from a clinician's perspective after medical treatment and plan on a discharge pathway based upon a person being clinically fit. The Front Door Team continue to identify and plan patient's discharge pathway from the time of admission rather than waiting until medically fit. This Front Door model has resulted in a person-centred approach to discharge planning where the patient's voice is at the centre of their discharge plan, resulting in earlier assessment, and ensuring patients meet their PDD.

Discharge to Assess

The Care at Home Service has based Assessment Practitioners directly into Fife hospitals. The Specialised Assessors ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering hospital settings daily. The aim is to assess for care packages long before the discharge date, secure a package of care, and the patients can leave the hospital on their planned day of discharge.

Red Cross – Home to Assess

The combination of person-centred discharge planning and timely assessments for all people requiring support on discharge remains a priority.

The Red Cross is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need.

Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions.

This service commenced May 2024 and supports both the complex patient and system level factors contributing to the challenging picture in standard delays.

Intermediate Care Teams (ICT)

The Intermediate Care Teams (ICT) also delivers a discharge to assess model. It is important that individuals receive the right care in the right place at the right time and therefore the services react to the patients needs by providing a rapid response to referrals in order to provide a discharge to assess model. Only can an individual's functional and cognitive abilities be assessed accurately within their own environment. Clinical triage is carried out on all referrals to determine level of assessment required to facilitate safe discharge. Only if a patient has complex functional/nursing/cognitive needs would a registered member of staff be required to assess on day of discharge. The expectation would be for a patient to be discharged home with settling in visit from a rehab support worker, with clinician assessment next day or within a 72-hour period as appropriate and if patient has been deemed safe by discharging team/ward.

Enhanced Intermediate Care Team (ICT) Model

The Home First Rehabilitation Model Workstream completed a test of change (TOC) in October 2023 using the Rehab Complexity Scale (RCS) across 3 wards within the community hospitals. It was estimated that potentially up to 54% of patients could have been directly discharged home from the acute hospital and continued their care and rehabilitation provided by adequately resourced functions across ICT, instead of being transferred to a step-down rehabilitation inpatient service.

The enhanced ICT model facilitates the transition of patients from the acute service to community teams to provide rehabilitation at home, which otherwise would have been provided within a community hospital inpatient setting. Appropriate patients will be determined using the Rehab Complexity Scale (RCS) and discussions between therapy staff in acute and ICT.

An initial TOC for the model was completed in April of this year and a number of lessons learned were gathered. These lessons have been used to inform the planning and roll out of the second phase of the TOC which was commenced on 9th September.

Streamline processes for patients on the Adults with Incapacity (AWI) / Guardianship Pathway

Pathway Timelines for the various stages of pathways have been truncated to reduce/remove unwarranted delay where the HSCP is the responsible party. Regular scrutiny and oversight is in place to ensure optimal performance.

Additional capacity has also been put in place to provide administration support and to progress actions with, for example, communication strategy to support the uptake of Power of Attorneys across the Partnership.

Additional support for Care Homes to assess and admit timely

Bed flow coordinators within the private sector and in-house support timely discharges. The functions of the coordinators are to assess, co-ordinate and facilitate placements across designated Fife Care Homes to ensure that safe, effective and timely discharges and admissions are supported.

Performance

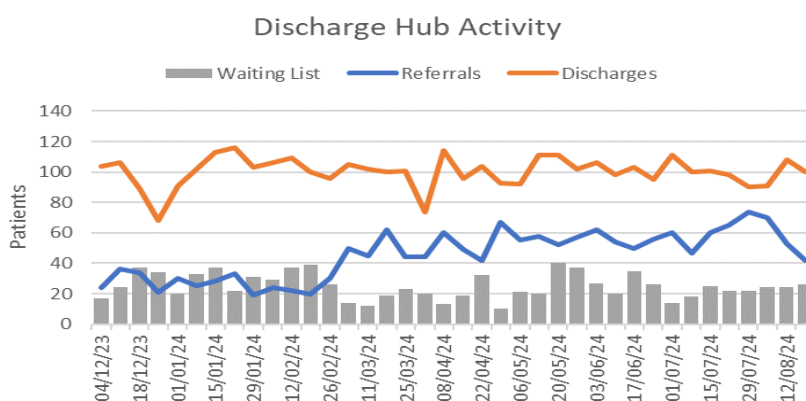
Local

Encouragingly, Fife HSCP services have flexed to ensure that discharges out of the acute setting have risen to meet the increased demand. A robust verification process continues to be in place to effectively manage timely discharges.

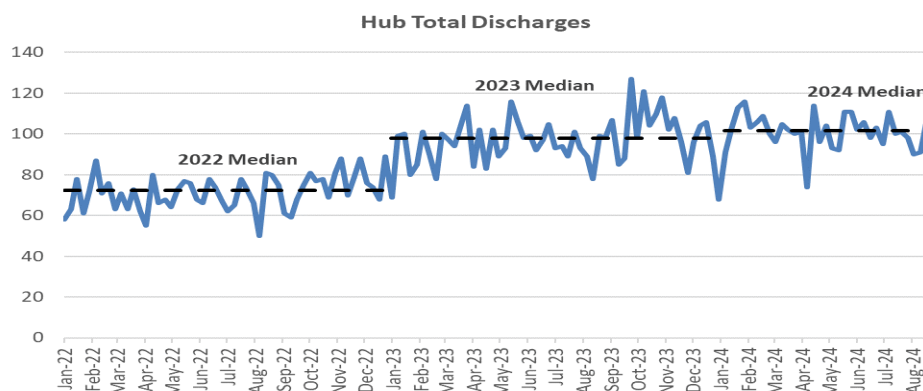
Graph 1a highlights that despite the challenges, we have seen a sustained discharge profile within the Hub maintaining one hundred weekly discharges. Our referrals have increased from implementation of the digital referral system from 4th March 2024, and this has remained on an upward trend. We continue to see our Discharge profile exceeding our digital referrals, however, ICASS and out of area referrals are not included in our new digital process.

Graph 1b illustrates the average amount of discharges from the acute setting since January 2022 was 72, the same period in 2023 was 98 and now in 2024 is 102.

Graph 1a



Graph 1b

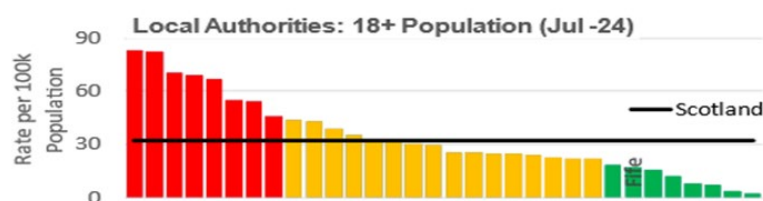


Graph 1c shows standard delays including Mental Health within Fife are lower than Scottish average and within the 25% best performing local authority areas.

Graph 1c

Standard Delayed Discharges (inc MH)

Lower than Scottish average
Positioned within 25% best performing LAs



Fife HSCP Priorities for Winter 2024/2025

Scottish Government/COSLA Winter Plan 2024/25 represents a whole system approach to addressing a surge in demand for Health, Social Care and Social Work services. Fife HSCP will continue to work in partnership with Acute Services and will ensure any surge demand is proportionate to whole system needs.

The Plan continues to develop on the priorities set out in last year's winter preparedness plan, to strengthen the approach to whole system planning and delivery. They have set out 4 key priorities and 3 key principles which ensure we retain our focus on the individual. These are:

1. Person centred and person led care as embodied through the Getting it Right for Everyone Principles, which aim to ensure a personalised way to access care and support. Ensuring that people are at the centre of decisions that affect them.
2. Strong leadership and partnership working across the whole system.
3. Implementing local and national actions we know work to improve the patient journey, and ultimately which improve outcomes for individuals, such as Discharge Without Delay principles.

The four winter planning priorities outlined follow a journey through the health and social care system.

- **Priority One:** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three:** Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- **Priority Four:** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Hospital at Home (H@H)

Commencing Hospital at Home assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community.

This will result in increased capacity and resilience across Hospital at Home and the wider system by:

- Identifying appropriate referrals for step-down for Hospital at Home
- Increase capacity and caseloads as a result of more streamlined and efficient triage and assessment process, specific to Hospital at Home
- Aim to offer 7-day a week in reach
- Accepting later step-down admissions i.e., move from a 5 pm cut off to an 8 pm cut off as assessment and documentation will already have been completed. If no treatment is required admission can be at any time with review the following day.
- Improving patient experience
- Supporting the Front Door model

Two substantive Nurse Practitioners have been recruited after a number of adverts. They will commence in post in November and following an induction and orientation period it is hoped the in-reach work will recommence in December or January.

The H@H service will also increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing Hospital at Home service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

Telecare Service Redesign for Social Care

Fife HSCP currently provides an online option for people in Fife to complete a Self-Assessment using Smart Life in Fife. It is a simple online system that guides people through an easy step by step process to identify what solutions might be best for the person. It gives advice on exercise and aging well, links to local amenities and national assistive providers. It also has links to Fife Equipment Loan Store. People can use it themselves or a family member or carer can help them.

Fife HSCP plan to increase the scope of this online service by having an additional tool – the Life Curve. The app gives people and practitioners the ability to see where people are on the Life Curve and what actions they can take to make choices and take control of their health and mobility at an earlier stage.

The app has been launched and several services have had the training and are now utilising it. The roll out of the training is ongoing and other services will have the opportunity to complete this and use the app. Work has recently commenced to rebrand and relaunch the system.

‘Smartlife in Fife’ which runs parallel to the Life Curve app. The rebranding of ‘Smartlife in Fife’ will support the independent assessment system to be easily identifiable as a mechanism where people can receive assistance to reduce risk and live independently at home. This rebranding also affords us the opportunity to relaunch and further promote the system to increase awareness and the subsequent use of the system.

Focus on Reducing Admissions Due to Long Term Conditions

We know that patients with one or more long-term conditions (LTC) are at increased risk of hospital admission. Patients with more than one LTC have multi-morbidity and are three times more likely to be admitted to hospital than those without any long-term conditions. Long-term conditions account for a large proportion of emergency and unplanned admissions, especially during winter with respiratory and heart failure being leading causes of hospital admissions.

Work to reduce unscheduled admissions remains a crucial part of winter planning and The Community Specialist Teams are well placed to support these patients and are continually reviewing their models of care to meet the needs of people in Fife.

Community Heart Failure Clinical Nurse Specialist Service

Work is underway to enhance pathways between acute cardiac services and the community heart failure service to include a new role for an acute outreach Clinical Nurse Specialist (CNS) and the development of community medication optimisation clinics. New step-up step-down pathways of care are being devised by the Community Heart Failure service, to utilise their Heart failure expertise and facilitate an earlier step down from Hospital at Home (H@H) to the heart failure service for patients who have been receiving I.V diuretics, with a view to releasing much needed capacity for H@H, preventing unnecessary admissions and promoting earlier, safe discharge.

Community Respiratory Specialist Service

The respiratory services are focusing on making improvements in preparation for winter 24/25.

- Development of Multidisciplinary Community respiratory Specialist Service. Increase of existing Community Respiratory staffing to include enhanced skill mix, ANP and additional Respiratory Physiotherapy to meet anticipated increase in prevalence and incidence of COPD.
- Development of joint working models between the Acute and Community Respiratory Team, including ongoing discussions with the acute respiratory service regarding their service remodel and the development of the acute respiratory unit to develop new pathways and improve joint working.

MDT case conferences have been established to improve the pathway of care for patients and drive forward earlier facilitated discharge.

- Further training of Community Specialist Respiratory team to include oxygen assessment, obtainment of national CNS competency framework, post graduate respiratory qualifications and increase in non-medical prescribing capacity. The service recently received approval for the use of Patient Group Directives for dispensing home supplies of antibiotics and steroids to their patients. Intended to be used by non-prescribing registrants before they obtain their Non-medical Prescribing (NMP) qualification and used alongside individual patient self-management plans. These measures will ensure acute respiratory exacerbations can be managed at home, preventing unnecessary hospital admissions and facilitate earlier supported discharge and reduce burden on General Practice.
- Development of a direct referral pathway from the SAS to Hospital at Home with a step down to Community Respiratory Service to reduce unnecessary acute admissions after initial home assessment by ambulance staff.
- The Community Respiratory Service have been undergoing IV cannulation and safe medicate training so that they may be able to assist with appropriate with administration of IV antibiotics for patients on their caseload, this should free up capacity for H@H allowing them to prevent unnecessary hospital admissions and facilitate early hospital discharge.

Anticipatory Care Plans for Care Home residents

All Fife Care Homes residents will have an anticipatory care plan (ACP) in place. The ACP will be shared with MDT including GPs to anticipate any deterioration in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. Advanced Nurse Practitioners (ANP) are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

Focus on Reducing Admissions – District Nursing Service

Advanced Nurse Practitioners (DN ANP's)

Additional 2 full-time qualified ANP's have been recruited. The team have recruited additional an additional 3rd DN ANP who is working to achieving their competencies. These ANPs cover all 57 GP practices in Fife. The team reviews patients on the district nursing caseloads who have frequent, re-occurring hospital admissions. Their aim is to prevent further admissions by taking a proactive approach to these people by undertaking a thorough background of their previous and current medical history, medications alongside a full clinical assessment. The ANPs then implement an action plan for each patient such as medication reviews, investigations or onward referral to secondary care. To date the most common cause of readmissions to hospital have been for urology, respiratory or cardiac reasons. Within the last 6-month period, current figures from the service show that of the 43 patients fully assessed and interventions applied, there has been an 86% reduction in hospital re-admissions. This equates to 1119 in-patient days in hospital prior to the DN ANP intervention.

Intravenous antibiotics

District Nursing commenced a test of change working collaboratively with H@H. The test of change was for patients who were medically stable on the H@H caseload but required intravenous antibiotics and was targeted at one locality in Fife. This test of change was very successful and therefore the rest of the District Nursing teams are training staff so this can be rolled out Fife wide. This will release time and capacity for H@H to treat acutely unwell patients. It is ultimately about the right person, with the right skills delivering the right care in the right place.

Primary Care & Urgent Care Services Fife (USCF) (Primary Care Out of Hours)

A full Multidisciplinary Team (MDT) is established to support a sustainable, accessible and agile service in the out of hour's period. The service will continue to provide access to telephone and video consultation assessments using Near me, direct consultations across the 3 urgent care centres in Fife and home visits from the MDT when appropriate.

Work will continue to build resource and capacity including the following:

- Direct access to urgent care for care homes in the out of hour's period. This ensures prompt clinical triage to reduce or prevent admission and support care in the right place. Currently, 76% of Fife Care Home's access this service and aiming for 100% on completion of training and education, in collaboration with the Care Home Liaison Team, for care home staff. An average 47 patients per week are referred to urgent care via the care home direct line (Graph 2).
- Professional to Professional access for a wide range of disciplines across health and social care including SAS, Social work and social care, community pharmacy, Police Scotland. An average 56 patients per week are referred to urgent care via the UCSF Professional to Professional line.

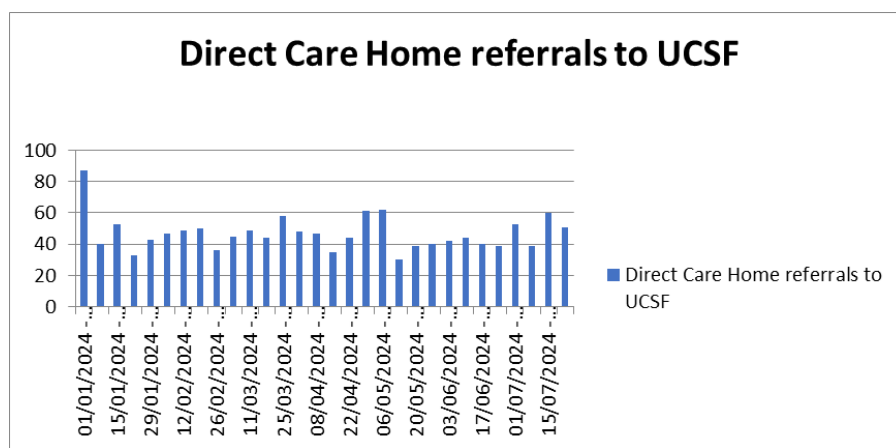
- Provide the Emergency Department with direct access to urgent care for patients who attend the ED and require same day urgent care and within agreed clinical protocols refer to UCSF for assessment in the out of hour's period. An average 10 patients per week are referred to urgent care from the ED.
- Direct access for family and carers to the palliative care district nurse support line ensuring direct and immediately responsive care for people who require care at the end of their life in the out of hours period.
- An average 1600 patients per week are referred to UCSF via NHS 24 111 or our dedicated Professional to Professional (P2P) lines (Graph 3) and supports an average of 93% of patients to remain at home, in the community or in a homely setting.
- Winter planning 2023/2024 UCSF effectively delivered extended operating hours 4 times between November and February to support all Fife General Practices with dedicated time to review chronic and complex patient cases, including review of any Do Not Attempt Cardiopulmonary Resuscitation (DNACPRs), (Anticipatory Care Plans (ACPs), Electronic Key Information System (eKIS), special notes and Palliative Care planning to ensure Fife's most vulnerable patients received high quality care planning management during winter. Thus, preventing unnecessary attendances to either SAS or ED level of care.

Primary Care and UCSF additional actions in preparation for Winter 2023/24

1. Continue verification processes within UCSF to assess the appropriateness of patient journeys to assure patients are receiving the right care in the right place by the right professional and ensure continuous improvement approach.
2. UCSF delivered extended operating hours to support Primary Care with winter planning sessions applying the established protected learning time process

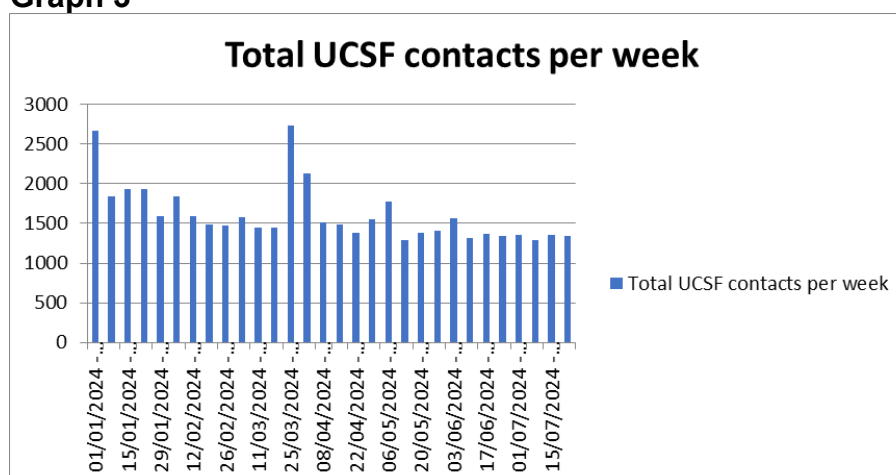
Test of Change through dynamic triage of NHS 24 patient referrals to NHS Fife requiring urgent care. In line with other urgent care centres across Scotland which support 1 and 2 hour disposition patients continue to be direct appointed with those with 4 hours dispositions to be re-assessed at the point of receipt of the patient's referral to ensure a clinical advice, treatment centre appointment or home visit is the most appropriate journey for the patient to access urgent care.

Graph 2



Graph 2: shows all direct care home referrals managed by Urgent Care

Graph 3



Graph 3: Patients per week are referred to UCSF via NHS 24 111 or our dedicated P2P lines

Winter Covid and Flu Programme

Fife will be adopting a mixed appoint/prompt scheduling strategy, based on previous attendance or uptake at timed appointments. This is to maximise efficiency of the programme in clinics, whilst recognising that all cohorts require ability to access an appointment. When this approach was taken in 2024 for Spring Booster, only 2% of those prompted went on to book an appointment/receive vaccination. This was replicated in other Health Boards who adopted a similar approach.

Fife has been offered sufficient National Vaccination Scheduling System (NVSS) scheduling slots to allow for appointment/prompts for all cohorts.

Total scheduled appointments for the winter programme will be around 93k – these will all be scheduled prior to 8 December 2024. Clinical prioritisation for appointments is as per below (in order):

- Over 75s Appointing 88.3%; prompting 11.7%
- 6m-64 Weakened Immune System (WIS) Appointing 57.4%; prompting 42.6%
- 65-74 Appointing 84.8%; prompting 15.2%
- 12-64 At Risk Appointing 37.43%; prompting 62.6%
- 12-64 Flu Only Local lettering to flu only cohorts (c11k patients, subject to confirmation) directing to community pharmacy, including a list of those participating.

Key priority areas for 2024/2025 Winter Programme:

- to improve on previous uptake data with a particular focus on improvement in areas where uptake has been low.
- Robust strategy for increasing health and social care workers vaccine uptake, including the re-introduction of peer vaccinations.
- Clinical at risk groups under 65 including pregnant women
- Working closely with Care Homes to increase vaccine uptake, taking learning from recent Respiratory syncytial virus (RSV) vaccine programme.

Levenmouth Home First Group

The Levenmouth area has the highest emergency hospital admissions and Emergency Department (ED) attendances. The Group was established in November 2023 to:

- To reduce the number of preventable emergency hospital admissions and frequent ED attendees
- To identify people at high risk of hospital admission using locality data
- To identify the reasons why people frequently attend ED.

The Levenmouth Home First Group (Case Verification) work together to provide a holistic approach including the symptoms of illness as well as underlying causes, such as social risk factors, social isolation, or poor housing and previous history to then identify action steps for review, referral, signposting to other organisations.

Over a 6 month period (to May 2024) the Group has discussed **311** individuals:

- A number of the people have been discussed more than once due to re-admission or re-attendance at ED.
- **79** individuals have been discussed more than twice, whereas **29** have been discussed 3 or more times.
- The majority of the discussed patients (84%) are from Scottish Index of Multiple Deprivation (SIMD) 1 and 2 areas.
- The group has discussed predominantly people over 65 years old (46%).

The group identified **168 individuals** for actions with several people having more than one action. Actions have included:

- A member of the verification group contacting a professional currently involved in supporting the individual e.g. Diabetes/Chronic Obstructive Pulmonary Disease/Coronary Heart Disease Nurses/Community Led Support/Care at Home/Social Work
- Reaching out to services/GPs to request further contact or referral to a service that would be able to offer additional support, for example Community Led Support

3.3.1 Quality / Customer Care

Quality of patient care and safety are at the heart of all of the HSCP actions that are being progressed. Increasing capacity within the workforce across a number of areas of service delivery and in particular within areas experience pressures will have a positive impact on the quality-of-service delivery and the experience of those in receipt of services.

Increased capacity will enable improvement in access to services as well as other waiting times and ensure that people are supported at the right time in the right place by the right intervention and also help to ensure that wherever possible this support is provided at home or closer to home within a homely setting.

Within this document the PDD is highlighted and agreed with the patient and their next of kin (NOK), along with 'what matters to them' during their admission. Further, potential barriers to discharge are identified at a much earlier stage in order to reduce their impact. Our focus is on the patients' needs and journey and not bed management, ensuring they have a clear understanding of the treatment, procedures and outcomes that are required to take place in the acute environment.

3.3.2 Workforce

In 2022, Fife HSCP published our Workforce Strategy & Plan 2022-25, which was designed to align with the National Workforce Strategy's five pillars of Plan, Attract, Employ, Train & Nurture. To set out our delivery ambitions for 2023-24 we further developed our Year 2 Workforce Action Plan, which described a range of SMART actions to ensure we are providing a wide range of supports to our existing staff to support their learning and career development, wellbeing, and leadership.

The introduction in April 2024, of the Health (Care) Staffing Act 2019, further ensures analysis of our workforce allocation and use of workforce tools to monitor effective staffing to meet demand.

We also have a focus on innovative ways to recruit new staff, induct them well and support them to stay with the Partnership.

In 2023/24, we continue to develop innovative ways to grow our workforce to support winter preparedness includes delivering Princes Trust get into social care programme and for 2024/25, linking this to the Fife Council Life chances 13 week paid alternative recruitment model. In addition, Fife Care Academy are seeking to place students studying full time social care qualifications on a earn as you learn basis. The Scottish Government Joint Social Service Taskforce (JSST) are finalising the blueprint to support employers utilise this approach in collaboration with the college sector.

This work has prepared a strong base from which to build our support for the workforce over the forthcoming winter period and we will continue to provide practical, pastoral and development support to our staff throughout.

We learned from the previous winter that support from Scottish Government to enable further support for wellbeing was very successful and would welcome a similar approach for winter 23/24. Our return to Scottish Government on the implementation of these funds demonstrated the wide range of supports put in place and the positive response to those. This work was co-designed across the whole system, with colleagues from Trade Unions & staff side, the Local Partnership Forum, professional bodies and practitioners to provide the right support in the right place for our workforce is crucial to our capacity to meet the challenges of winter and this approach continues to be a priority for Fife HSCP.

3.3.3

Financial

There has been significant investment by the Scottish Government in recent years ensuring both sustainability and growth in the market, and the ability to continually improve service delivery in advance of winter.

Some of this funding has been made available on a recurring basis and this has allowed the HSCP to sustainably respond to the current delay situation and plan effectively for the Winter but has also allowed us to move forward with our strategic objective of delivering care in a home or homely setting.

There will be regular monitoring of the challenging financial position throughout the financial year by the appropriate governance routes as well as robust scrutiny by SLT.

3.3.4

Risk / Legal / Management

Risk Assessment and mitigation against the risks are contained within the Integrated Joint Board (IJB) risk registers. The key risks include:

Whole System Capacity (Risk 27 - There is a risk that there may be insufficient capacity across Fife's Health and Social Care system to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/flow. This could lead to an increased delay position, sub-optimum use of beds and impact on admissions. This in turn may impact on person centred care, delivery of Strategic Plan outcomes and potentially presents reputational exposure) . Mitigations for this risk highlight that systems and processes have developed to ensure that identification of key points of failure have been appropriately addressed. This supports maintenance of the flow through the system and optimisation of available beds. Monitoring systems are robust and allow for early intervention to address concerns.

Contractual and Market Capacity (Risk 21 - 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, winter pressures and significant financial pressures) Work on the Care Home and Care at Home Collaboratives with independent sector partners is providing increased resilience across the system

Resilience (Risk 12 - 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). Development of the HSCP/IJB Resilience Framework and the ongoing close working with multi-agency partners to support Integrated Emergency Management, alongside the robust review of service business continuity plans has strengthened the resilience within the organisation allowing staff to be agile and flexible in decision making and mobilisation as necessary

Recovery Plan risk register. Managers are mindful of the additional risks arising from the financial recovery plan this year. It is recognised that there are a number of interdependencies between several of the recovery plan proposals and there may be risks of unintended consequences for partners. Taking action to mitigate one risk may inadvertently increase risk in another area. This will remain under continual review and be monitored by the Workforce Wellbeing Group and Senior Leadership Team.

Close scrutiny will be applied to ensure a balanced and proportionate risk approach will be taken.

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

An equality and diversity impact assessment has been undertaken for the home first strategic programme and is available on request.

Engagement has taken place with the Fife Carers Centre, Independent Private Sector, 3rd Sector via Fife Voluntary Action, Fife Equalities Forum, Fife Centre for Equalities, English for Speakers of Other Languages (ESOL) Group and (People First) People with Learning Disabilities. Engagement will also be co-ordinated with appropriate community groups representing Lesbian Gay, Bisexual and Transgender (LGBT) and Black, Asian, and Minority Ethnic (BAME) interests.

The views arising from the Home First Roadshows in 2023 included –

- “Home is the Right Place to be”
- “enabling people to get home where we can, delayed discharges should be prevented and person-centred care important”
- The vision has a person-centred focus
- IT Systems that will work with each other - avoid same story being told multiple times
- Streamlining services - no silo working, improved communication, clearer pathways

There was also feedback provided on equity of services and "not a postcode lottery" - vision needs to be Fife wide to ensure continuity and consistency of care.

Involving key stakeholders has helped to: build public understanding of why this change has occurred and how care can be delivered differently.

The delivery of the actions proposed will ensure that all of Fife residents will have access to services no matter where they live. Locality Action Plans are currently being developed for each of the seven localities in Fife to ensure the equality of opportunity is achieved and the service redesign will reflect that specific locality's needs based on resident's requirements.

The Home First approach will ensure that people of all ages are supported to make decisions and be involved in the planning and processes for discharge. Advocacy and access

to legal support and advice will be provided to those individuals who require it.

Patients and their families will be supported to make informed decisions about the most appropriate discharge / homely setting, which will aid, support and promote recovery.

A supporting Equality Impact Assessment (EQIA) and Childrens Rights EQIA has been developed to ensure the model of transforming community rehabilitation considers the impact of service delivery change on all protected characteristics. A copy of these EQIA's is available on request.

3.3.6 Environmental / Climate Change

By creating a centre of excellence for scheduling there will be opportunities to join up care more therefore reducing the need for multiple staff travelling to the same place. In effect, this will have impact on carbon footprint.

3.3.7 Other Impact.

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of winter planning.

4 Recommendation

• **Assurance**

Assure members of actions that are being taken to address the predicted forthcoming predicted winter pressures and note last winter's performance despite significant pressures.

5 List of Appendices

N/A

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

N/A

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	

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

Lead	Lynne Garvey, Director, HSCP
Critical	Jillian Torrens, Head of Complex and Critical Care Services Lisa Cooper, Head of Primary & Preventative Care Services Audrey Valente, HSCP Chief Finance Officer Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Roy Lawrence, Principal Lead for Organisational Development & Culture Jennifer Rezendes, Principle Social Work Officer
Signed Up	
Informed	

Report Contact:

Author Name: Lynne Garvey
Author Job Title: Director, HSCP
E-Mail Address: Lynne.garvey@nhs.scot



Meeting Title:	Integration Joint Board
Meeting Date:	4 December 2024
Agenda Item No:	8.1
Report Title:	Finance Update
Responsible Officer:	Lynne Garvey, Director of Health & Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance
- Discussion

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 8th November 2024
- Local Partnership Forum 12th November 2024
- Finance Performance & Scrutiny Committee 12th November 2024

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 £27.108m.

A recovery plan has been agreed by IJB on 25th October and the implementation of the agreed actions will be closely monitored.

3.2 Background

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

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

3.3 Assessment

As at 30 September 2024 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn overspend of £27.108m

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

These overspends are partially offset by underspends in:-

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

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

3.3.1 Quality / Customer Care

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

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

3.3.2 Workforce

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

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

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

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

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

3.3.3 Financial

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

3.3.4 Risk / Legal / Management

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

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

3.3.5 Equality and Diversity, including Health Inequalities

An understanding of how the recovery actions impacts on equality and diversity, including Health Inequalities is important to us and will be considered as part of our assessment process. Aligned to the

IJB strategic plan the impact on localities and health inequalities is considered as part of all development work

3.3.6 Environmental / Climate Change

There are no impacts on the environment

[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 30th September 2024 as outlined in Appendices 1-4 of the report; and
- **Assurance** IJB are asked to be assured that steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Finance Report at September 2024

Appendix 2 - Approved 2024-25 Savings Tracker

Appendix 3 – Fife H&SCP Reserves

6 Implications for Fife Council

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

7 Implications for NHS Fife

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

8 Implications for Third Sector

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

9 Implications for Independent Sector

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

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

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

Report Contact

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**Fife Health
& Social Care
Partnership**



Finance Report

Projected Outturn as at 30th September 2024



Supporting the people of Fife together



FINANCIAL MONITORING

PROVISIONAL OUTTURN AS AT SEPTEMBER 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 £27.108m is provided at Table 2 and a variance analysis provided.

This position does not include the cost of Fife Council pay rise or inflationary uplifts in National Care Home Contract Rate, these uplifts were included in our budget however the agreed rates are higher and will add nearly £3m cost pressure to the financial position. The Chief Finance Officer will discuss whether there is potential for funding to come from partners in relation to this and as a result it is not currently being reported in the bottom line.

3. Movement in Budget

The total budget for the delegated and managed services has increased by £0.927m since July (£36.415m since April) as shown in Table 1 below:

Opening Budget	671.633
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	0.785
Budget at September	708.048

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.

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

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

The combined Health & Social Care Partnership delegated, and managed services are currently reporting a projected outturn of £27.108m overspend. Shown in Table 2 below.

Fife Health & Social Care Partnership									
Projected Outturn as at July 2024									
Objective Summary	Budget July	Budget September		Forecast Outturn July	Forecast Outturn September		Variance as at July	Variance as at September	Movement in Variance
	£m	£		£m	£m		£m	£m	£m
Community Services	144.379	143.814		141.122	141.826		(3.257)	(1.988)	1.269
Hospitals and Long Term Care	58.862	58.924		70.128	70.825		11.266	11.901	0.635
GP Prescribing	81.166	81.166		82.422	83.238		1.256	2.072	0.816
Family Health Services	120.799	122.155		122.131	123.085		1.332	0.930	(0.402)
Children's Services	17.205	17.259		17.945	17.999		0.740	0.740	(0.000)
Homecare Services	56.569	56.569		60.367	60.641		3.798	4.072	0.273
Older People Nursing and Residential	56.017	55.710		58.054	58.592		2.037	2.882	0.845
Older People Residential and Day Care	16.307	16.307		18.047	18.410		1.740	2.103	0.363
Older People Fife Wide/ Hospital Discharge	1.499	1.499		1.385	1.510		(0.115)	0.011	0.125
Occupational Therapy & ICASS	5.344	5.364		5.909	5.797		0.566	0.433	(0.132)
Adults Fife Wide	6.926	6.980		6.627	6.937		(0.299)	(0.043)	0.256
Adult Supported Living	29.452	29.447		28.274	28.681		(1.178)	(0.766)	0.411
Social Care Fieldwork Teams	21.583	21.178		20.310	20.358		(1.274)	(0.820)	0.453
Adult Placements	83.511	83.794		87.946	88.675		4.435	4.881	0.446
Social Care Other	(1.345)	(1.345)		(0.985)	(0.985)		0.360	0.360	0.000
Business Enabling/Professional	7.214	7.593		7.376	7.944		0.163	0.352	0.189
Housing	1.633	1.633		1.633	1.623		0.000	(0.011)	(0.011)
Total Health & Social Care	707.121	708.048		728.692	735.156		21.571	27.108	5.537

The projected outturn reflects an overspend of £27.108m is also presented by portfolio level in Table 3 below. The variance analysis included is also by portfolio.

	Budget July	Budget September	Forecast Outturn July	Forecast Outturn September	Variance as at July	Variance as at September	Movement in Variance
	£m	£m	£m	£m	£m	£m	£m
Primary Care & Preventative	275.191	277.182	277.479	279.784	2.288	2.602	0.314
Complex & Critical Care	209.292	211.504	216.948	221.726	7.656	10.222	2.567
Community Care	198.980	197.660	211.674	211.753	12.694	14.093	1.398
Professional & Business Enabling	10.413	11.817	10.485	12.158	0.073	0.342	0.269
Other	13.245	9.885	12.105	9.735	(1.140)	(0.151)	0.989
Total HSCP	707.121	708.048	728.692	735.156	21.571	27.108	5.537

5.1 Primary & Preventative Care

Variance

The budget as at September is £277.182m. The projected outturn is £279.784m, an adverse variance against budget of £2.602mm. Within this portfolio there are savings of £6.690m. The projected overspend includes non-achievement of savings of £0.272m. Detail can be found in Appendix 3.

The main variances are GP Prescribing which is currently projecting to overspend by £1.800m, this represents a higher % increase in volume assumed in the projection and £0.930m on Primary Medical Services due to; 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 July position is an adverse movement of £0.314m and relates to an increase in the Prescribing projected overspend offset by an improvement in projections within Primary Medical Services due to a reduction in the spend projected for 17j practices (reduced locum use and related superannuation) and a reduction in the GP resilience team.

5.2 Integrated Complex & Critical

Variance

The budget as at September is £211.504m. The projected outturn is £221.726m, an adverse variance against budget of £10.222m. 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 (£3.645m) are attributable to the following:-

Mental Health Services has a projected overspend of £4.854m, which is as a result of the increasing use of locum staff and difficulties in recruitment. This is partially offset by underspends of £1.010m across Learning Disability and Psychology services due to vacant posts and difficulties in recruiting.

Adult Placements has a projected overspend of £1.481m, this is mainly due to increased packages and taxi costs of £0.800m. This is offset by underspends by £0.816m in

Community Support Service and £0.820m in Social Care Fieldwork Teams due to staffing vacancies.

The movement from the July position is an adverse movement of £2.567m and relates to a further reduction in Mental Health funding of £0.460m from Scottish Government due to efficiency savings, a reduction in underspends on Psychology and Learning Disabilities of £0.260m due to continued issues with recruitment. Within Social care there was an increase in Adults packages and a reduction in the underspend on Community Support Services due to staffing recruitment and use of agency staff, which accounts for the remainder of the variance.

5.3 Integrated Community Care

Variance

The budget as at September is £197.660m. The projected outturn is £211.753m, an adverse variance against budget of £14.093m. Savings of £10.073m are included in Integrated and Community Care. The projected overspend includes non-achievement of savings of £3.136m. Detail can be found in Appendix 3.

The remaining variances excluding non-delivery of savings (£10.957m) are attributable to the following:-

Care of the Elderly is projecting to overspend by £4.441m due to the use of agency staffing and surge beds. Specialist Inpatients is projecting to overspend due to use of agency staffing of £0.495m. Underspends of £1.305m in ICASS, £0.450m in Community Nursing and £0.290m in Admin Staffing due to vacancies partly offset these overspends.

Residential Care is projecting a £1.853m overspend. This is mainly due to the use of agency staff in care homes £2.1m offset by £0.800m of vacant posts. Catering and cleaning charges are £0.775m overspent against budget.

Older People Nursing & Residential projected outturn is an overspend of £2.382m. This is due to a greater number of beds being utilised than budget available.

Homecare Services is projecting an overspend of £3.3m. This is due to overspends on Direct payments £1.3m and External Care at Home packages of £2.4m. There are also overspends on fleet charges, spot hires and mileage of £0.800m, Meals on Wheels of £0.220m and Community Alarms of £0.074m. The position is partially offset by underspends due to vacancies in Internal Homecare and capacity in the community funding of £1.6m. The movement from the July position is an adverse movement of £1.398mm and relates to £0.845m of Nursing & Residential packages of care and £0.363m of agency costs in our internal residential homes.

5.4 Professional & Business Enabling

Variance

The budget as at September is £11.817m. The projected outturn is £12.158m, giving an overspend position of £0.342m. 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.

6. Savings

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

The financial tracker included at Appendix 2, provides an update on all savings and includes a RAG status. The current reported position would suggest that there is likely to be £26.998m (69%) of savings delivered during 2024-25.

7. Reserves

Reserves brought forward at April 2024 were £4.731m

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

Further details are shown in Appendix 3

8. Recovery Plan

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

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

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

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

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

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

9. Risks and Mitigation

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.

It is likely that the risk share agreement will require to 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 and that only essential spend is incurred.

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.

Audrey Valente
Chief Finance Officer
12th November 2024

Savings Tracker 2024-25

Appendix 2

Theme	Tracked Approved Savings HSCP - Approved 2024-25	Total Savings target £m	Forecast delivery £m	Not yet Achieved £m	Rag Status In year Delivery	Rag Status Project Lifetime
Previously Agreed Savings	Nurse Supplementary Staffing	2.000	2.000	0.000	Green	Green
Previously Agreed Savings	Securing a sustainable Medical Workforce and reducing locum spend	1.500	0.876	0.624	Amber	Green
Previously Agreed Savings	Community Rehabilitation & Care	1.000	0.000	1.000	Red	Green
	Substitute for Community Rehabilitation & Care		0.704	-0.704	Amber	Green
Previously Agreed Savings	Modernising Administration Services	0.500	0.500	0.000	Green	Green
Previously Agreed Savings	Integrated Management Teams	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Medicines Efficiencies programme 2023-25	1.000	1.000	0.000	Green	Green
Previously Agreed Savings	Maximising Core Budget (Alcohol and Drugs)	0.200	0.200	0.000	Green	Green
Previously Agreed Savings	Transforming Centralised Scheduling	0.413	0.226	0.187	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	1.000	1.000	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	4.028	0.272	Green	Green
Efficiency	Group Homes	0.100	0.050	0.050	Amber	Green
Efficiency	Health Visiting Service Workforce planning	0.230	0.230	0.000	Green	Green
Efficiency	Urgent Care Services Fife (UCSF) - Conveyance of Clinicians and Patients, and safe transport of medicines and equipment	0.180	0.180	0.000	Green	Green
Efficiency	More efficient use of specialist beds	0.140	0.140	0.000	Green	Green
Efficiency	Skill Mix and Digital Referral within the Discharge Hub	0.050	0.050	0.000	Green	Green
Efficiency	Previously Approved Underspend Savings	1.110	1.110	0.000	Green	Green
Service Redesign	Community Support Services	0.150	0.150	0.000	Green	Green
Service Redesign	Remodelling of Mental Health Services	6.000	2.344	3.656	Red	Green
Service Redesign	Nutrition & Dietetics	0.250	0.250	0.000	Green	Green
Commissioning	Packages of Care - Equity of Allocation	0.700	0.700	0.000	Green	Green
Commissioning	Reprovision of Care Home Beds	2.500	2.000	0.500	Red	Green
Reserves	Use of Reserves	1.700	0.750	0.950	Amber	Amber
	TOTAL	39.033	26.998	12.035	69%	

Appendix 3

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

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

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

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	4th December 2024
Agenda Item No:	8.2
Report Title:	Service Level Agreements
Responsible Officer:	Lynne Garvey, Director of Health and Social Care
Report Author:	Audrey Valente, Chief Finance Officer

1 Purpose

This Report is presented to the Board for:

- Discussion
- Decision

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

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

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

- 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
- IJB Development Session
- Finance, Performance and Scrutiny Committee – Following in-depth discussion, whilst members agreed that budget for delegated services should be held within the IJB Budget, concern was raised around the adverse impact this transfer will have on the current projected overspend for 2024-25. However, it was acknowledged that the Integration Scheme clearly states that these SLAs relate to delegated services.

3 Report Summary

3.1 Situation

The Integration Joint Board (IJB) agreed its Revenue Budget in March 2024. As part of that budget setting process a cost pressure of £2m was recognised in relation to payments to other health care providers for Fife patients treated in their Board area. These costs are currently borne by NHS Fife and it was understood that as part of the annual allocations process, a contribution of £2m towards the cost pressure was required, this was included in the Revenue Budget setting and approved by the IJB.

The expectation, however, is that the IJB will absorb the full extent of these costs, and that the total budget of £5.5m will now be devolved to the IJB, along with the related expenditure. The paper today asks that this is approved and transferred to the IJB, backdated to April 1st, 2024.

It is an absolute priority that a resolution is agreed by the end of the financial year to ensure all health costs are reflected and properly accounted for. From an IJB governance perspective there has been no formal approval to date by the IJB for this budget to be transferred from a retained health budget to a delegated health budget.

3.2 Background

NHS Fife have Service Level Agreements with Lothian, Tayside and Forth Valley for non-Acute services. Those SLAs cover a mix of regional and specialist services and non-acute services for Fife patients who are geographically closer to out of Fife facilities.

The budget and financial reporting arrangements for payments to Healthcare Providers outside Fife (both NHS and non-NHS) are currently managed by NHS Fife within the Finance Directorate.

It has been recognised for many years that a key anomaly is that there is no link between the clinical referral and the subsequent financial impact of a decision to refer outside Fife. The budgets, and therefore the associated cost of these referrals, have not been delegated to an operational Director and have remained part of the Board's 'corporate' financial report. As a result, there has been limited opportunity for clinical or service management oversight of the financial position associated with this activity.

In 2017, a decision was made to devolve the budget and expenditure for the relevant services and providers to both the Acute Division and the HSCP was made.

It was recognised that this would ensure greater transparency to operational managers by giving them the pertinent information on pathways, services, performance, activity, and costs for all Fife residents rather than just patients seen in Fife. This in turn would lead to greater opportunities for informed discussions to be held internally and with colleagues in other Boards by having an overview of the totality of the service and thereby help to model the financial and service impacts and to quantify the incentives of changing referral patterns and pathways.

In the subsequent period, the devolvement of budgets has stalled due to a variety of reasons not least of which the pandemic.

Devolving the budget will bring together clinical, managerial, and financial responsibility within the relevant service and will lead to improved, more informed decision making leading to more effective patient care and a more efficient use of resources.

3.3 Assessment

In addition to the clinical and potential financial benefits there are also some risks and concerns that need to be considered as part of this decision-making process to ensure a balanced approach to decision making.

Financial Implications

Devolving this budget has a significant financial risk. Appended below is the latest financial position with an overspend in excess of the £2m balance approved by the IJB. The most recent monitoring position in Table 1 indicates a £2.7m projected overspend.

	2024/25 Budget	Estimated Expenditure	Variance overspend/ (underspend)
Tayside	£744,430	£1,476,752	£732,322
Lothian	£1,831,753	£2,686,491	£854,738
SMART*	£1,626,334	£1,608,858	(£17,476)
Forth Valley	£536,108	£402,059	(£134,049)
Independent Sector**	£798,784	£918,758	£119,974
Out Area Treatment Service	£0	£1,159,853	£1,159,853
Total	£5,537,409	£8,252,771	£2,715,362

* The Southeast Mobility and Rehabilitation Technology (SMART) Services provide a wide range of rehabilitation technology services for the East Region and beyond, it is hosted within the Edinburgh Health and Social Care Partnership (EHSCP) SMART

**Independent Sector includes costs for Ayr Clinic & Glasgow Priory

It should also be noted that the 2023-24 overspend position on the SLA budgets was a £4,266,233, mainly due to additional patients within the Independent Sector

Risk

Given the current recovery actions do not bring expenditure back fully in line there is a strong possibility that there will be a requirement for further risk-share. The Director of Health and Social Care, the IJB Chief Finance Officer and Directors of Finance from both Fife Council and NHS Fife will require to agree further recovery actions to be approved by the IJB. This will require early dialogue with our partners.

Governance Implications

This further devolution of budgets has not been formally approved by the IJB and this paper is brought to seek the necessary approval to allow the budget to be transferred.

All partners have been informed of the impact that this will have on the risk share agreement. As well as there being implications in relation to an increase to the year-end reported overspend position there will also require to be adjustments to the share of the overspends between partners. NHS Fife's share will increase, and Fife Councils will decrease, as the basis of the calculation essentially reflects the partner contributions, with a few exceptions.

Summary

Although it is recognised that there will be clinical benefits and potentially financial benefits to these budgets being transferred to HSCP, it is unlikely that these will materialise in this financial year.

IJB are asked to approve the transfer of this budget whilst recognising the additional overspend that this creates. The Chief Finance Officer continues to work with Director of Finance NHS Fife to identify any in year solution to mitigate this additional risk.

The HSCP will continue to scrutinise the budget with a view to bringing spend back in line with the budget available.

3.3.1 Quality / Customer Care

No direct quality or customer care implications, however, the risk management process may identify a risk to quality and customer care given the current financial pressures on this budget

3.3.2 Workforce

No direct workforce implications, however, the risk management process seeks to support and provide greater transparency of workforce issues.

3.3.3 Financial

This proposed transfer will create additional financial pressures on the IJB budget which will potentially require additional funding from our partners via the risk share agreement

3.3.4 Risk / Legal / Management

The IJB, its Governance Committees and staff working across the HSCP need to ensure accountability and effective management of risk to ensure delivery of the Strategic Plan.

3.3.5 Equality and Diversity, including Health Inequalities

An EqIA has not been completed and is not necessary because the existence of a risk management process is not directly relevant to equality issues.

3.3.6 Environmental / Climate Change

There are no direct environmental or climate change impacts, however, the risk management process seeks to support and provide greater transparency of environmental issues.

3.3.7 Other Impact

None

3.3.8 Communication, Involvement, Engagement and Consultation

Not applicable

4.4 Recommendation

- **Decision** – Integration Joint Board are asked to approve the transfer of the £5.5m budget in relation to payments to other health care providers for Fife patients treated in their Board. This transfer will be backdated to April 2024.

5 List of Appendices

None

6 Implications for Fife Council

Although the revenue budget for the delegated services is the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place.

7 Implications for NHS Fife

Although the revenue budget for the delegated services is the responsibility of Fife IJB, there may be a potential impact on partners if appropriate mitigations are not in place

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	X
4	Fife Council & NHS Fife	

Report Contact

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DIRECTION FROM FIFE INTERGRATION JOINT BOARD (IJB)

1	Reference Number	2024-003
2	Report Title	Realign SLA
3	Date Direction issued by Fife Integration Joint Board through the Chief Officer	4 th December 2024
	Date Direction Takes Effect	4 th December 2024
4	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	Various Delegated Services as per Annex 1 of Integration Scheme
8	Full Text of Direction	Fife IJB directs NHS Fife to deliver Service Level Agreements currently held with healthcare providers out with Fife, delivering delegated services to Fife Patients. These services are delegated to the Integration Joint Board as defined within Annex 1 of the Integration Scheme.
9	Budget Allocated by IJB to carry out Direction	There is a total budget of £5.537m as detailed within the table below per individual SLA, with effect from the commencement of the 2024-25 financial year.

		<p>SLA</p> <p style="text-align: right;">Budget £</p> <p>Tayside 744,430</p> <p>Lothian 1,831,753</p> <p>Southeast Mobility and Rehabilitation Technology 1,626,334</p> <p>Forth Valley 536,108</p> <p>Independent Sector 798,784</p> <p>TOTAL £5,537,409</p>
10	Performance Monitoring Arrangements	In line with established financial monitoring arrangements for the Integration Joint Board which will ensure the transfer has been transacted.
11	Date Direction will be reviewed	April 2025



Meeting Title: Integration Joint Board

Meeting Date: 4 December 2024

Agenda Item No: 8.3

Report Title: Pharmaceutical Care Services Plan

Responsible Officer: Fiona Forrest – Acting Director of Pharmacy & Medicines

Report Author: Aileen Boags Lead Pharmacist Public Health & Community Pharmacy 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.
- 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.

- Pharmacy Senior Leadership Team – 28th August 2024
- HSCP SLT- 28th October 2024
- EDG- 7th November 2024
- Quality & Communities Committee- 8th November 2024
- Public Health & Wellbeing Committee- 11th November 2024

3 Report Summary

3.1 Situation

The Pharmaceutical Care Services Report (PCSR) for 2023/24 has now been produced and is presented to IJB for assurance following public consultation. Following IJB, the final report will be published.

3.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them.

A public engagement period of 4-6 weeks is provided giving consultees an opportunity to comment on the draft PCS report. The NHS Fife public involvement policy comprises of the draft PCS report being circulated through both NHS Fife and HSCP Participation & Engagement Teams. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

3.3 Assessment

The 2023/24 PCS Report provides updates around both core services and additional services delivered through community pharmacies in NHS Fife. Significant advances in provision of services within Community Pharmacy have been made and the network of contractors has risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy Contract. The 2023/24 report recommends that there is no unmet need within NHS Fife currently, however notes the need for continued monitoring.

Findings from the public consultation are positive and support commentary in the report regarding travel times and access to community pharmacy. It is clear from the feedback obtained that the public are aware of some community pharmacy services; however there is scope to increase awareness of others.

3.3.1 Quality / Customer Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care.

3.3.2 Workforce

The report describes the current workforce capabilities within Community Pharmacy including independent prescriber capabilities.

3.3.3 Financial

N/A

3.3.4 Risk / Legal / Management

N/A

3.3.5 Equality and Diversity, including Health Inequalities

The report draws information from National Records Scotland and the Director of Public Health report 21/22 in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health.

An impact assessment has not been completed because the (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

- Pharmacy Senior Leadership Team- 28th August 2024
- Area Pharmaceutical Committee- 18th September 2024
- Public Engagement via HSCP Participation & Engagement – 23rd September- 18th October 2024
- Public Engagement via NHS Fife Participation & Engagement – 23rd September -18th October 2024
- HSCP SLT- 28th October 2024
- EDG- 7th November 2024
- Quality & Communities Committee- 8th November 2024

- Public Health& Wellbeing Committee- 11th November 2024

4 Recommendation

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

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Pharmaceutical Care Services Report 23/24 v 1.2

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

N/A

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	

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Pharmaceutical Care Services Report

November 2024

Pharmacy and Medicines Directorate

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Published November 2024

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Executive Summary

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2024 update is published according to these regulations in accordance with the Scottish Government circular PCA (P) 7 (2011). Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

Pharmaceutical Care Services (PCS) 2023/24 in NHS Fife

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services, delivered by community pharmacies, that exist within NHS Fife to serve this population. Using data from a range of sources, the report seeks to identify any unmet need in the provision of these services and where improvements may be required to ensure the Board can meet its obligation that all patients have reasonable access to pharmaceutical care services.

There are 86 contracted community pharmacies in Fife. Between June 2023 and November 2023 one large pharmacy group exited the UK market, however all of their contracts in Fife were taken over and existing service provision was maintained and further expanded. Community pharmacies are well distributed across Fife and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition, the report has not identified unmet need for new community pharmacies across Fife, although service delivery through existing community pharmacies will continue to be reviewed and examples of best practice shared.

It would appear that overall, there are no identified gaps in provision of pharmaceutical services in NHS Fife and it is important to continue to support development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

A public engagement period of 4 weeks was provided giving consultees an opportunity to comment on the draft PCS report 2023/24. A survey was distributed via the Fife HSCP Participation and Engagement Team which sought views of the population in relation to accessibility of community pharmacies as well as the services provided. Responses to the survey support the detail in the 23/24 PCS report.

Lead Author

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Introduction

The primary function of the Pharmaceutical Care Services (PCS) report is to assist in identifying any unmet need for pharmaceutical services delivered via community pharmacy within the Health Board population and outline recommendations by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1. Geographies to be considered

NHS Fife contains seven Localities within its Health and Social Care Partnership (HSCP). The latest data on the population of these areas is indicated in [Table 1](#).

Locality	Population
Fife	374,730
Levenmouth	37,888
Glenrothes	49,824
NE Fife	74,685
Cowdenbeath	41,767
Dunfermline	59,584
Kirkcaldy	60,472
SW Fife	50,510

Table 1:
Population of NHS Fife and its localities

Source:
[Know Fife Community Profiles | KnowFife](#)
(data published Oct 22)

1.2. NHS Fife Population Descriptions

The March 2022 census data shows that Fife had a population of 371,781, a slight fall in the previous estimate in 2021 of 374,730. This is the third highest population out of all 32 council areas in Scotland.

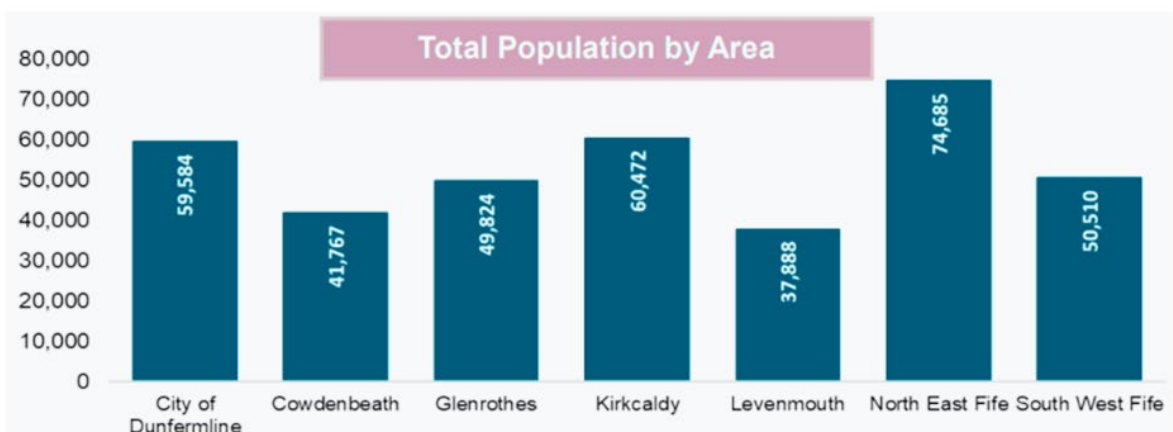
1.2.1. Fife Population: Age Distributions

According to the March 2022 census, children aged 0-14 years make up 15.5% of the population with 57,715 children living in Fife. The majority of the population in Fife (63%) is aged 15-64 years, whilst 21% of the population is aged 65 and over.

1.2.2. Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership (HSCP). Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Figure 1:
Locality populations



Variations in population age structure can be seen across the seven localities (Figure 2).

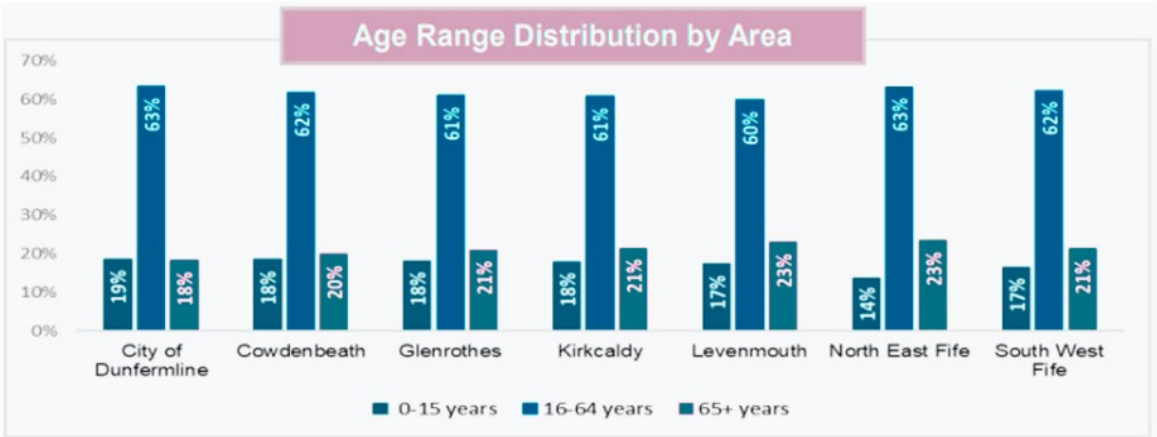
Figure 2:
Population breakdown by age

	Number of People	% of Population
0-14 years	57,715	15.5%
15-64 years	234,039	63.0%
65+ years	80,010	21.5%

Source: Know Fife

Figure 3 shows that two of Fife’s seven localities have higher proportions of their population aged 65 and over compared to Fife; Levenmouth (23%) and North East Fife with 23%. In contrast, Dunfermline’s older population is significantly less than Fife at 18% and its proportion of children is the highest of all seven localities at 19%.

Figure 3:
Age structure of Fife



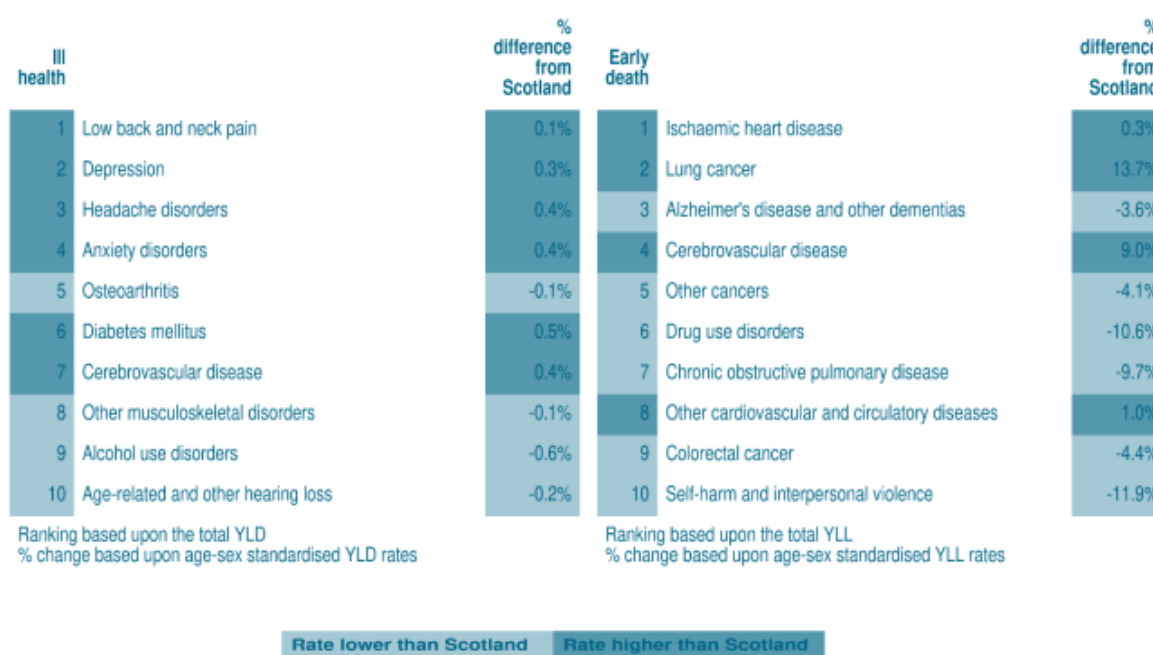
Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid- 2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

Burden of Disease

Burden of Disease studies assess how ill-health and early death (due to illness or injury) prevent populations from living longer lives in better health. These studies can help to understand the diseases and injuries that cause the biggest health loss in the population and how these change over time. Figures from the 2019 Scottish Burden of Disease study, which was subsequently updated in September 2022, showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the population of Fife.

Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischemic heart disease, lung cancer and Alzheimer’s disease and other dementias were the top three individual causes of early death.

Table 2:
Leading individual causes of ill-health and early death

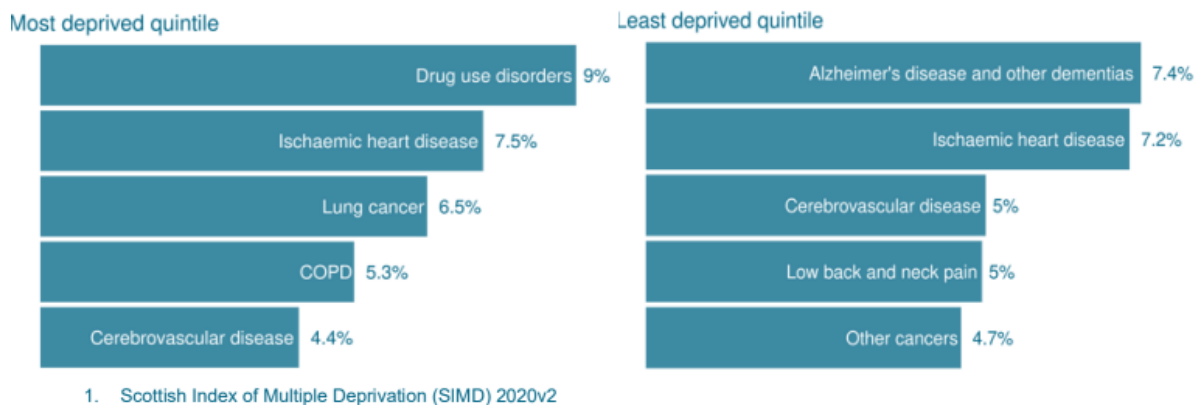


Source:
PHS Scottish Burden of Disease Study 2019

The most recent Scottish Burden of Disease study provided estimates of burden of disease by deprivation. This was done for three regions in Scotland- North, East and West rather than smaller geographical areas due to uncertainty of the data. The data for the East region is shown overleaf.

Figure 4:

Leading individual causes of ill-health and early death by proportion in most and least deprived quintiles



Burden of disease data is helpful as we consider the development of locally negotiated services which community pharmacies may provide.

1.2.3. Further Population Information

The most up to date population information for the NHS Fife Health Board Area, including statistics relating to births, deaths and ethnicity can be found at the following links:

- ScotPHO - Health and wellbeing profiles which provide a range of useful data at Scotland, NHS Board, HSCP and locality geographies. Available at https://scotland.shinyapps.io/ScotPHO_profiles_tool/
- General Registrar of Scotland website which presents population and demographic information. Available at <https://www.nrscotland.gov.uk/statistics-and-data>
- The Scottish census website SCRoL. Available at <http://www.scotlandscensus.gov.uk/> which provides social and demographic information and includes the published 2022 Scottish census results.
- Information on the health of the NHS Fife population can be found in the Director of Public Health Annual Report [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf](#) (nhsfife.org)
- Burden of Disease - [Scottish Burden of Disease Study 2019 \(scotpho.org.uk\)](#)

Current Pharmaceutical Services in NHS Fife

2. Description of Current Pharmaceutical Services in NHS Fife

2.1. Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at March 2024.

2.1.1. Number of Community Pharmacies across NHS Fife and by Locality

At the end of March 2024, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighboring Health Boards. There is no standard as to the number of populations that should be served by a pharmacy; however population per Community Pharmacy in Fife is similar to other boards and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services.

Table 3:
Community pharmacies in NHS Fife (March 2024)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	374,730	86	4,357
Levenmouth	37,888	10	3,788
Glenrothes	49,824	10	4,982
NE Fife	74,685	18	4,149
Cowdenbeath	41,767	12	3,481
Dunfermline	59,584	13	4,583
Kirkcaldy	60,472	13	4,652
SW Fife	50,510	10	5,051
Other HBs			
Forth Valley	305,710	76	4,022
Lothian	917,310	182	5,040
Tayside	415,030	92	4,511
Scotland	5,479,900	1,255	4,366

2.1.2. Resources - Premises/Facilities

NHS Circular: [PCA\(P\)\(2007\)28](#) Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.1.2. Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and be registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers (IP). Implementation of the national Pharmacy First Plus service in 2020 allows delivery of a common clinical conditions service in community pharmacy. The table below shows current numbers of IPs in Fife- there has been an increase of 8 active prescribers in 23/24. Inactivity is due to extended leave and maternity leave.

Table 4:
Community pharmacist numbers training or trained with prescribing rights
(March 2024)

Prescribing Status	No. of Pharmacists
Active/Community Pharmacy Independent Prescribers	31
Independent Prescribers training in progress	18
Qualified Independent Prescribers inactive	5

2.2. Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1. Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in Table 5.

Table 5:
Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Distances are "as the crow flies" straight line distances, not travel time
2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy, but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to

travel to the pharmacy by the population that they serve.

Of the 265 respondents to this year's public engagement survey, 87% said that their travel time to a community pharmacy was less than 15 minutes. 55% of respondents drove to their community pharmacy with a further 42% saying that they walk. This data is in line with previous national research.

2.2.2. Hours of Service

Pharmacies in Fife provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening ([NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. The last year has seen an overall increase in provision with 3 pharmacies increasing to open 5.5 days per week. See Table 6 for a summary of the hours of service of community pharmacies in Fife.

Table 6:

Summary of the hours of service of the 86 community pharmacies in Fife (August 2023)

	Open 5 full days per week (closed Saturday)	Open 4.5 days Mon - Fri then half day Saturday	Open 5.5 days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	5	3	51	21	6

NHS Fife provision of pharmaceutical services on a Sunday is similar to other NHS Board areas.

It should be noted that all 6 community pharmacies which open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife (UCSF) Centres, which is where prescriptions written on a Sunday are generated from.

The information from the public engagement exercise noted that 81% of respondents found their pharmacy's opening hours to be convenient. Of the 19% who answered that their pharmacy's opening hours were not convenient, in the main this was due to closure over lunch time, after work and at the weekend. In particular it was noted that access to pharmacy was more difficult at these times for those who do not drive.

2.3. Community Pharmacy Services - Core Services

Core services form part of the nationally agreed Community Pharmacy Contract meaning that all contractors on the Board's Pharmaceutical List must provide these services.

2.3.1. Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counseling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing the most recently published data shows, 7,496,220 prescription items were dispensed in NHS Fife in 2022/23, an increase of 3.34% on the previous year. This compares to a national increase of 3.5%. See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years which data is available for.

In terms of awareness of dispensing services, the public engagement survey noted that 97% of respondents were aware that community pharmacies are a location that prescriptions can be collected from.

Table 7:
Volume of prescription items dispensed in Fife over period April 2018 to March 2023

Financial Year	No. of prescription items dispensed
2022-23	7,496,220
2021-22	7,254,100
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950

2.3.2. Medicines: Care and Review

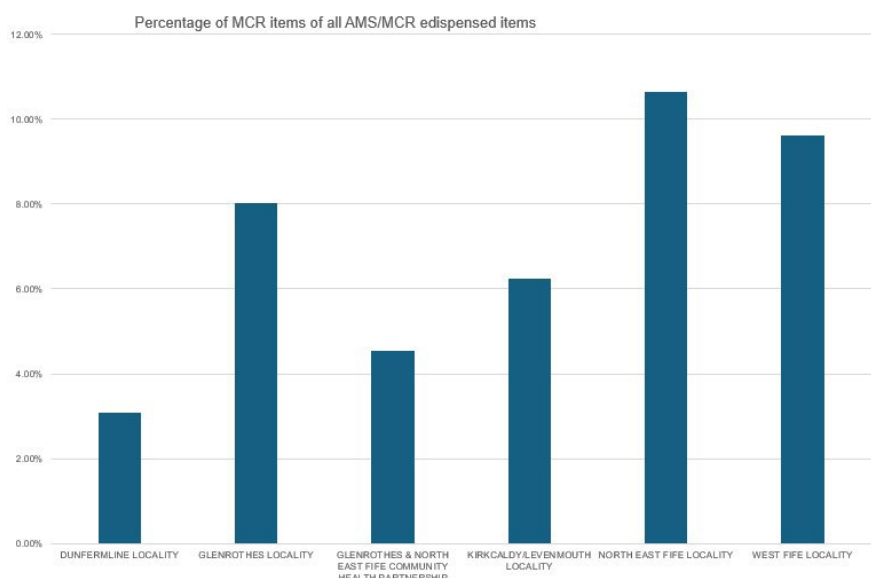
Medicines: Care and Review (MCR) is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. One element of MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.

All Health Boards are now working towards the aim of having all of their GP practices and Community Pharmacies providing the serial prescribing element of the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

NHS Fife currently has 51 GP practices (98%) generating serial prescriptions with 85 (98%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions. Public engagement suggests that only 52% of respondents were aware of the MCR service. Of those that were aware, 55% had been registered by their community pharmacist.

Figure 5 shows the number of patients receiving a serial prescription by prescribing locality.

Figure 5:
Patients receiving a serial prescription by locality at March 2024



2.3.3 Pharmacy First

In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available free of charge to eligible patients who require advice and/or treatment for minor ailments. When a patient accesses this service, they receive a consultation which will result in one of three outcomes- supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 25,595 patients receive a Pharmacy First consultation monthly which is an increase of 18.6% on the previous year. These consultations result in an average of 7,297 patients per month receiving treatment.

There are several national Patient Group Directions (PGDs) available allowing pharmacists to provide treatment for urinary tract infections, impetigo, shingles, skin infections and hayfever. This means that patients who would normally require a GP consultation for treatment can attend their pharmacy instead.

Table 8 shows the number of Pharmacy First PGD items dispensed in 23/24.

PGD	No. patients treated
Urinary Tract Infection	5,864
Skin Infection	1,427
Impetigo	551
Shingles	187
Hayever (note only available from August 23)	129

Data shows that 64% of patients who accessed Pharmacy first in 23/24 are in SIMD quintiles 1,2, or 3. Figure 6 shows a breakdown of Pharmacy First use by SIMD quintile and gender.



Of the 265 responses received to the public engagement survey, 86% were aware of the Pharmacy First service with 55% having used the service. Of the 55% of people who had used the service, 62% reported that they had received treatment with 17% being referred to a GP and 15% getting advice. The remaining 6% reported 'other' as the outcome.

2.3.4. Public Health Service

The Public Health Service (PHS) comprises of the following services:

- The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public
- Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material
- Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish
- Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service:

2.3.4.1. Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife. It should be noted that throughout 23/24 varenicline was unavailable therefore the service centered around provision of NRT.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 23/24, 75% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 25% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived data zones, was 473. Fife did not achieve the LDP target in 23/24 however there were 272 successful 12 week quits in this population in 23/24, 53% of these quits were via the Community Pharmacy service.

2.3.4.2. Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife.

Community pharmacies continue to issue over 90% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 391 supplies of EHC are made by community pharmacists each month which is an increase of 8% on the previous year.

2.3.4.3. Bridging Contraception

A new addition to the PHS in November 2021 means that Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 594 supplies of bridging contraception were made between April 2023 and March 2024, a 10% increase on the previous year.

2.2.4.4. Supply of Prophylactic Paracetamol following MenB Vaccine

This Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service. There were 720 supplies made under this service in 23/24.

2.4. Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer them.

2.4.1. Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients with a diagnosis of coeliac disease and/or dermatitis herpetiformis to obtain gluten free foods directly from a local pharmacy without the need to request a prescription from the GP Practice. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available. Patients are given an agreed allocation of Gluten Free units and are able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a Pharmacy Care Record (PCR), and carry out an initial health check with each patient and thereafter an annual health check with patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to request their prescription for gluten free foods.

2.4.2. Unscheduled Care

Unscheduled care can be described as:

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy. On average 755 patients per week are aided to access medicines through this service. there are 1,667 items per week supplied under this service.

2.4.3. Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition, other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4. Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 23 pharmacies providing this service with an average of 488 items prescribed under this service per month between February 2023 and March 2024. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.

2.4.5. Emergency Naloxone Provision

The Scottish Drug Deaths Taskforce, which was set up in 2019, made a recommendation that all community pharmacies should hold naloxone for administration in an emergency. To realise this ambition, funding was made available in 2023 which supported all community pharmacies to hold two naloxone kits for use in an emergency. All pharmacies in Fife now participate in this service.

2.5. Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 9:
Numbers of Community Pharmacies providing Additional Services (at April 2023)

Additional Services	Total
Dispensing/supervision of Opioid substitution therapy	86
Injecting equipment provision	25
Take Home Naloxone	36
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case programme	22

2.5.1. Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well-established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

2.5.1.1. Opioid Substitution Therapy (OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market.

The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when requested by the prescriber. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2. Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses spread by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 25 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

2.5.1.3. Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand. There are now 41 pharmacies across Fife participating in this service and further uptake continues to be encouraged.

2.5.2. Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review.

2.5.3. Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients.

The key services provided are:

- ♦ Dispensing of specialist palliative care medicines
- ♦ Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- ♦ Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4. Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

853 JIC boxes were provided via community pharmacies in 23/24. Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5. Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is to reduce the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whyteman's Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service. Between April 23 and March 24 there were 61 patients who received treatment for Hepatitis C via community pharmacy, an increase of 52% on the previous year.

2.5.7. Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60 pharmacies participate in this service. Between April 23 and March 24, 244 people received treatment for chlamydia via community pharmacy, a 4% increase on the previous year.

2.5.8. Free Condoms Fife Scheme

Community Pharmacies participate in the "Free Condoms Fife" Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9. Vaccination Services

Community pharmacies across Fife have taken part in successful NHS influenza vaccination service campaigns over the last four flu seasons delivering over 38,000 vaccinations over the four years of activity. Offering this service via community pharmacies allows agreed eligible groups to access flu vaccinations in a setting closer to home. The community pharmacy service is now seen as an integral part of NHS Fife's Winter Vaccination Programme.

As part of the Vaccination Transformation Programme, 21 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1. Between April 2023 and March 2024, 3,716 citizens received a travel vaccination consultation in a community pharmacy and 5,187 vaccines were administered, an average of 1.4 vaccines per citizen. It should be noted that alongside administration of NHS available travel vaccines, participating community pharmacies are also asked to provide any private vaccines required.

2.5.10. Public consultation and engagement

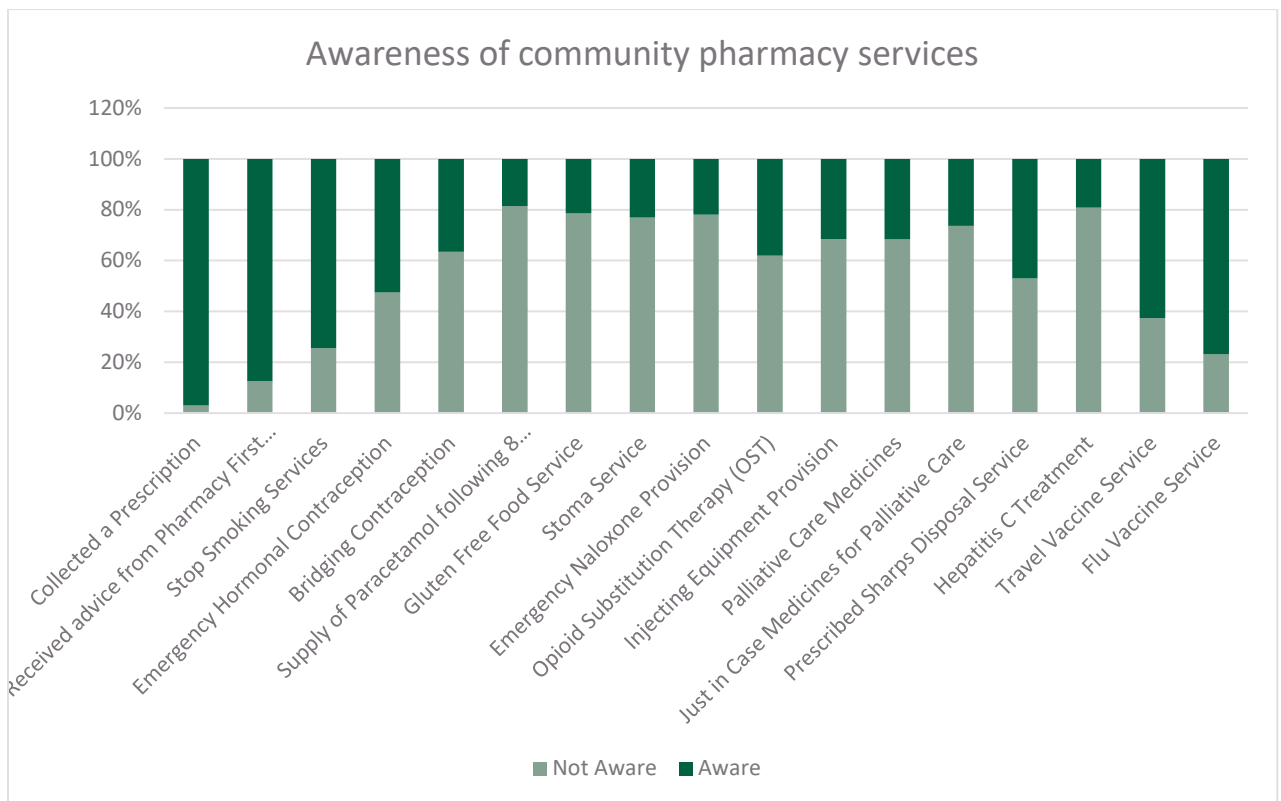
Over the 5 week public engagement period a total of 267 responses were received. The full Participation & Engagement report can be found at [Publications and Reports | Fife HSCP](#).

The survey asked members of the public for their views on:

- Access to community pharmacies (see section 2.2.1)
- Travel time to community pharmacies (see section 2.2.1)
- Awareness and convenience of opening hours (see section 2.2.2)
- Awareness of services offered by community pharmacies (both core and additional)

The survey showed that while the majority of people who responded were aware of Pharmacy First (a core service), awareness of the other services offered via community pharmacy was variable. It should be noted that the engagement survey was not targeted to specific groups or service users which may account for some of the variability in awareness of services (see Figure 7). Future work will be carried out to engage with groups who may use specific services to better understand awareness.

Figure 7:
Awareness of community pharmacy services



Analysis of Pharmaceutical Needs within NHS Fife

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny. In 23/24, community pharmacies across all localities in NHS Fife increased the provision of care as show in Table 9. Further work will be undertaken to understand the variation between localities, however it should be noted that the Kirkcaldy locality has had the biggest change in the contractor landscape with 8 of the 13 changing owner in 23/24.

Table 9:

Number of patients receiving treatment under Pharmacy First PGDs (PF PGD), Public Health Services (PHS) or Unscheduled Care (UC) 23/24 vs 22/23

Locality	No.pts receiving treatment on PF PGD, PHS or UC 23/24	% increase vs 22/23
Levenmouth	6,921	3.8%
Glenrothes	8,021	15.6%
NE Fife	10,846	4.4%
Cowdenbeath	6,167	4.9%
Dunfermline	7,486	6.4%
Kirkcaldy	8,784	20.5%
SW Fife	4,868	0.4%

3.1 Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the region and appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2. Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3. Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacists to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

Recent data indicates a significant reduction in the number of unexpected closures in community pharmacies, however infrequent unexpected closures do remain and this will continue to be monitored.

3.4. Community Pharmacy Services - Core Services

3.4.1. Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2. Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3. Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, there will be ongoing work to monitor the level of activity under the PGDs and encourage local referral pathways between GP Practice and Community Pharmacies.

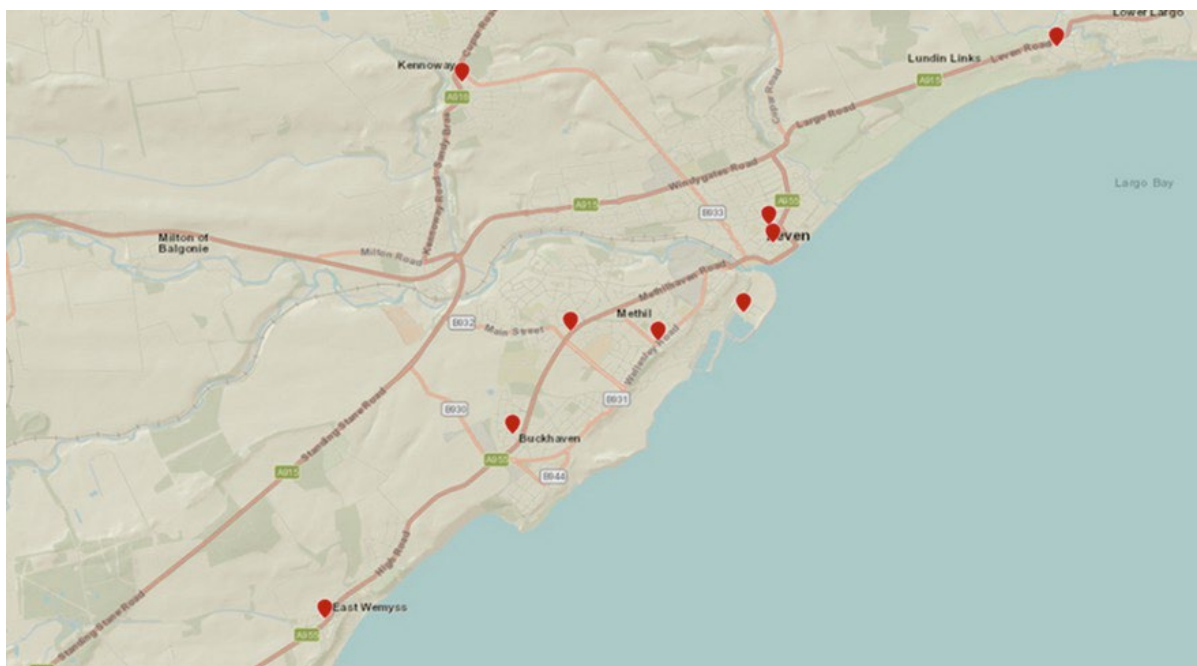
3.4.4. Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be supported within Fife, and this element of the contract has made a significant contribution to harm reduction and women's health. There is no current unmet need identified.

3.5. Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population. No gaps have been identified in current service provision under these services, however this will continue to be monitored.

Appendix 1A



There are 10 Pharmacies in the Levenmouth locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✓
KENNOWAY PHARMACY	19 BISHOPS COURT, KENNOWAY, KY8 5LA			
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✓		
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			✓
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✓	✓
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✓	✓	✓
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

There are seven GP Practices in the Levenmouth locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20108	MUIREDGE SURGERY	KY8 1HJ	198,849
20856	KENNOWAY MEDICAL GROUP	KY8 5JZ	80,036
21257	SCOONIE MEDICAL PRACTICE	KY8 4ET	551
21261	SCOONIE MEDICAL PRACTICE	KY8 4ET	269,793
21281	AIRLIE MEDICAL PRACTICE	KY8 4ET	2
21505	METHILHAVEN SURGERY	KY8 1HU	85,739
21524	AIRLIE MEDICAL PRACTICE	KY8 3RS	205,906

In total there were **840,876** items prescribed by the seven GP Practices in Levenmouth. Of these prescribed items, **836,915** were dispensed within Fife. Of the items dispensed in Fife, **742,288 (88.69%)** were dispensed within Levenmouth locality.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	17,236	216,533	25.93%
CARDIOVASCULAR SYSTEM	11,470	175,708	21.04%
GASTRO-INTESTINAL SYSTEM	12,265	82,203	9.84%
ENDOCRINE SYSTEM	7,742	74,215	8.89%
RESPIRATORY SYSTEM	9,426	66,843	8.00%

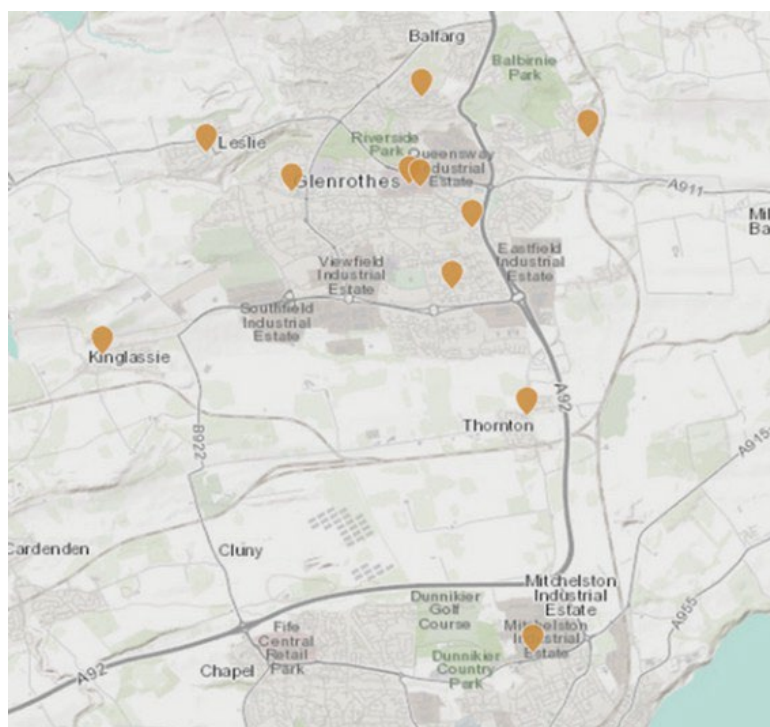
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5,669	13,762	73.02%
Public Health Service	599	3,789	20.10%
Urinary Tract Infection	607	707	3.75%
Health Board Local Service	183	360	1.91%
Skin Infection	132	142	0.75%
Impetigo	53	53	0.28%
Shingles	17	20	0.11%
Hayfever	10	10	0.05%
COVID (likely to be incorrect code used)	4	5	0.03%
Total	6,921	18,848	

A total of 6,921 unique patients received 18,848 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1B



There are 10 Pharmacies in the Glenrothes locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✓	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
DEARS PHARMACY & TRAVEL CLINIC	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 OXA			
DEARS PHARMACY & TRAVEL CLINIC	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✓
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			

There are seven GP Practices in the Glenrothes locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20606	THE LOMOND PRACTICE	KY6 1HL	212,114
20611	NORTH GLEN MEDICAL PRACTICE	KY7 6SX	179,766
20630	THE GLENWOOD PRACTICE	KY6 1HL	127,389
20659	COS LANE SURGERY	KY7 4AQ	191,779
20663	ROTHES MEDICAL PRACTICE	KY7 4RH	168,679
21153	LESLIE MEDICAL PRACTICE	KY6 3LQ	118,266
21454	MARKINCH MEDICAL PRACTICE	KY7 6ER	105,509
		Total	1,103,502

In total there were **1,103,502** items prescribed by the seven GP Practices in Glenrothes. Of these prescribed items, **1,097,383** were dispensed within Fife. From the items dispensed in Fife, **987,136 (89.95%)** were dispensed within Glenrothes.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	22,141	271,282	24.64%
CARDIOVASCULAR SYSTEM	15,543	237,973	21.61%
GASTRO-INTESTINAL SYSTEM	16,345	108,511	9.85%
ENDOCRINE SYSTEM	10,379	103,024	9.36%
RESPIRATORY SYSTEM	12,731	86,802	7.88%

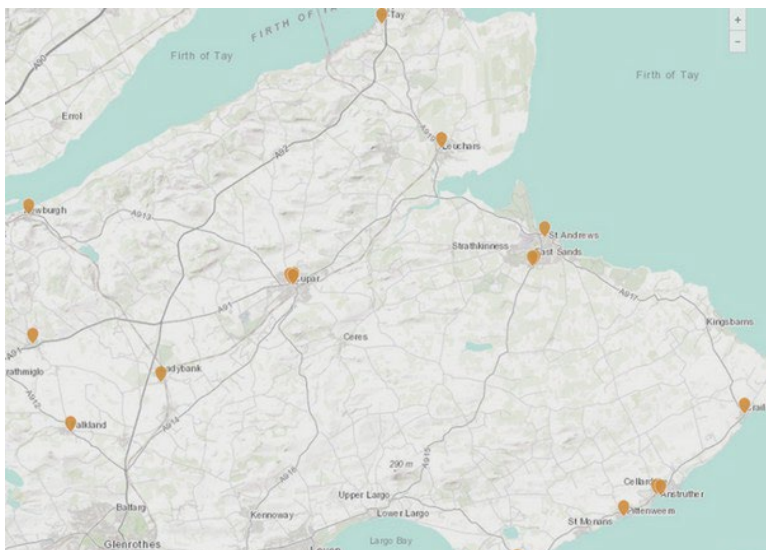
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	6,277	14,525	66.31%
Public Health Service	659	4,832	22.06%
Health Board Local Service	330	1,163	5.31%
Urinary Tract Infection	816	967	4.41%
Skin Infection	247	273	1.25%
Impetigo	62	70	0.32%
Shingles	36	38	0.17%
Hayfever	26	28	0.13%
COVID (likely to be incorrect code used)	2	4	0.02%
Nicotine Replacement (likely to be incorrect code used)	2	3	0.01%
Healthy Start Vitamins (likely to be incorrect code used)	2	2	0.01%
Total	8,021	21,905	

A total of **8,021** unique patients received **21,905** items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1C



There are 18 Pharmacies in the NE Fife locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
ROWLAND PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
DEARS PHARMACY & TRAVEL CLINIC	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓

There are 11 GP Practices in the NE Fife locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20004	ANSTRUTHER MEDICAL PRACTICE	KY103FF	117,619
20057	AUCHTERMUCHTY PRACTICE	KY147AW	107,593
20409	EDEN VILLA PRACTICE	KY154JN	127,851
20413	BANK STREET MEDICAL GROUP	KY154JN	120,628
21101	HOWE OF FIFE SURGERY	KY157JS	80,778
21204	PITCAIRN PRACTICE LEUCHARS & BALMULLO	KY160DZ	79,103
21558	NEWBURGH SURGERY	KY146DA	76,367
21609	TAYVIEW MEDICAL PRACTICE	DD6 8DJ	153,963
21736	COAST HEALTH	KY102LG	92,746
21825	BLACKFRIARS MEDICAL PRACTICE	KY168AR	75,231
21830	PIPELAND MEDICAL PRACTICE	KY168AR	158,487
		Total	1,190,366

In total there was **1,190,366** items prescribed by the 11 GP Practices in North East Fife. Of these prescribed items, **1,161,056** were dispensed within Fife. From the items dispensed in Fife, **1,138,897 (98.09%)** were dispensed within North East Fife.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	21,775	314,847	23.60%
CENTRAL NERVOUS SYSTEM	28,044	288,883	21.65%
ENDOCRINE SYSTEM	15,289	139,781	10.48%
GASTRO-INTESTINAL SYSTEM	21,635	130,865	9.81%
RESPIRATORY SYSTEM	16,237	92,368	6.92%

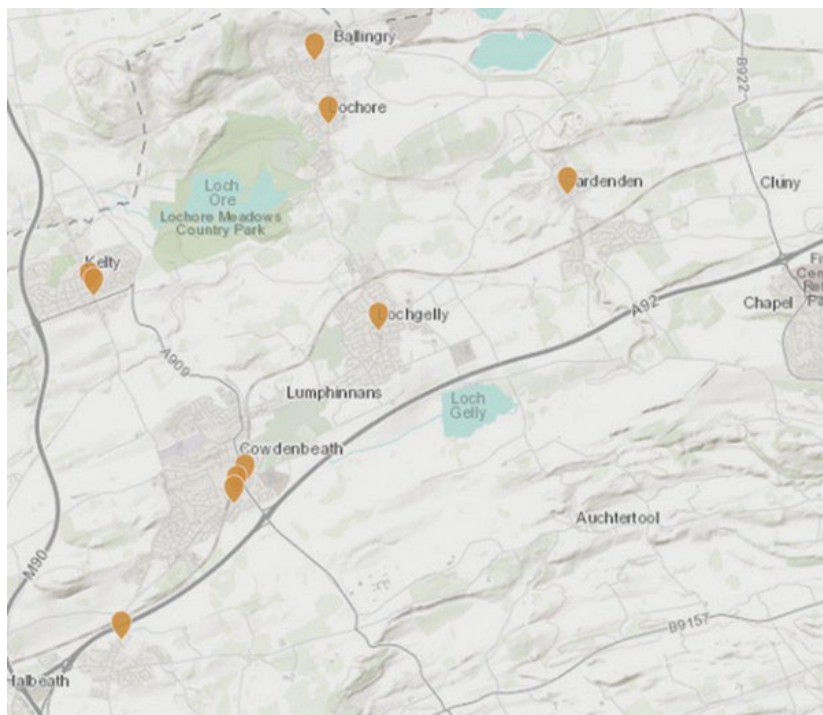
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	8,257	16,550	60.39%
Public Health Service	1,016	8,022	29.27%
Urinary Tract Infection	1,161	1,342	4.90%
Health Board Local Service	401	881	3.21%
Skin Infection	281	297	1.08%
Impetigo	110	121	0.44%
Nicotine Replacement	55	78	0.28%
Shingles	61	62	0.23%
Hayfever	41	45	0.16%
COVID (likely to be incorrect code used)	3	5	0.02%
Healthy Start Vitamins (likely to be incorrect code used)	3	4	0.01%
Total	10,846	27,407	

A total of **10,846** unique patients received **27,407** items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1D



There are 12 Pharmacies in the Cowdenbeath locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✓		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✓	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✓		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	✓	✓
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		

There are eight GP Practices in the Cowdenbeath Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20254	WALLSGREEN MEDICAL PRACTICE	KY5 0JE	74,545
20305	COWDENBEATH SURGERY	KY4 9DH	242,579
20358	CROSSGATES MEDICAL PRACTICE	KY4 8DF	70,873
20803	KELTY MEDICAL PRACTICE	KY4 0AE	150,644
21384	MEADOWS PRACTICE	KY5 9QZ	132,667
21421	BENARTY MEDICAL PRACTICE	KY5 8DA	128,182
21440	DR K THOMPSON	KY5 9QZ	57,248
21469	LOCHGELLY MEDICAL PRACTICE	KY5 9QZ	75,028
		Total	931,766

In total there was **931,766** items prescribed by the eight GP Practices in Cowdenbeath. Of these prescribed items, **917,559** were dispensed within Fife. From the items dispensed in Fife, **866,869 (94.48%)** were dispensed within Cowdenbeath.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	21,197	274,330	25.53%
CARDIOVASCULAR SYSTEM	13,647	239,205	22.26%
GASTRO-INTESTINAL SYSTEM	14,615	103,530	9.63%
ENDOCRINE SYSTEM	9,310	96,584	8.99%
RESPIRATORY SYSTEM	12,544	86,215	8.02%

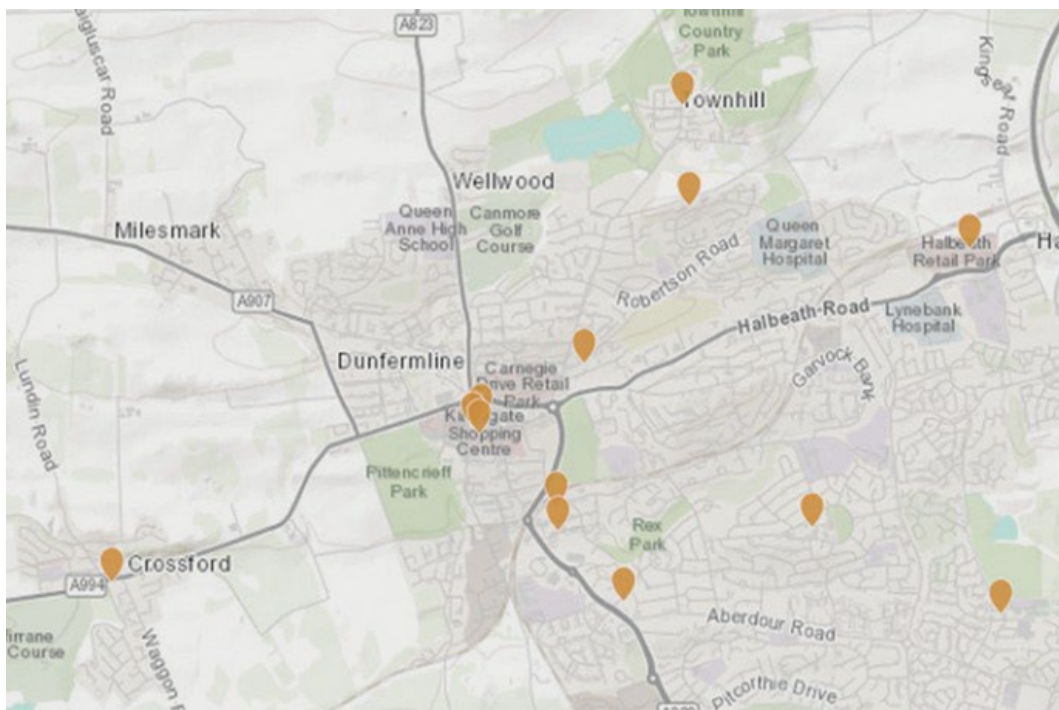
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4,580	9,131	56.65%
Public Health Service	750	5,326	33.04%
Urinary Tract Infection	689	773	4.80%
Health Board Local Service	178	579	3.59%
Skin Infection	143	151	0.94%
Impetigo	86	91	0.56%
Shingles	33	35	0.22%
Hayfever	13	24	0.15%
COVID (likely to be incorrect code used)	7	9	0.06%
Total	6,167	16,119	

A total of 6167 unique patients received 16,119 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1E



There are 13 Pharmacies in the Dunfermline locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✓
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✓	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✓	✓	✓
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✓		
GRAEME PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
ROWLANDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓

There are seven GP Practices in the Dunfermline Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20451	NETHERTOWN SURGERY	KY114TF	171,522
20466	NEW PARK MEDICAL PRACTICE	KY120BL	194,273
20471	HOSPITAL HILL SURGERY	KY113BA	135,050
20485	MILLHILL SURGERY	KY114JW	155,948
20490	BELLYEOMAN SURGERY	KY120AE	176,686
20502	LINBURN ROAD HEALTH CENTRE	KY114LT	96,536
21755	PRIMROSE LANE MEDICAL CENTRE	KY112ZL	164,930
		Total	1,094,945

In total there was **1,094,945** items prescribed by the seven GP Practices in Dunfermline. Of these prescribed items, **1,086,712** were dispensed within Fife. From the items dispensed in Fife, **986,693 (90.80%)** were dispensed within Dunfermline.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	26,978	284,933	23.11%
CARDIOVASCULAR SYSTEM	19,044	268,408	21.77%
ENDOCRINE SYSTEM	13,417	122,291	9.92%
GASTRO-INTESTINAL SYSTEM	20,470	116,606	9.46%
RESPIRATORY SYSTEM	15,404	88,015	7.14%

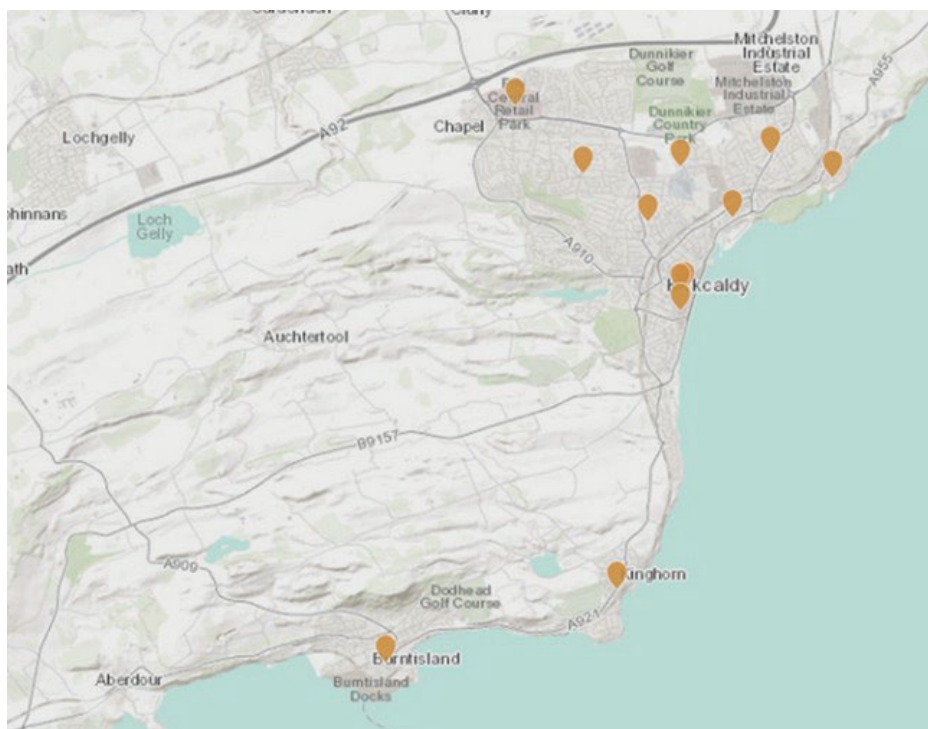
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4,774	8,197	41.50%
Public Health Service	1,065	7,598	38.47%
Health Board Local Service	294	2,062	10.44%
Urinary Tract Infection	1,171	1,339	6.78%
Skin Infection	325	351	1.78%
Impetigo	107	116	0.59%
Shingles	58	60	0.30%
COVID (likely to be incorrect code used)	9	14	0.07%
Hayfever (likely to be incorrect code used)	10	14	0.07%
Healthy Start Vitamins (likely to be incorrect code used)	1	1	0.01%
Total	7,486	19,752	

A total of 7,486 unique patients received 19,752 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1F



There are 13 Pharmacies in the Kirkcaldy locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG		✓	
EDEN PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL		✓	
DEARS PHARMACY & TRAVEL CLINIC	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
WELL PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
DEARS PHARMACY & TRAVEL CLINIC	18 HIGH STREET, KIRKCALDY, KY1 1LU			
DEARS PHARMACY & TRAVEL CLINIC	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
PATHHEAD PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
WELL PHARMACY	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓		
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓

There are 10 GP Practices in the Kirkcaldy locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20151	BURNTISLAND MEDICAL GROUP	KY3 9DF	92,596
20184	THE LINKS PRACTICE	KY3 9DF	32,923
20907	KINGHORN MEDICAL PRACTICE	KY3 9RT	61,239
20950	NICOL STREET SURGERY	KY1 1PH	48,098
20964	DRS MCKENNA, MURPHY & MCCALLUM	KY1 2NA	125,614
20979	BENNOCHY MEDICAL CENTRE	KY2 5RB	155,240
20983	ST BRYCEDALE SURGERY	KY1 1ER	123,246
20998	PATH HOUSE MEDICAL PRACTICE	KY1 2PG	313,191
21007	DRS DIXON, DUGGAN, EGERTON, MACKERNAN, MCCRICKARD & WALKER	KY1 2NA	125,117
21011	DRS FORDYCE, LEMPKE & PARISH	KY1 2NA	111,327
		Total	1,188,591

In total there were **1,188,591** items prescribed by the 10 GP Practices in Kirkcaldy. Of these prescribed items, **1,174,047** were dispensed within Fife. From the items dispensed in Fife, **1,119,713 (95.37%)** were dispensed within Kirkcaldy.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	28,650	349,375	25.04%
CARDIOVASCULAR SYSTEM	20,426	309,607	22.19%
GASTRO-INTESTINAL SYSTEM	21,182	139,572	10.00%
ENDOCRINE SYSTEM	13,759	129,570	9.29%
RESPIRATORY SYSTEM	15,130	96,157	6.89%

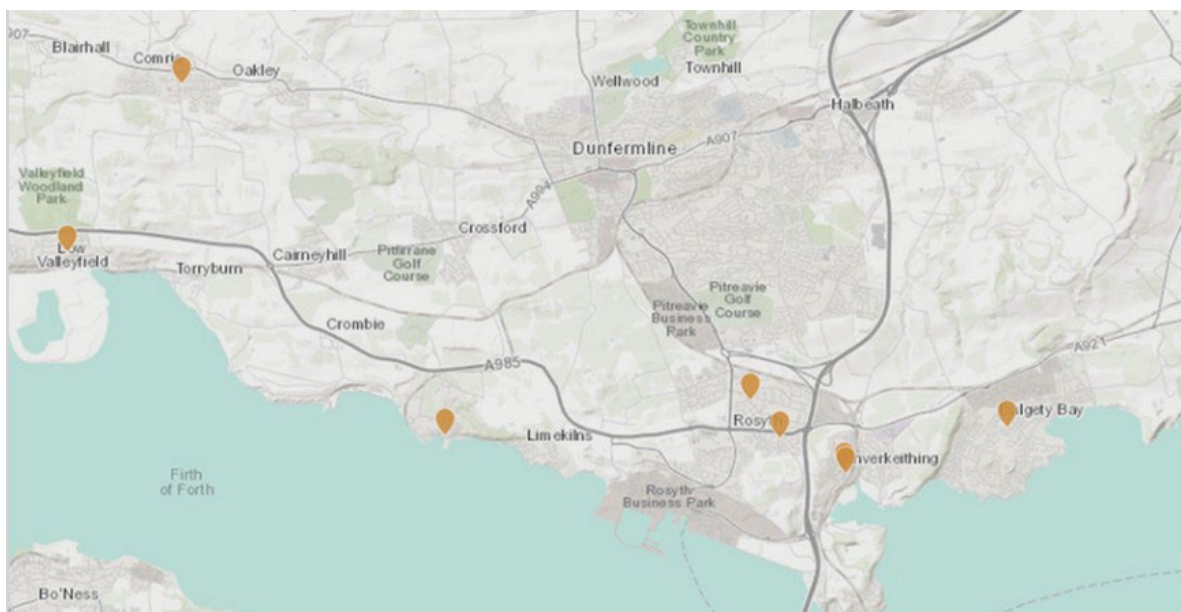
Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	6,707	15,374	66.21%
Public Health Service	907	5,716	24.62%
Urinary Tract Infection	925	1,090	4.69%
Health Board Local Service	254	705	3.04%
Skin Infection	156	168	0.72%
Impetigo	82	88	0.38%
Shingles	31	33	0.14%
Hayfever	27	30	0.13%
COVID (likely to be incorrect code used)	8	14	0.06%
Healthy Start Vitamins (likely to be incorrect code used)	1	1	0.00%
Total	8,784	23,219	

A total of **8,784** unique patients received **23,219** items on Urgent Supply / Public Health Prescription/Pharmacy first PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

Appendix 1G



There are 10 Pharmacies in the SW Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH	✓	✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

There are five GP Practices in the SW Fife Locality

Presc Location Code	Presc Location Name	Presc Location Postcode	Number of Items
20729	VALLEYFIELD MEDICAL PRACTICE	KY128SJ	78,206
20752	INVERKEITHING MEDICAL GROUP	KY111NU	312,241
21308	CHARLESTOWN SURGERY	KY113ED	70,009
21613	OAKLEY MEDICAL PRACTICE	KY129QH	162,445
21760	PARK ROAD PRACTICE	KY112SE	105,422
		Total	728,323

In total there were **728,323** items prescribed by the five GP Practices in South West Fife. Of these prescribed items, **714,157** were dispensed within Fife. From the items dispensed in Fife, **565,552 (79.19%)** were dispensed within South West Fife.

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	12,082	188,915	23.80%
CENTRAL NERVOUS SYSTEM	16,126	169,837	21.40%
ENDOCRINE SYSTEM	8,183	78,874	9.94%
GASTRO-INTESTINAL SYSTEM	12,525	77,602	9.78%
RESPIRATORY SYSTEM	9,381	56,156	7.08%

Community Pharmacy Service Breakdown

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	3,771	7,494	54.93%
Public Health Service	523	5,157	37.80%
Urinary Tract Infection	495	544	3.99%
Health Board Local Service	64	233	1.71%
Skin Infection	143	147	1.08%
Impetigo	51	52	0.38%
Shingles	13	13	0.10%
COVID	2	2	0.01%
HAY	2	2	0.01%
Total	4,868	13,644	

A total of 4,868 unique patients received 13,644 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

References

[NHS Fife Director of Public Health Report 2020 and 2021](#)

[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)




[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)

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Meeting Title: Integration Joint Board
Meeting Date: 4th December 2024
Agenda Item No: 9.1
Report Title: Monitoring of Directions
Responsible Officer: Audrey Valente, Chief Finance Officer
Report Author: Vanessa Salmond, Head of Corporate Governance

1 Purpose

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:

- Outcomes
- Integration

2 Route to the Meeting

This report was discussed in detail at:-

- Finance, Performance and Scrutiny Committee.

The original status detailed within the flash report at Appendix 1 presented to Committee was detailed as 'Outcome Not Achieved'. Members highlighted that this was not necessarily a true reflection of the current position as delegated services had been delivered, albeit not within the exact resource envelope stated within the Direction. The status within Appendix 1 has now been updated.

3 Report Summary

3.1 Situation

Services across the Health and Social Care Partnership work together to plan, commission, monitor and deliver services to meet Directions issued by the IJB.

A revised Directions Policy was agreed in July 2024 which required a monitoring report to be provided to Finance, Performance and Scrutiny Committee to enable assurance to be provided to the Integration Joint Board on the implementation and monitoring of Directions.

3.2 Background

This IJB Direction Progress Report as at September 2024 (Appendix 1) gives an overview of both NHS Fife and Fife Council progress and performance relating to open IJB Directions.

3.3 Assessment

Although these Directions have been implemented by Fife Council and NHS Fife in terms of delivery of services, there is a divergence from the resource envelope stated, in terms of a significant projected budget overspend.

Assurance can be provided to the Integration Joint Board that the necessary actions as required with the Integration Scheme have been followed and are being monitored, e.g a Recovery plan has been developed and the Chief Officer and Chair of the Board have formally written to the Chief Executive Officers of both NHS Fife and Fife Council to request additional funds.

3.3.1 Quality / Customer Care

N/A

3.3.2 Workforce

N/A

3.3.3 Financial

Gives assurance that finance is being appropriately monitored.

3.3.4 Risk / Legal / Management

There is a legal obligation to deliver on IJB Directions.

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

- **Note** – Integration Joint Board are asked to note the current status of the open Directions as per Appendix 1
- **Assurance** - Take assurance that appropriate governance arrangements are being advanced as per the requirements of the Integration Scheme.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Update of Delivery of Open Directions 2024-25.

6 Implications for Fife Council

There is a legal obligation on Fife Council for the delivery of Directions.

7 Implications for NHS Fife

There is a legal obligation on NHS Fife for the delivery of Directions.

8 Implications for Third Sector

N/A

9 Implications for Independent Sector

N/A

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

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

Report Contact

Author Name: Vanessa Salmond

Author Job Title: Head of Corporate Governance

E-Mail Address: Vanessa.salmond@fife.gov.uk

Direction Ref No:	Title:	Delivery Partner	
2024-001	Revenue Budget 2024-25	NHS Fife ✓	Fife Council
Direction:			
<p>For the financial year 2024 to 2025, Fife IJB has allocated a budget of £384.710 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme.</p> <p>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.</p>			
Performance Measures:			
<p>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.</p>			
Current Direction Status:		Delivering Outcomes (but not within resources allocated)	
Latest Update:			
<p>As at July 2024, the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, NHS Fife to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments</p>			
Next Steps/Recommendations:			
<p>A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, NHS Fife to seek additional funding.</p>			

Direction Ref No:	Title:	Delivery Partner	
2024-001	Revenue Budget 2024-25	NHS Fife	Fife Council ✓
Direction:			
<p>For the financial year 2024 to 2025, Fife IJB has allocated a budget of £286.923 million to Fife Council for the purpose of delivering the functions delegated to Fife Council in accordance with the Integration Scheme.</p>			
<p>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.</p>			
Performance Measures:			
<p>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.</p>			
Current Direction Status:		Delivering Outcomes (but not within resources allocated)	
Latest Update:			
<p>As at July 2024, the IJB projected outturn is £21.6m. A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, Fife Council to indicate the escalation measures in place, to ensure continued trust and support in delivering safe and effective services and to consider additional one-off payments</p>			
Next Steps/Recommendations:			
<p>A recovery plan has been developed to mitigate this projected overspend. A letter is being issued to the Chief Executive, Fife Council to seek additional funding.</p>			



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title:	Integration Joint Board
Meeting Date:	4th December 2024
Agenda Item No:	10.1
Report Title:	Armed Forces Covenant Duty – Update Report
Responsible Officer:	Fiona McKay Head of Strategic Planning, Performance and Commissioning

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance – the Board is asked to note the content of this Update Report, particularly the progress made over the last year, and be assured that the Health and Social Care Partnership is meeting its statutory requirements under the Armed Forces Covenant Duty.
- Decision - the Integration Joint Board is also asked to approve this final draft of the Update Report.

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

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

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

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

- Local - 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.

- Armed Forces Covenant Working Group – 23rd October 2024.
- Senior Leadership Team – 28th October 2024.

SLT welcomed the Update Report and confirmed that it should progress to the Quality and Communities Committee.

- Strategic Planning Group – 7th November 2024.

The Strategic Planning Group discussed the Update Report and requested that further detail was included to evidence progress against the Working Group's Work Programme. This information has been included in Section 3.3.

- Quality and Communities Committee – 8th November 2024.

The Committee welcomed the Update Report and confirmed that it should progress to the Integration Joint Board.

3 Report Summary

3.1 Situation

The UK Armed Forces Covenant has been in place since 2011. The aim of the Covenant is to ensure that the Armed Forces Community should be treated fairly and face no disadvantage when accessing public and commercial services, with special provision made in appropriate cases for those who have sacrificed the most.

Initially organisations could pledge to support the Armed Forces Covenant, a voluntary commitment made by both Fife Council and NHS Fife.

The Armed Forces Act 2021 came into force on 22nd November 2022. The new Act builds on existing legislation (the Armed Forces Act 2006) and reinforces the Armed Forces Covenant by placing legal requirements on some organisations, including:

- Fife Council - specifically education and housing services.
- Fife Health and Social Care Partnership/Fife Integration Joint Board.
- NHS Fife.

The new Act introduced the Armed Forces Covenant Duty. This makes it a statutory duty for these bodies (whether or not they have already signed the Armed Forces Covenant pledge) to consider the principles of the Armed Forces Covenant and any supporting guidance, when planning, funding and delivering specific functions in healthcare, education and housing. This includes having due regard to:

- the unique obligations of, and sacrifices made by, the armed forces.
- the principle that it is desirable to remove disadvantages arising for service people from membership, or former membership, of the armed forces; and,
- the principle that special provision for service people may be justified by the effects on such people of membership, or former membership, of the armed forces.

The first Update Report was provided to the Senior Leadership Team on 30th October 2023. That Update Report progressed to the Quality and Communities Committee on 2nd November 2023, the Strategic Planning Group on 13th November 2023, and then onto the Integration Joint Board (IJB) on 24th November 2023.

This second Update Report provides details of key activities completed by the Armed Forces Covenant Working Group and Fife partner agencies over the last year, and some of the new activities planned for 2025.

3.2 Background

The Scottish Government provides ongoing support for the Armed Forces Community through a number of national initiatives, further details are available here: www.gov.scot/publications/support-veterans-armed-forces-community-2023/.

The Armed Forces Community includes individuals who are:

- currently serving in the armed forces - either regular or reserve.
- veterans who served in the armed forces - either regular or reserve
- members of the Merchant Navy who served on a commercial vessel in support of legally defined UK military operations.
- dependents - for example, the partner or child of someone who's currently serving in the armed forces, a veteran, or a member of the Merchant Navy.

In Fife, the Armed Forces Community includes approximately:

- 1,000 serving personnel.
- 450 reservists.
- 21,000 veterans (Scotland's Census 2022 identified that 5.6% of the Fife population aged 16 and over are veterans: www.scotlandscensus.gov.uk/2022-results/scotland-s-census-2022-uk-armed-forces-veterans).
- Partners and family members of serving personnel, reservists and veterans (exact figures are currently unavailable, this group is estimated to include between 20,000 and 40,000 people).

This equates to between 11% and 17% of the current Fife population (374,340 people) depending on the number of partners and families living in Fife.

3.3 Assessment

These are some of the key activities/actions that have been progressed over the last year.

Armed Forces Covenant Working Group

Fife partner agencies have an established support network in place for the Armed Forces Community, including

- Fife Council's Armed Forces and Veterans Community Champion
- NHS Fife Armed Forces and Veterans Champion
- Fife Community Covenant Partnership, the Armed Services Advice Project, and
- Veterans 1st Point (V1P).

In February 2023, a multi-agency Short Life Working Group (SLWG) was established to support implementation of the Armed Forces Covenant across the Fife partner agencies, and to increase compliance with the Armed Forces Covenant Duty.

In August 2024, it was agreed that long term multi-agency support for the Armed Forces Covenant is required, and the SLWG evolved into a permanent Working Group. The Working Group membership was also reviewed and updated.

The AFC Working Group includes colleagues from:

- Fife Council (including Education, Housing Services, Human Resources and Place)

- Fife Health and Social Care Partnership
- NHS Fife Psychology Service
- Leuchars Station HQ
- Defence Medical Welfare Service, Scotland
- Veterans 1st Point
- Citizens Advice and Rights Fife (CARF).

The remit of the Working Group includes reviewing the current measures and services already in place, identifying any actions required to support compliance with the new Armed Forces Covenant Duty, overseeing an appropriate programme of work to promote compliance, and monitoring progress against the Duty across the Fife partner agencies.

Forces Connect App

In November 2023, Fife Integration Joint Board approved use of the national Forces Connect App for Fife Health and Social Care Partnership.

The Forces Connect App launched in 2018 enabled by funding from the Ministry of Defence (MOD) Armed Forces Covenant Fund Trust and is currently sponsored and supported by Surrey County Council. The App provides details of local and national organisations that offer immediate help and support across a wide range of services for members of the Armed Forces Community. From crisis support, to searching for a GP or a dentist, starting a business to advice on housing.

Initially created as a downloadable application (App) for mobile phones, a web version was developed in response to user feedback, and the new web version was released in July 2024. This is a link to the website:

www.forcesconnect.co.uk.

By October 2024, over 70 services/organisations across Fife have been added to the Forces Connect App.

Fife Council have also recently approved the Forces Connect App for all relevant Fife Council services/support (October 2024), and work is underway to include other partner agencies.

Website

In September 2024 a new area was set up for the Armed Forces Community on the Health and Social Care Partnership website. This is a link to the website: <https://www.fifehealthandsocialcare.org/your-community/armed-forces-community/>.

There are three themes:

- Support for the Armed Forces Community in Fife
- The Armed Forces Covenant
- Information for employees, service providers, and other organisations.

e-learning modules

Work is underway to develop e-learning modules for employees in Fife Council, NHS Fife, and the third and independent sectors. The aim of the training is to raise awareness of the Armed Forces Covenant, the legal

requirements and responsibilities of Fife partner agencies, and the support that is currently available for members of the Armed Forces Community.

Several e-learning modules have/are being developed by Warwickshire Council, with support from the Armed Forces Covenant Fund Trust:

- Armed Forces Covenant – Introduction
- Armed Forces Covenant - Customer Facing Staff
- The Covenant Duty Explained - Health
- The Covenant Duty Explained - Housing
- The Covenant Duty Explained – Education.

The Fife AFC Working Group is hoping to adapt some/all of these e-learning modules for employees and partner organisations across Fife. This work will continue to progress over the next year.

Equalities

Fife Health and Social Care Partnership has updated its Equality Impact Assessment Template and Guidance to include a section for the Armed Forces Community. This will ensure that the potential impacts (positive and/or negative) of any new policies/strategies/budget proposals or other significant decisions on the Armed Forces Community will be identified and (where possible) addressed.

An additional question has been included to the Partnership's Participation Feedback Template; this is used in all surveys and consultation activities.

The question is optional:

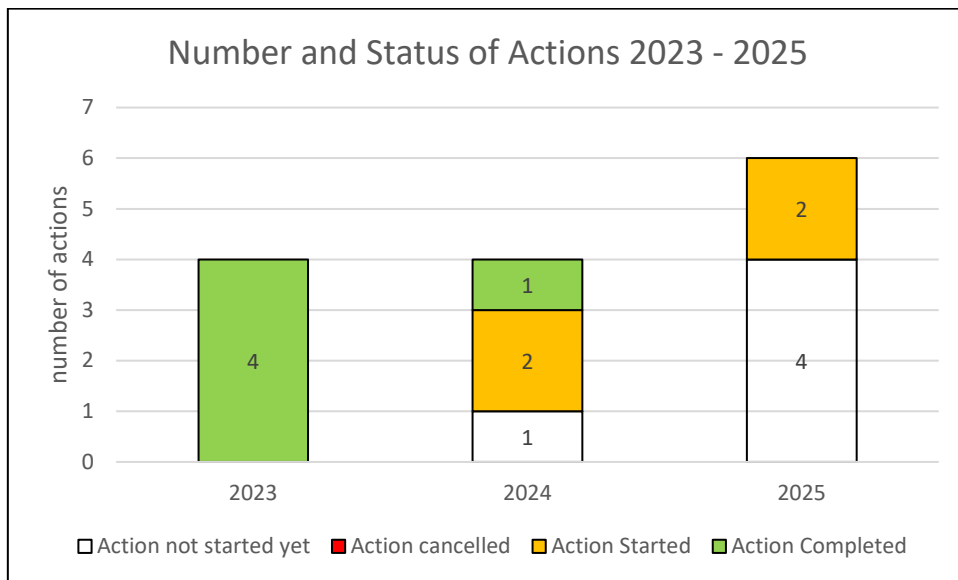
- Are you part of the Armed Forces Community? (including families and dependents, veterans, and reservists)

Answer = Y/N

Work Programme

As highlighted above, the actions planned for 2023 have all been successfully completed:

1. Establish Armed Forces Covenant Working Group.
2. Establish a veterans lived experience group for the Fife Armed Forces Community.
3. Develop briefing (Sway) that provides guidance for services/employees on the legal requirements of the Armed Forces Covenant Duty.
4. Update relevant templates and processes to include specific references to the needs of the Armed Forces Community.



Summary of AFC Working Group Work Programme 2023 to 2025

The actions planned for 2024 are all on track:

1. Update Forces Connect App – ongoing.
2. Develop AFC webpages – completed.
3. Develop e-learning modules – work started.
4. Develop briefing (Sway) for employees that signposts the new AFC webpages and the employee e-learning modules – work will commence once the first two e-learning modules have been published.

Moving forward, some of the key challenges for the Fife partner agencies include:

1. Consistent identification of individuals covered by the Armed Forces Covenant Duty. A national programme is underway to deploy consistent codes in digital systems, and an accreditation scheme for GPs will provide training and encourage colleagues to identify veterans and military personnel in medical records and social work systems during key contacts.
2. Transfer of paperwork between agencies, for example transfers of military records to GPs, and the process of linking military leaving certificates and housing applications. Issues have also been identified with data sharing of clinical records between GPs and secondary care.

The AFC Working Group Work Programme currently has six actions planned for 2025, for example developing a Communications Plan to raise employee awareness, and linking with national programmes to progress consistent identification of individuals within the Armed Forces Community.

3.3.1 Quality / Customer Care

The work of the AFC Working Group will increase compliance with the Armed Forces Covenant Duty across Fife, promoting awareness of potential challenges or issues relating to service provision, and improving outcomes for members of the Armed Forces Community.

3.3.2 Workforce

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

3.3.3 Financial

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

3.3.4 Risk / Legal / Management

The work of the AFC Working Group will increase compliance across the Fife partner agencies with the Armed Forces Act 2021 and the Armed Forces Covenant Duty.

3.3.5 Equality and Diversity, including Health Inequalities

An equality impact assessment has not been completed because this update does not involve a change to an existing strategy, policy, or practice that could have a negative impact on people who share a protected characteristic.

Increased compliance with the Armed Forces Covenant Duty is expected to have a positive impact for individuals in the Armed Forces Community.

3.3.6 Environmental / Climate Change

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

3.3.7 Other Impact

None.

3.3.8 Communication, Involvement, Engagement and Consultation

The Armed Forces Covenant Working Group includes colleagues from Fife Health and Social Care Partnership, Fife Council, NHS Fife, Veterans 1st Point, Leuchars Station HQ, the Defence Medical Welfare Service, Scotland Citizens Advice and Rights Fife (CARF) and the Fife Council's Armed Forces and Veterans Community Champion.

These are the meeting dates for 2024:

- AFC Short Life Working Group, 24 April 2024
- AFC Short Life Working Group, 14th August 2024
- AFC Working Group, 23rd October 2024

4 Recommendation

Discussion - the Integration Joint Board is asked to:

- Note the contents of this report and the actions taken over the last year to raise awareness of the Armed Forces Covenant and to support the Armed Forces Community in Fife.

- The Integration Joint Board is asked to approve this final draft of the Update Report for 2024.

5 List of Appendices

None

6 Implications for Fife Council

Fife Council has legal obligations under the Armed Forces Covenant Duty and is represented on the AFC Working Group.

7 Implications for NHS Fife

NHS Fife has legal obligations under the Armed Forces Covenant Duty and is represented on the AFC Working Group.

8 Implications for Third Sector

Future activities will be developed in conjunction with the third sector as and when required.

9 Implications for Independent Sector

Future activities will be developed in conjunction with the independent sector as and when required.

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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Meeting Title: Integration Joint Board

Meeting Date: 4 December 2024

Agenda Item No: 10.2

Report Title: Annual Adult Support and Protection Report

Responsible Officer: Jillian Torrens, Head of Complex & Critical Care Services

Report Author: Danielle Archibald, Service Manager, Adult Social Work Services

1 Purpose

This Report is presented to the Board for:

- Assurance

This paper and the aligned Social Work ASP Annual Report provide detail of the statutory Adult Support and Protection activity, audit, key strengths and improvement actions that has been progressed across Fife HSCP Social Work Services throughout 2023/24.

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

- 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 the following Integration Joint Board 5 Key Priorities:

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

2 Route to the Meeting

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

- This report has been tabled at the HSCP Senior Leadership Team
- Quality & Communities Committee – 8 November 2024

3 Report Summary

3.1 Situation

This report demonstrates the quantitative and qualitative data relating to adults at risk of harm across 2023/24, along with key strengths and improvement actions. Members are asked to note the content of the report and associated appendix.

3.2 Background

All adults at risk of harm have the right to be safe and protected. The Adult Support and Protection (Scotland) Act 2007 is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by:

- disability
- mental disorder
- illness
- physical or mental infirmity

The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

Fife HSCP has lead responsibility for responding to and co-ordinating all adult support and protection activity. Social Work practitioners are required to understand and adhere to their legal duties under the Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2014, revised 2022) and require to be trained as Council Officers to execute their duties under the act (full description of Council Officers can be found at 3.3.2).

These duties include:

- facilitating inquiries if we know or believe that a person is an adult at risk of harm and that SW might need to intervene under the Act or otherwise to protect the person's wellbeing, property or financial affairs (Section 4). These inquiries are progressed as Inter-agency Referral Discussions (IRDs (inquiries without powers)) and are undertaken or supervised by Council Officers;
- undertake investigations, as part of inquiries with powers, involving Council Officers who have certain powers under the Act (Sections 7-10);
- undertake visits, with right of entry, for the purpose of conducting interviews and arranging medical examinations (sections 7, 8, 9 & 36 - 40);
- If, following inquiries a Council Officer determines that action is

required, the Council can apply to the Sheriff for a Protection Order. The range of Protection Orders include:





- Assessment Orders (which may be to carry out an interview or medical examination of a person);
- Removal Orders (removal of an adult at risk) and
- Banning Orders or temporary banning orders (banning of the person causing, or likely to cause, the harm from being in a specified place) (Sections 11-22).
- protect property owned or controlled by an adult who is removed from a place under a Removal Order (Section 18);

3.3 Assessment

The detail highlighted below demonstrates that the social work force are meeting its statutory requirements under the ASP Act and that there is a continuous learning and improvement trajectory in place, themes of which relate to:

- service user engagement
- embedding best practice in line with data and standards
- better understanding of impact on workforce in relation to the increasing referrals (detail of which can be found below)

Key statistics for the period 1st April 2023 to 31st March 2024 show the following:

4,435 ASP Referrals in 2022/23		+57% from 2,816
2,101 Inquiries triggered <i>(data)</i>		<i>(newly captured data)</i>
1,218 (58%) Inquiries without powers <i>(data)</i>		<i>(newly captured data)</i>
<i>(concluded at IRD)</i>		
883 (42%) Inquiries with powers in 2022/23		+121% from 400
<i>(IRDs with progression to Investigation)</i>		
128 Initial Conferences took place 2022/23		+68% from 76 in 2022/23
91 Review Conferences took place 2022/23		+112% from 43 in 2022/23
Primary Harm: Financial or Material harm, Physical harm, and		

Psychological harm.

This data aligns with the quarterly reports that have been submitted in 2023/24, indicating an ongoing trend of increased ASP referral and activity across social work services.

Social Work audit activity

Fife HSCP social work services take forward a suite of ASP audit activity annually. Social work services progressed single agency audits relating to 2023/24 data for:

- No Further Action(NFA) IRD
- Reclassification

And inter-agency audits relating to:

- Inter-agency ASP audit
- Learning Review Theme Report

Audit activity planned for 2024/25 includes:

- Audit of the use of Adult Case Conference Guidance (Quarter 1 2024/25)
- Biennial Audit of LSI (2022/24)
- The thematic review of Learning Review's Triggered across 2023/24
- Inter-agency annual audit – October 2024
- ASPP benchmarking audit

Our audit activity has identified strengths in our social work practice relating to:

- Positive communication between partner agencies
- Interagency ASP guidance being followed
- In 82% of cases considered within the interagency audit, social work involved all relevant partners within the Inquiry without use of Powers
- It was evident from 91% of the files considered within the interagency audit that the sharing of information from social work to interagency partners was effective and 94% shared appropriately. Sharing effectively records a 32% increase from 59% in 2022.
- In 76% of cases considered within the interagency audit, social work evidenced the creation of an interagency chronology in line with updated ASP guidance.
- Within the single agency NFA Audit, 82% of cases reported there was evidence to support no further action under ASP legislation
- Within the single agency SW NFA audit identified that 89% of cases evidenced clear actions following the decision for no further action.

And areas for improvement in our social work practice relating to:

- We require to evidence compliance that 100% of adults who progress to investigation are offered advocacy as part of their journey.
- 39% of IRDs recorded no evidence to support that the NFA decision was mutually agreed by agencies. Actions will be taken to ensure robust recording across 2024/25 with audit activity being reported in the next Annual Report.

We have active improvement plans for:

- IRD NFA
- Inter-agency ASP

With audit findings to be collated and completed prior to improvement plan being created for Reclassification.

During 2023/24 we have successfully concluded social work action plans in relation to:

- LSI

The learning themes/actions included:

- Improvement of information sharing prior to LSI IRD. Aide memoire and process maps created to support improved practice in this area.
- Improved use of chronologies to support decision making. Aide memoire and process maps created to support improved practice in this area.
- Recording of information. Guidance document created to support confidence and consistency.
- An additional LSI section has been added to the Council Officer Training to ensure that LSI practice and procedure are embedded from the earliest stages of ASP practice.
- Learning Reviews

The learning actions included:

- Increased usage of 7 minute briefings to raise awareness of particular learning points and to ensure that good practice is also highlighted across the service. As noted above, social work services have embraced this learning action and continue to develop a suite of 7 minute briefing tools.
- The Learning Review thematic report identified hoarding as a particular theme, an extension to the Learning and Development Working Group was recommended, a SLWG for Hoarding. Social Work Services have representation on this group. We have also taken considerable action to review the Hoarding Guidance, based on practice experience, to recommend actions that will improve engagement opportunities and outcomes. This work is ongoing.

The next Thematic Review will take place at the end of 2024, covering 2022/2023 and Social Work Services will progress and contribute to the learning plan following.

Future planning and improvement actions

Based on the information and data contained within this report, Fife Social Work Services intend to take forward a number of actions to support best practice and improve outcomes for the adults we work with. These actions include:

Liquidlogic

- Adult and OP Social Work Services have protected funding to secure an 18 month post to support frontline staff with face to face training and support, which will allow us to improve consistency of recording and in turn evidence areas of improvement.

ASP Training

- Inhouse ASP training officer post currently out for advert as external trainer has retired.
- Continue to build upon our suite of robust ASP Training and create new material for our workforce based upon practice experience and need.
- Monitor workforce ASP training to ensure our practitioners are fully skilled and equipped to progress ASP practice.

7 minute briefings

- 7 minute briefings will be progressed on a monthly basis, ensuring that practitioners are up to date on new trends, policy, procedures and ASP themes and allowing a suite a 7 minute briefings to be available to new staff.

Social Work ASP Team Managers Meeting

- Continues to be held monthly and to focus on: highlighting and sharing good practice; identifying new trends and themes and ensure we approach these consistently; discussing difficult cases and collectively considering what alternate/additional steps we can take to support; analysis data; staying abreast of policy change/update; managing learning and improvement plans.

Referrals

- Where reclassifications identify themes in referrals, these will be raised with partner agencies to support mutual understanding of ASP referral threshold and practice improvement

IRDs

- Time scales relating to IRDs have been are not being

consistently met. IRD timescales will be reviewed to establish if the current timescales are optimal in ensuring best outcomes for the people we work with. We will do this by identifying the key reasons timescales are not met (consulting with the workforce), reviewing a sample of IRDs outwith timescale and the impact on the ASP journey, analysing the benefit of timescale extension and the potential consequences of this.

- Bespoke LAS training, including recording of an inquiry type, has been rolled out across the Adult's and Older People SW service in 2024. The purpose of this is to ensure our workforce are confident in recording ASP activity consistently and timeously. We anticipate seeing improvement across all audit activity in recording and timescales as a result of this training.

Investigations

- Continuation of working group and regular meetings between ASP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LAS system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations. This will allow us to continue to focus our learning and target improvement areas. This will also allow us to monitor and review our compliance in the offer of advocacy and take improvement action where required.
- Continue to extend the inclusion of second officers from across services.

Harm Types

- Financial harm remains the most common type of principal harm leading to an ASP investigation in Fife during the period 2023/24. Fife Social Work Service to support awareness raising activities and fresh learning in relation to this given the continued increase in this type of harm.
- Social Work Services have observed a significant increase in hoarding as a primary harm type and this will be closely monitored and reviewed across 2024/25 with appropriate learning actions being identified.
- All types of harm now captured in the system alongside the primary type. Analysis can begin to allow trends to be identified. Hoarding can now be recorded as a harm type which is important given its increase within Fife.

ASP Case Conferences

- Concise guidance sheet for use by team managers to be created relating to which information to record about case conferences. This can be used to ensure consistency of approach across teams, ensure data is directly comparable

year-on-year and assist with LAS discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting. Q1 2024/25 captured through MS Forms.

- Ways to enable the consistent and accurate recording and extraction of case conferences on the new LAS case recording system will be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring.

ASPP

- Audit activity will be progressed to review the quality of our ASPP and identify any areas for improvement. This will be a benchmarking activity that will be carried forward annually.

Protection Orders

- We intend to prioritise finance across 2024/25 to run two further bespoke events to increase confidence of our social work practitioners in identifying and taking forward the appropriate use of protection orders.

Outcomes

- Actions will be taken to further promote the capture of service user/poa/proxy feedback on ASP process. This will include the embedding of our feedback questionnaire, contact with adults/poa/proxy during audit activity to ensure they have a variety of opportunities to engage and share their experiences.

Advocacy

- Improve recording of advocacy being offered, aiming to achieve the offer of advocacy for 100% of adults who experience ASP journeys

Large Scale Investigations

- Ways to enable the consistent and accurate recording and extraction of LSIs on LAS are being considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring. This will improve our ability to identify themes, trends and occurrences within individual settings or services.
- LSI Biennial Audit to take place in August 2024 covering the previous two financial years and will monitor invites, background information forms, chronologies, agendas, minutes, action plans and reports, to ensure our compliance with the guidance.
- LSI IRDs will be captured going forward to allow us audit

LSI activity where full investigation did not progress.

- Continued awareness and embedding of the use of Community LSI procedure with an audit activity relating to outcomes and effectiveness.

Learning Reviews

- The 2022/23 Thematic Learning Review is due to take place in 2024. Following completion, the improvement actions identified will be progressed via a social work improvement plan and monitored via ASP TM Meeting.

SWS ASP Procedures

- SWS ASP Procedures are currently being reviewed and updated, with roll out scheduled for September 2024. The procedures will include improvements to practice based on the updated Codes of Practice and inclusion of the adult at the earliest opportunity. Learning from audit and data over 2023/24 will also be incorporated into the updated guidance.

3.3.1 Quality / Customer Care

Throughout 2023/24 there has been a continual quarter by quarter increase in ASP referrals and activity. Despite this increasing workload, there is clear evidence of many strengths in our Social Work ASP practice, including:

- Involving all relevant partners within the Inquiry without use of Powers and the ASP journey in general.
- Sharing information: It was evident from 91% of the files considered within the 2023 ASP interagency audit (50 case sample) that the sharing of information from social work to interagency partners was effective and 94% shared appropriately. Sharing effectively records a 32% increase from 59% in 2022.
- Chronologies: In 76% of cases considered within the 2023 ASP interagency audit, social work evidenced the creation of an interagency audit in line with updated ASP guidance despite the increased ASP referrals and activity.
- Defensible decision making: Within the social work single agency NFA Audit, 82% of cases reported there was evidence to support no further action under ASP legislation
- Clear actions following ASP referral, even if the decided forward route is not ASP legislation.
- Clear evidence of a trained and committed social work workforce, with all social workers trained as council officers by the end of their first year post qualifying.
- Commitment to learning: clear evidence of commitment to learning and improvement with both the LSI and Learning

Review Improvement Plans completed.

- The Inter-agency audit reported 57% of the cases sampled (50) evidenced an improvement in the individual's circumstances because of their journey. The audit highlighted that: Individuals primarily feel they are safe and protected; Key strengths recorded ranging from 'multi-agency working, advocacy offered, fully supported, focused on service users' needs and process fully applied'

3.3.2 Workforce

Council Officers

The Adult Support and Protection Act identifies that the duty to progress adult support and protection inquiries with powers (beyond IRD), following conclusion of initial inquiries, must be progressed by a suitably qualified council officer. In Fife, all initial inquiries without powers are progressed by qualified social workers, though not all will have completed their Council Officer Training. A council officer is defined as an individual appointed by a council under Section 64 of the [Local Government \(Scotland\) Act 1973](#). The individual must be:

- registered in the part of the SSSC register maintained in respect of social workers or social service workers or is the subject of an equivalent registration; or
- registered as an occupational therapist in the register maintained under article 5(1) (establishment and maintenance of register) of the Health Professions Order 2001; or
- is a nurse; and
- the person has at least 12 months' post qualifying experience of identifying, assessing and managing adults at risk.

In Fife the duties of the Council Officer are progressed by social work practitioners only. Where a second person is required to assist with investigation, this person can be appointed from across any partner service.

At present we can confirm that all social workers in the HSCP have completed their Council Officer training by their first year of qualifying as a social worker. This is a significant achievement for the Service and evidences our frontline workforce commitment to confident and competent practice in ASP and the mutual understanding of the priority of ASP responsibilities across our service.

We currently have 96 fully qualified and active Council Officers across our SWCC, MHO Team, Locality Teams and Compass. Council Officers within the SWCC take forward inquiries without powers. If it is established that inquiries with powers are required, the inquiry is progressed by the Locality Social Work Teams, MHO Team and Compass Team. This means that there are 90 Council

Officers who actively take forward the full duties under ASP legislation. Our MHO Team have extended their ASP activity from inquiries only and now progress the full range of ASP duties under the act. This action has been taken in cognisance of the increasing demand of ASP activity on locality teams.

The workforce report to observing and experiencing significant increase and pressure in relation to ASP activity and the data available across 2023/24 aligns with this feedback. Adult Support and Protection activity is a statutory duty and prioritised within our business continuity plans. The current data indicates a significant increase in ASP activity over the past year, with no increase in staffing capacity to progress this. This demand and capacity will be monitored and reported on going forward, with risks and mitigations identified as appropriate.

Fife Hospital Discharge Social Work Team and Shared Lives Fife Team do not progress ASP duties out with the identification and reporting of harm.

3.3.3 Financial

N/A at this point

3.3.4 Risk / Legal / Management

Based on the significant increase in activity over the last year, there is a risk that the current workforce will struggle to maintain associated timescales and allocation of ASP business and that the prioritisation of ASP activity will have a direct impact on the ability of locality social work teams to progress other areas of statutory work, such as assessments of need. In order to mitigate this risk the following actions will be taken:

- Locality teams will reach out to other teams for support with allocation where pressure is identified
- Business Continuity/Contingency plans will be reviewed, updated and enacted as required.
- Monthly discussions at ASP Team Managers meetings (chaired and attended by Service Managers) to identify pressure areas across the service and consider supports.
- Risk registers will be updated to reflect the increased activity in the data reports
- ASP Performance Monitoring will be progressed to identify trends, theme and particular areas of pressure. There is an action required to update the current Performance Monitoring Procedure to align with LL, this is being progressed.
- Escalation will be progressed where required
- Discussion will take place with Workforce planning to consider demand and capacity around Social Work activity.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has not been completed in respect of this report.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

N/A

4.4 Recommendation

- **Assurance**

This paper and the aligned Social Work ASP Annual Report offer assurance that Adult Support and Protection activity is being robustly monitored, with ongoing improvement actions identified. Quality measures are being developed and acted upon based on the information available and Adult Support and Protection Performance Monitoring progresses. As noted above, the data available directly informs the next steps of ASP improvement activity, which will continue to be reported to QMAG going forward.

5 List of Appendices

The following appendices are included with this report:

Appendix 1 – Social Work ASP Annual Report 2023/24

6 Implications for Fife Council

The current data indicates a significant increase in ASP activity over the past year, with no increase in staffing capacity to progress this. This demand and capacity will continue to be monitored and reported on, with risks and mitigations identified as appropriate.

7 Implications for NHS Fife

With the increase in ASP activity, there will be an impact on NHS Fife staff due to the requirement to participate in IRDs, Investigations, Case Conferences and fulfilling the role of second worker.

8 Implications for Third Sector

NA

9 Implications for Independent Sector

NA

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

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

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Social Work Adult Support and Protection Annual Report 2023/24

Report Author: Astrid Jentas and Danielle Archibald
Report Date: 08th July 2024

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GLOSSARY	
ASP	Adult Support and Protection
ASPC	Adult Support and Protection Committee
ASPP	Adult Support and Protection Plan
HSCP	Health and Social Care Partnership
IRD	Inter-agency Referral Discussion
LAS	LiquidLogic Adults System (Case Management)
LSI	Large Scale Investigation
MHCTA	Mental Health (Care and Treatment) (Scotland) Act 2003
MHO	Mental Health Officer
NFA	No further action
NHS	National Health Service
OPG	Office of the Public Guardian
POA	Power of Attorney
QMAG	Quality Measurement Action Group
SAS	Scottish Ambulance Service
SLWG	Short Life Working Group
SW	Social Work
SWCC	Social Work Contact Centre
SWS	Social Work Service

Introduction

The Adult Support and Protection (Scotland) Act was passed by the Scottish Parliament in February 2007. The Act places a duty on councils to make inquiries about an individual's wellbeing, property or financial affairs where the council knows or believes that the person is an adult at risk and that it may need to intervene to protect him or her from being harmed.

This is commonly known as the three-point criteria.

Definition of adult at risk (the 3-point criteria):

The Act defines 'adults at risk' as individuals, aged 16 years or over, who:

1. are unable to safeguard their own well-being, property, rights or other interests;
2. are at risk of harm; and
3. because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than others who are not so affected.

(Source: [Adult Support and Protection \(Scotland\) Act Codes of Practice 2022](#))

Social Work Services have a lead role within Adult Support and Protection legislation and this report provides a summary and analysis of social work ASP activity between **1st April 2023 and 31st March 2024**. Information is illustrated in graphical and tabular format with supporting analysis, identification of areas of strength and of improvement actions and future aspirations.

Key Strengths Across 2023/24

Throughout 2023/24 there has been a continual quarter by quarter increase in ASP referrals and activity. Despite this increasing workload, there is clear evidence of many strengths in our Social Work ASP practice, including:

- Involving all relevant partners within the Inquiry without use of Powers and the ASP journey in general.
- Sharing information: It was evident from 91% of the files considered within the 2023 ASP interagency audit (34 case sample) that the sharing of information from social work to interagency partners was effective and 94% shared appropriately. Sharing effectively records a 32% increase from 59% in 2022.
- Chronologies: In 86% of cases considered within the 2023 ASP interagency audit (35 case sample), social work evidenced the creation of an interagency audit in line with updated ASP guidance despite the increased ASP referrals and activity.
- Defensible decision making: Within the social work single agency NFA Audit, 82% of cases reported there was evidence to support no further action under ASP legislation.
- Clear actions following ASP referral, even where the route forward is not ASP legislation.
- Clear evidence of a fully trained and committed social work workforce, with all social workers fully trained council officers by the end of their first year post qualifying.
- Commitment to learning: clear evidence of commitment to learning and improvement with both the LSI and Learning Review Improvement Plans completed.
- The Inter-agency audit reported 57% of the cases sampled (46) evidenced an improvement in the individual's circumstances because of their journey. The audit highlighted that: Individuals primarily feel they are safe and protected; Key strengths recorded ranging from 'multi-agency working, advocacy offered, fully supported, focused on service users' needs and process fully applied'.

The Social Work Role in ASP

All adults at risk of harm have the right to be safe and protected. The [Adult Support and Protection \(Scotland\) Act 2007](#) is designed to protect those adults who are unable to safeguard their own interests and are at risk of harm because they are affected by:

- disability
- mental disorder
- illness
- physical or mental infirmity

The Act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

Fife HSCP Social Work Services have lead responsibility for responding and co-ordinating all adult support and protection activity. Social Work practitioners are required to understand and adhere to their legal duties under the Adult Support and Protection (Scotland) Act 2007 and Code of Practice (2014, revised 2022) and are required to be fully trained Council Officers.

These duties include:

- to make inquiries without powers if we know or believe that a person is an adult at risk of harm and that social work might need to intervene under the Act or otherwise to protect the person's wellbeing, property or financial affairs (Section 4). Inquiries without powers conclude at IRD and are undertaken or supervised by Council Officers.
- undertake inquiries with powers (inquiries that progress beyond IRD to investigation), involving Council Officers who have certain powers under the Act (Sections 7-10).
- make visits, with right of entry, for the purpose of conducting interviews and arranging medical examinations (sections 7, 8, 9 & 36 - 40).
- If, following inquiries a Council Officer determines that action is required, the Council can apply to the Sheriff for a Protection Order. The range of Protection Orders include:
 - Assessment Orders (which may be to carry out an interview or medical examination of a person).
 - Removal Orders (removal of an adult at risk) and
 - Banning Orders or temporary banning orders (banning of the person causing, or likely to cause, the harm from being in a specified place) (Sections 11-22).
- protect property owned or controlled by an adult who is removed from a place under a Removal Order (Section 18).

Council Officers

The Adult Support and Protection Act identifies that the duty to progress adult support and protection inquiries with powers (beyond IRD), following conclusion of initial inquiries, must be progressed by a suitably qualified council officer. In Fife, all initial inquiries without powers are progressed by qualified social workers, though not all will have completed their Council Officer Training. A council officer is defined as an individual appointed by a council under Section 64 of the [Local Government \(Scotland\) Act 1973](#). The individual must be:

- registered in the part of the SSSC register maintained in respect of social workers or social service workers or is the subject of an equivalent registration; or
- registered as an occupational therapist in the register maintained under article 5(1) (establishment and maintenance of register) of the Health Professions Order 2001; or
- is a nurse; and
- the person has at least 12 months' post qualifying experience of identifying, assessing and managing adults at risk.

In Fife the duties of the Council Officer are progressed by social work practitioners only. Where a second person is required to assist with investigation, this person can be appointed from across any partner service.

At present we can confirm that all social workers in the HSCP have completed their Council Officer training by their first year of qualifying as a social worker. This is an outstanding achievement for our Social Work Service and evidences our frontline workforce commitment to confident and competent practice in ASP and the mutual understanding of the priority of ASP responsibilities across our service. We currently have 96 fully qualified and active Council Officers across our SWCC, MHO Team, Locality Teams and Compass. Council Officers within the SWCC take forward inquiries without powers. If it is established that inquiries with powers are required, the inquiry is progressed by the Locality Social Work Teams, MHO Team and within Compass. This means that there are 90 Council Officers who actively take forward the full duties under ASP legislation. Our MHO Team have extended their ASP activity from inquiries only and now progress the full range of ASP duties under the act. This action has been taken in cognisance of the increasing demand of ASP activity on locality teams.

The workforce report to observing and experiencing significant increase and pressure in relation to ASP activity and the data available across 2023/24 aligns with this feedback. Adult Support and Protection activity is a statutory duty and prioritised within our business continuity plans. The current data indicates a significant increase in ASP activity over the past year, with no increase in staffing capacity to progress this. This demand and capacity will be monitored and reported on going forward, with risks and mitigations identified as appropriate.

Fife Hospital Discharge Social Work Team and Shared Lives Fife Team do not progress ASP duties out with the identification and reporting of harm.

Liquidlogic (LAS)

In April 2023 Fife HSCP introduced a new Social Work management information system, Liquidlogic. Whilst this is an excellent step forward and offers an abundance of opportunities relating to our recording and analysis, it has come with its challenges including data migration, training, embedding of new processes and a transition period for workers. This has had an impact on recording practices and the ability to collect data across 2023/24 and there are improvement actions that have been in place since its implementation to address this, with improvement seen quarter to quarter.

ASP Training Suite

Fife Social Work Service have access to an extensive range of Adult Support and Protection Training, supported by Fife HSCP Workforce Development and the Adult Support and Protection Committee. The training suite ensures regular opportunities for Council Officer Training to be progressed, as well as Council Officer Refresher Courses and Advance Council Officer Training.

A number of important and bespoke training developments have been included in the 2023/24 training suite including:

- Chairing the Adult Case Conference
- Hoarding Training
- Protection Order Training

All of which have been identified as important learning areas for the social work service and all of which have seen maximum attendance.

Fife Social Work Service remains committed to prioritising ASP Training across the workforce throughout 2024/25, with a current lens on our eLearning opportunities, which focus on Undue Pressure, Professional Curiosity and Substance use and ASP. We aim to ensure our full workforce have completed these modules throughout 2024/25.

7-Minute Briefings

Historically 7-minute briefings have been used by the Adult Support and Protection Committee to encourage continuous learning and maintain a skilled workforce where work pressures mean it can be difficult to attend as many face to face training opportunities as practitioners would like. The 7-minute briefing is a quick and simple way to share learning on a range of protection topics

and has been reintroduced to our social work services as a key route to ensure our workforce remain abreast of all new themes and trends in Adult Support and Protection practice.

Following the identification of a new trend, theme, policy or procedure in relation to ASP practice our Team Managers take responsibility for designing and developing the content of 7-minute briefings. These briefings are then shared across our service with a request that they are discussed in Team Meetings and key learning points agreed, with a return to the ASP lead Service Manager to acknowledge the work that has been undertaken. Throughout 2023/24 we can confirm that all social work teams have completed the following 7-minute briefings:

- Large Scale Investigations (LSI)
- Remember my name – Learning Review from Report from Inverclyde Council
- New National Child Protection Guidance
- Non-ASP Adult Case Conference Guidance
- Non-engagement

With plans to progress 7-minute briefings in the coming months relating to:

- Personality Disorders and ASP
- Hoarding
- Reclassifications
- Role of Second Officer
- Explanation of ASP IRD for Children's Services

ASP Team Managers Meetings

Fife Adult Support and Protection Team Manager Meetings have been in existence for 6 years. Initially a bimonthly meeting of all Social Work Team Managers, this meeting has extended its participation in recent years to include Team Managers from Care at Home Service, Adult Resources, Shared Lives Fife and Compass, and has increased to a monthly frequency.

The purpose of this meeting is to:





- Review and analyse social work ASP data, identifying themes and trends and resultant improvement actions.
- A two-way route of communication with the ASPC and associated working groups to ensure consistent information is shared relating to ASP policy or procedural changes, new or changed trends and themes, new or changed risks and learning.
- To raise awareness of good practice.

- To discuss challenging circumstances and possibilities.
- Invite speakers to raise awareness of particular areas of practice e.g., National CP changes, Office of Public Guardian.
- To monitor learning and identify new learning needs.
- Ensure consistent application of guidance and practice.
- To ensure we understand the role of the ASPC and are connected.

There have been 10 ASP Team manager meetings throughout 2023/24, all of which have been well attended, with a wealth of contribution from all members creating a positive environment for continuous learning and improvement within our ASP practice.

Headline Statistics

Data for the period 1st April 2023 to 31st March 2024 shows the following:

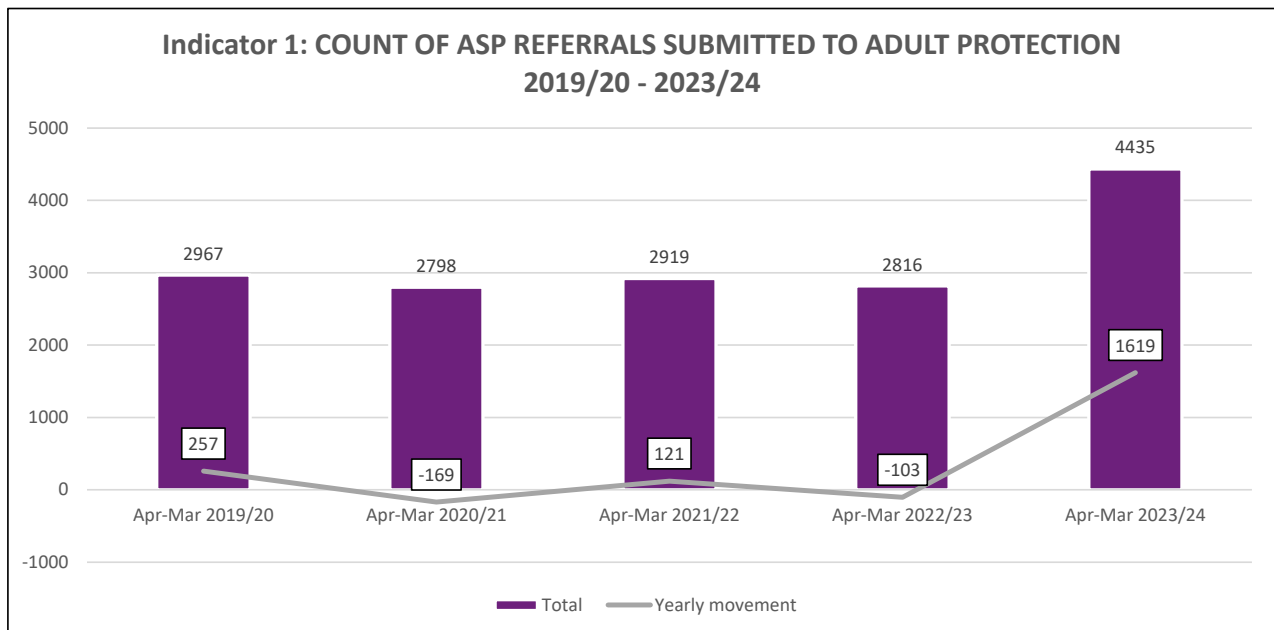
4,435 ASP Referrals		+57% from 2,816 in 2022/23
2,101 Inquiries triggered		<i>(newly captured data)</i>
1,218 (58%) Inquiries without powers		<i>(newly captured data)</i>
<i>(concluded at IRD)</i>		
883 (42%) Inquiries with powers		+121% from 400 in 2022/23
<i>(IRDs with progression to Investigation)</i>		
128 Initial Conferences took place		+68% from 76 in 2022/23
91 Review Conferences took place		+112% from 43 in 2022/23
Primary Harm: Financial or Material harm, Physical harm, and Psychological harm.		

ASP Referrals

(Source LAS)

While social work has the lead role in Adult Support and Protection, effective intervention is only achieved as a result of inter-agency working. Section 5(3) of the ASP Act places a duty on public bodies to identify and report harm. ASP Referrals are received into the SWCC as Reports of Harm from partner agencies, other social work services, family/friends or self-referrals. In Fife, we have an Adult Support and Protection phone line and any calls made to this line are recorded and progressed as Adult Protection Referrals until they are fully screened.

In 2023/24 there were 4,435 ASP referrals in Fife. This is an increase of 57% when compared to 2022/23 (up from 2,816 to 4,435). The movement from year to year is displayed by the plotted line in the below chart.



As noted above, the social work workforce has observed an increase in ASP activity across the year and the data available supports a significant increase in ASP work during 2023/24 in comparison to the previous four years.

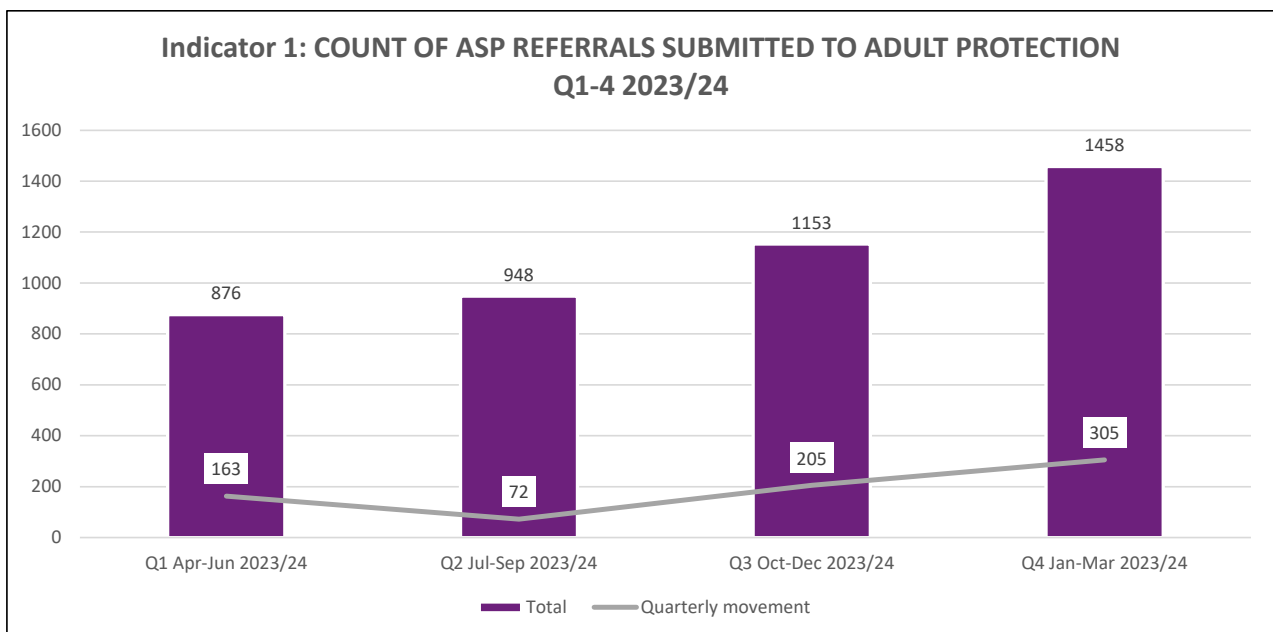
It is important to note that an adult can be referred multiple times by different agencies for the same incident or the same individual can be referred but for separate incidents. During 2023/24, the 4,435 referrals recorded related to 3,371 adults.

There are a number of hypotheses pertaining to the increase in ASP referrals across the year, including but not limited to:

- Current economic challenges facing individuals and communities.
- The impact of the COVID period on people’s resilience and mental health.
- Current challenges facing the social care sector in terms of recruitment and retention, impacting on the availability of resources to support people in the community.
- The impact of Fife ASPC’s awareness raising campaigns.
- Collective improvement in our identification and reporting of harm.

None of these hypotheses are conclusive, however they correlate with the observation of our frontline social work service.

For additional information, the chart below displays a breakdown by quarter for the year 2023/24. The volume of activity records a continuous increase throughout the year.



Referral Sources

The detail of our referral sources has been extracted from the ASP National Minimum Dataset 2023/24. The detail shows that Police remain our highest referrer, followed by NHS acute services. This is the usual trend relating to the highest referrers. Changes to referral trends include a significant increase in referrals from family and friends and over a 400% increase in self referrals. This detail indicates that individuals have a greater understanding of harm and may support the reach of the ASPC communication campaigns. Other agencies evidencing considerable increase in referrals include SAS and Housing.

The only services noting a decrease in referrals are the OPG and Children and Families Social Work Service. All other referring agencies have seen an increase in ASP referrals, indicating that the increase in identification of harm has been consistent across almost all services.

Indicator 1		
ASP REFERRALS SUBMITTED TO ADULT PROTECTION SERVICE (BY SOURCE)	Apr-Mar 2022/23	Apr-Mar 2023/24
Care Inspectorate	41	32
Healthcare Improvement Scotland	1	1
Office of the Public Guardian	6	0
Police Scotland	477	627
NHS Primary Care	110	159
NHS Acute Services	471	565
Other health (eg public health, private healthcare, prison healthcare)	10	21
Social Work - Adults (including MHOs)	259	352
Social work - Children and Families	10	0
Scottish Ambulance Service	35	197
Scottish Fire and Rescue	49	106
Care Home	0	74
Care at home provider	0	33
Housing	160	276
Education	7	14
Self (adult at risk)	49	265
Unpaid carer	0	0
Friend, relative or neighbour (who is not an unpaid carer)	249	460
Third sector organisation (not covered by the above)	2	5
Anonymous	27	53
Other	853	1195
Total	2816	4435

Reclassifications

Reclassification is the term used when referrals are initially screened, and it is identified that either:

- An ASP referral has been received and it is clear that ASP is not the most appropriate legislative framework to support (e.g. the MHCTA may be most appropriate to the needs of the person), or the referral is clearly not ASP (e.g. someone has called the ASP phone line by accident looking for an assessment). In this circumstance the case would be discussed with the referrer and reclassified, with no ASP actions taken.
- A referral for assessment/support indicates that harm has occurred, and the case is reclassified to ASP to allow initial inquiries without powers (IRD) to be progressed.

This process allows the social work service to apply ASP legislation proportionately and as the least restrictive approach. In order to provide assurance of a robust social work approach to reclassification, the first reclassification audit took place on 13th June 2024. The findings of this report are in the process of completion and any learning and improvement actions will be presented at the ASP Team Managers Meetings.

The reclassification audit will be progressed annually as part of a suite of ASP audit activity.

ASP Inquiries

(source LAS)

In alignment with the revised Code of Practice (July 2022), inquiries are recorded as a type.

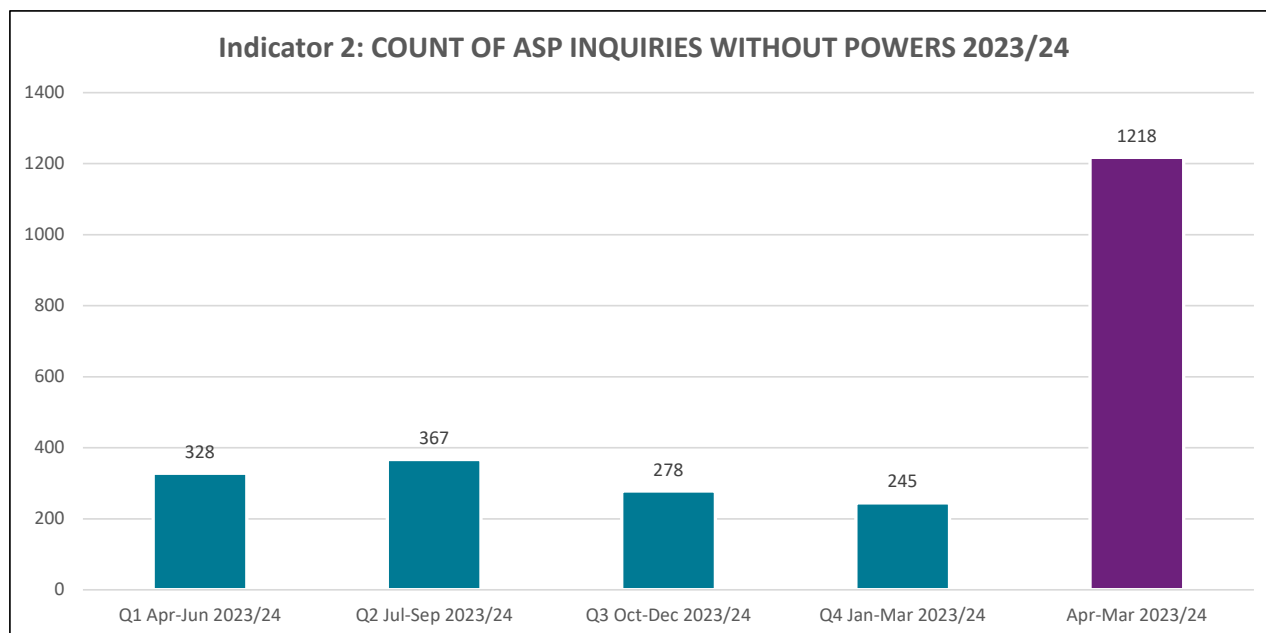
ASP Inquiries without powers (concluded at IRD)

Where an inquiry begins and concludes with the collation and consideration of relevant materials (an IRD), including consideration of previous records relating to the individual and seeking the views of other agencies and professionals, then this inquiry does not necessarily need to be undertaken by a council officer and is recorded as an inquiry without powers. In Fife, all IRDs are progressed by fully qualified social workers, with the majority progressed by Council Officers. All IRDs are signed off by Team Managers.

We would expect to see a lower number of inquiries without powers progressing than referrals received due to reclassification activity and the use of alternative legislation. As noted above, an audit of reclassification activity has taken place and we anticipate the analysis of this audit activity will show robust actions taken in compliance with the reclassification criteria, noted above.

This improvement work will consider the referrals that have not been received as reports of harm, but that have been screened by Social Work at the point of referral and reclassified to Adult Support and Protection. This work will allow us to target learning needs across partners, to ensure the identification and reporting of harm is robustly carried out, allowing us to act

timeously to identify risks and supports for the adult, to reduce their risk of harm and improve outcomes.

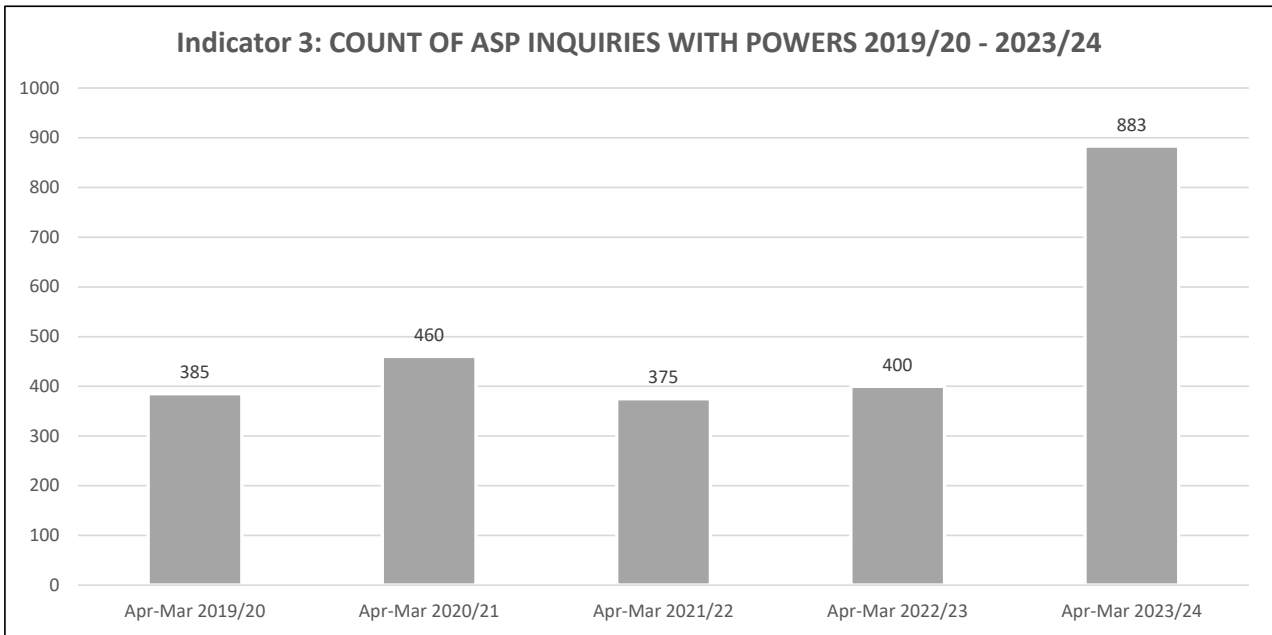


ASP Inquiries with powers

Where an initial inquiry cannot establish that the 3-point criteria was met, then an investigation must be progressed. Where the 3-point criteria is met, an investigation is likely to progress, unless the inquiry identifies that there is another, less restrictive or more proportionate legislation, whereby the ASP activity will cease, and actions will progress via alternative routes. These inquiries are recorded as with powers.

Investigatory powers are required to be progressed by a council officer where there is a need for a visit and direct contact with the adult for interview or medical examination, or for the examination of records (S7-10 Activities).

Across 2023/24 883 inquiries with powers were progressed. This is an increase of 121% from 2022/23. This indicates that the social work service is applying their duties to fully establish is the adult meeting the 3-point criteria and to investigate the full circumstances of individual situations where the need is identified. There may also be a correlation between inquiries with powers and the increasingly difficult economic circumstances facing our communities and individuals, noting that we have seen an increase in neglect and self-neglect as primary harm types.

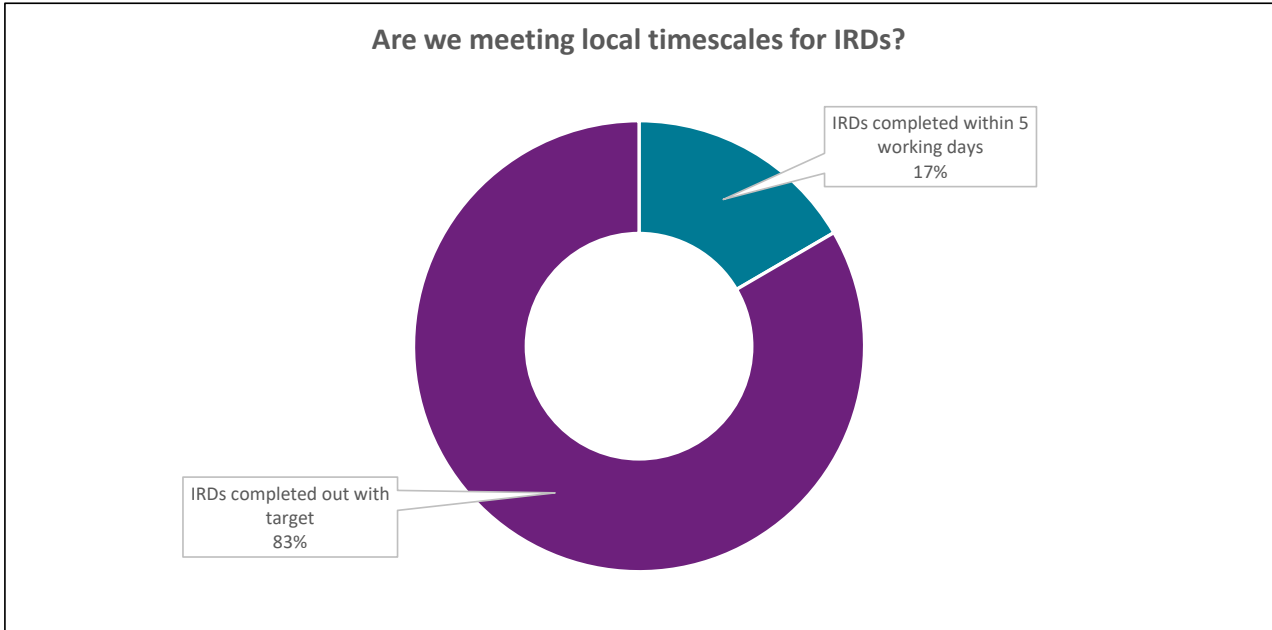


Analysis of the available data indicates that of 4,435 ASP referrals submitted across 2023/24 2,101 (1,218 without powers and 883 with powers) progressed to inquiry. This is a conversation rate of 47% referral to inquiry. This conversion rate is an approximate figure due to the timing of the extraction of data - referrals received on the last day of the reporting day may not have had an outcome recorded and inquiries that began at the start of the reporting period could be linked to a referral at the end of the previous year. This is new data for the 2023/24 report; therefore, we do not have comparison data from previous years.

Local Timescales

(source LAS)

Fife HSCP Social Work Adult Support and Protection Guidance indicates that IRDs should be carried out within 5 days of the report of harm being received. This is a local timescale, rather than a national timescale. The below chart indicates that 83% of IRDs across 2023/24 were concluded out with the 5-day timescale.



This is an indication of the impact of the increasing ASP workload on our social work workforce, alongside considerable recruitment and retention challenges. For our adults this means that our teams are robustly screening ASP referrals and prioritising based on risk and progressing all required safety actions as soon as they are identified. However, the formal write up of the IRD on Liquidlogic is not being concluded within the 5-day timescale. This matter is discussed with the Social Work Team Managers during our ASP Team Manager Meetings and Team Managers consistently acknowledge the priority of screening and allocation of risk. Reasons for delays are regularly reviewed and include:

- Access to the required information from inter-agency partners
- Complexity of the inquiry
- Workforce capacity

Fife HSCP Social Work Adult Support and Protection Guidance indicates that inquiries progressing with investigatory powers, should be carried out within 10 days from the start of the investigation to the conclusion. This is a local timescale, rather than a national timescale. The data available indicates that 62% of inquiries with powers are completed within timescale.

Are we meeting local timescales for Investigations?



This data evidences the workforce commitment to prioritise investigation activity and practitioners can escalate to Team Managers/Service Managers when there is a risk associated to the investigation not being completed within the timescales. Reasons for delays are regularly monitored and include:

- Suitable date and time to meet the adult/carer/proxy.
- Access to the required information from inter-agency partners
- Complexity of the investigation
- Workforce capacity

Demographics and Descriptive Data – inquiries with powers (Source LAS)

In 2023/24 44% of inquiries with powers were for men and 56% were for women, with the age range of 40-64 being the highest for both male and females. There is no change in this trend. The population of Fife consists of 311050 adults over 16 years (National Records of Scotland 2021) indicating that ASP activity is not proportionately progressed across age ranges.

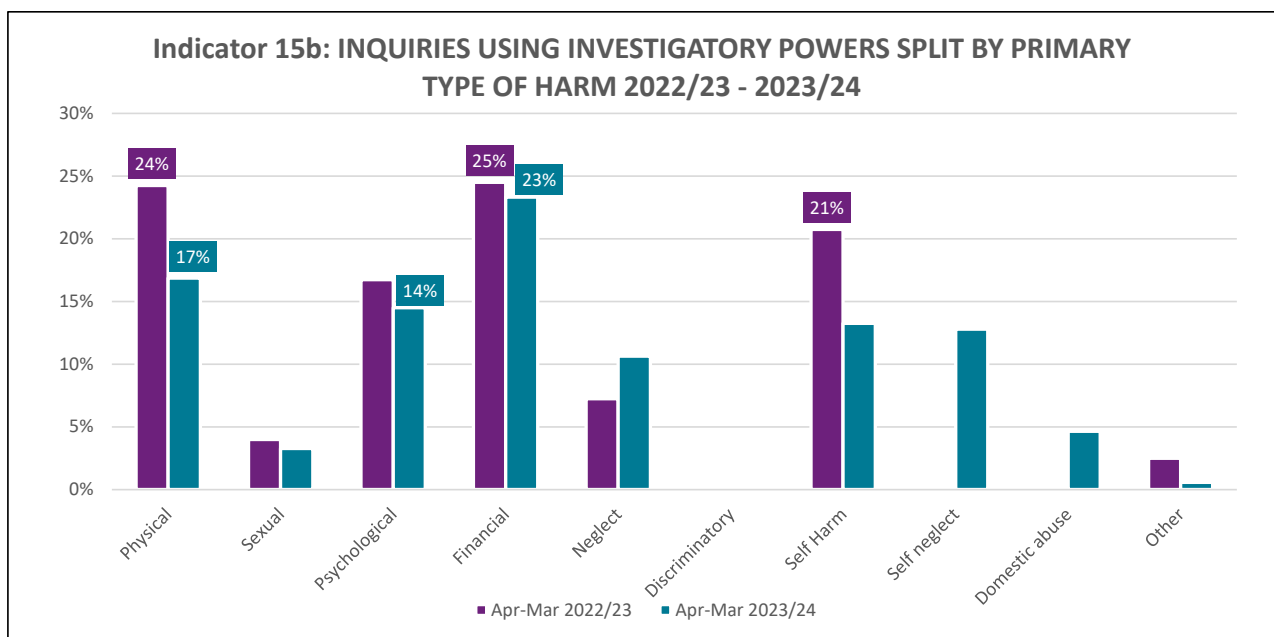
Indicator 13b:	AGE GROUP AND GENDER			
	Male		Female	
	Apr-Mar 2022/23	Apr-Mar 2023/24	Apr-Mar 2022/23	Apr-Mar 2023/24
16-17	0%	1%	1%	2%
18-24	6%	3%	5%	5%
25-39	6%	7%	10%	11%
40-64	16%	19%	23%	17%
65-69	3%	3%	3%	3%
70-74	3%	2%	3%	4%
75-79	3%	3%	3%	5%
80-84	4%	3%	6%	4%
85 +	2%	3%	5%	5%
Not known	0%	0%	0%	0%

Of those subject to an inquiry with powers in 2023/24, 77% had an ethnic category of White. This was followed by Not known at 22% and Other ethnic group at 1%. The population of Fife consists of 374,730 indicating that ASP activity is not proportionately progressed across ethnicities.

Indicator 14b:	Apr-Mar 2022/23	Apr-Mar 2023/24
White	345	675
Asian, Scottish Asian or British Asian	1	0
African, Scottish African or British African	1	0
Other ethnic group	4	12
Not known	49	196
Total	400	883

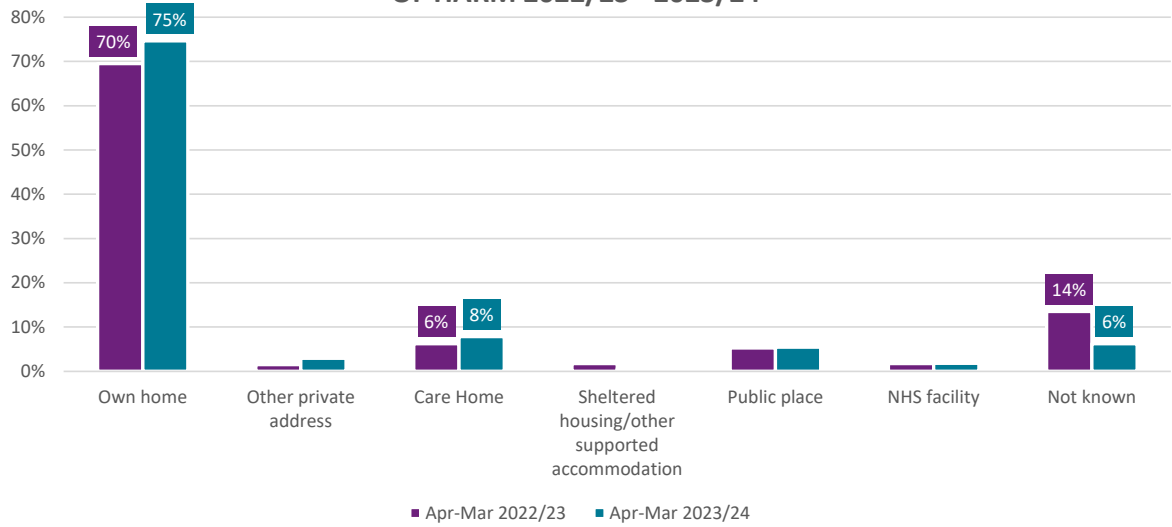
During 2023/24, the most notable primary types of harm were financial harm, physical harm and psychological harm, accounting for a total of 55% of inquiries with powers. There is no change in this trend. Nationally, physical harm was the most common type of harm reported in 2021/22 (ASP Scotland Experimental Statistics 2021/22).

Social Work Services have observed a significant increase in hoarding as a primary harm type and this will be closely monitored and reviewed across 2024/25 with appropriate learning actions being identified.

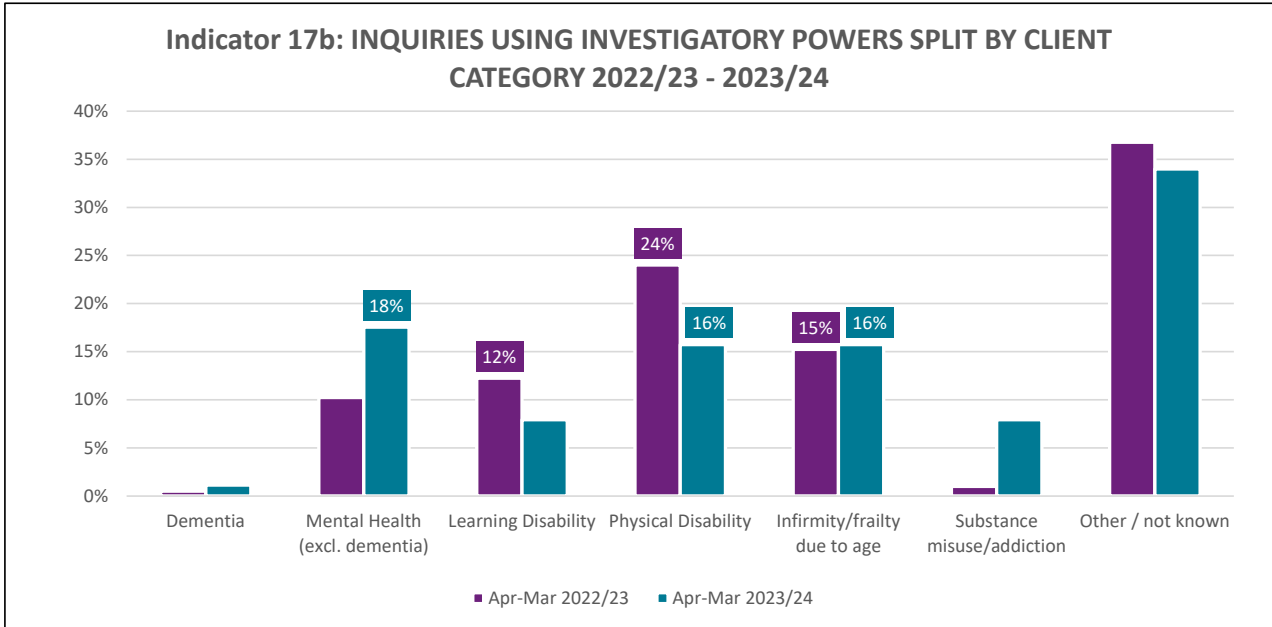


- The most frequent location of harm continues to be the individual’s own home, accounting for 75% of the ASP inquiries with powers in Fife during 2023/24 (659 of 883). This is an increase on the proportion observed in the previous year of 70%. Care Homes follow at 8% and Not known at 6%. Own home, Care Homes and Not known are comparable as the highest figures observed during 2022/23. During 2021/22, an estimated 60% of harm reported in Scotland occurred in individuals’ own homes. This was followed by 18% in Care Homes (ASP Scotland Experimental Statistics 2021/22).

Indicator 16b: INQUIRIES USING INVESTIGATORY POWERS SPLIT BY LOCATION OF HARM 2022/23 - 2023/24



- Where recorded, Mental Health (18%), Physical Disability (16%) and Infirmity due to age (16%) were the notable primary client categories for adults subject to ASP inquiries with powers in Fife in 2023/24. Physical Disability, Infirmity due to age and Learning Disability recorded the majority during 2022/23. Nationally, “Mental health” (19%) and “Infirmity due to age” (18%) were the top primary client categories for people subject to ASP investigations in 2021/22 (ASP Scotland Experimental Statistics 2021/22).



Inquiries where no further ASP action is taken

(source NFA audit May 2024)

In order to provide assurance of a robust social work approach to inquiries where no further ASP actions were taken, the first NFA IRD audit took place in May 2024. The findings of this report indicate that:

- The 3-point criteria was correctly applied in 82% of IRDs analysed.
- Auditors reported 82% of IRDs evidenced no further action under ASP was required and that this was an appropriate and proportionate outcome.
- Auditors reported 89% of IRDs evidenced clear and ongoing actions following the no further action, evidencing that NFA in relation to IRD did not mean that the adult was unsupported. The sample population recorded a total of 72 remaining involvements with services after the no further action. 35% of cases had ongoing SW involvement.

An improvement plan has been created based on the themes that emerged from the audit and will be managed and reviewed with the ASP Team Managers Meetings and reported on via QMAG. The improvement plan focuses on:

- Improved recording to ensure that use of alternative legislation is clearly considered and where appropriate, applied.
- Improved recording to ensure that the decision to take NFA is agreed by participants and if not, why.

- Improved use of LAS chronology tool, with the development of a chronology aide-memoire.

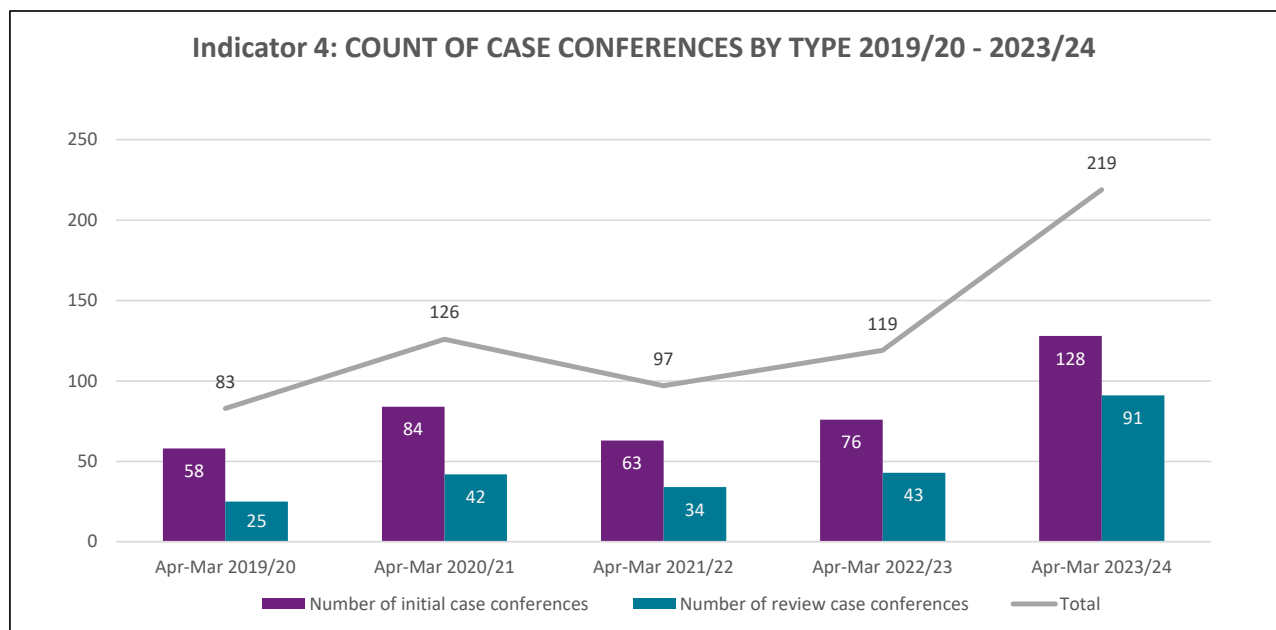
The NFA IRD audit will be progressed annually as part of a suite of ASP audit activity.

ASP Case Conferences

(Source: SW Service)

Where inquiries with powers conclude that the 3-point criteria is met, and it is least restrictive for the adult, an ASP Case Conference can be convened to bring partners together, along with the adult and/or their proxy, to discuss how best to offer support to increase the adults safety within their home/community.

In 2023/24, 219 ASP case conferences were held in Fife. This total is comprised of 128 initials and 91 review case conferences.



This is an increase of 100 (+84%) from 2022/23 to 2023/24. This is a significant increase in Case Conference activity and suggests:

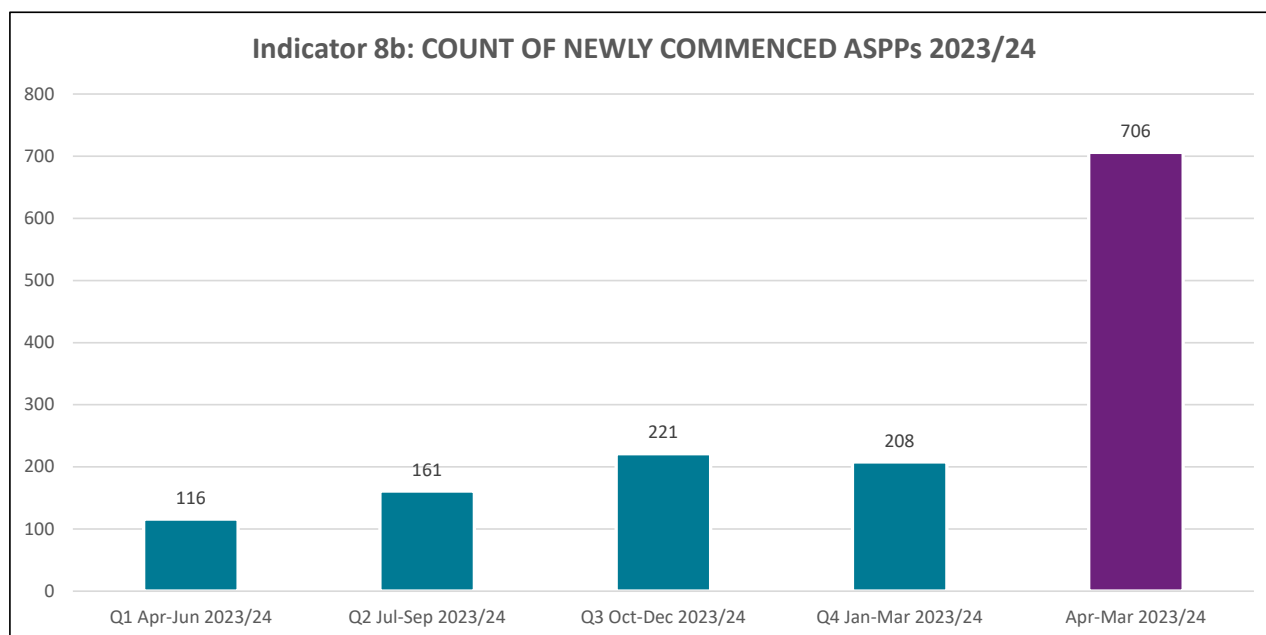
- the number of individuals who require an ASP legislative framework on an ongoing basis to support their safety and well-being has increased.
- Our workforce is taking every possible action under ASP legislation to support safety and well-being for the people of Fife.

The quality of decision making, in terms of whether a case progresses to case conference, the quality of the case conferences and the decision making within these are all considered within existing auditing measures. The Inter-agency audit 2023 recorded 85% of case conferences sampled effectively determined what needed to be done to ensure the adult at risk of harm was safe, protected and supported.

ASP Plans (ASPP) (Source LAS)

An ASPP can be completed at any point in the adults ASP journey, in Fife plans are actioned at the investigation stage. An ASPP is a set of actions and strategies agreed with the adult, their proxy and the multi-disciplinary team involved and put in place to support the adult and reduce their risk of harm.

The number of adults being supported by an ASPP during 2023/24 was 706. There is no comparable data to previous years. Of the 883 inquiries with powers, it is positive to see that 80% of these adults were supported by protection plans. This conversion rate is an approximate figure - plans with a start date at the beginning of the reporting period may be linked to an inquiry that began at the end of the previous year. During 2024/25 individual audit activity will be progressed to analyse the quality of ASPP, with improvement actions identified as appropriate. This work will be reflected in the 2024/25 SW ASP Annual Report.



Protection Orders

There were no ASP protection orders granted in 2023/24 in Fife which is consistent with the previous year. Fife Social Work Services are proactively working to ensure that we do not miss opportunities to support adults who are at risk of harm by progressing protection orders. Temporary banning orders with power of arrest and banning orders with power of arrest were the two most common protection orders used in Scotland in 2021/22, 38% and 32% respectively (ASP Scotland Experimental Statistics 2021/22).

To support workforce confidence and learning in this area we purchased bespoke Protection Training across 2023/24. This training was full to capacity on each occasion and received hugely positive feedback. We intend to prioritise finance across 2024/25 to run two further bespoke events.

Advocacy

There is a duty for social work to ensure advocacy is offered to 100% of adults who are supported to go through an ASP investigation. For 2023/24 this would have been 883 offerings of advocacy. This detail is not currently captured and therefore an action has been taken to ensure this is captured across 2024/25, where reflection on our compliance will be available in the next annual Social Work ASP Report.

Outcomes

The 2023 Inter-agency audit, which reviewed the journey of 46 adults who have gone through an ASP journey progressing to investigation, reported 57% of the cases sampled evidenced an improvement in the individual's circumstances because of their journey. The audit highlighted that:

- Individuals primarily feel they are safe and protected.
- Multiple positive outcomes have been recorded with Multi-agency and Social Work recording a majority of 54% each.
- Key strengths recorded ranging from 'multi-agency working, advocacy offered, fully supported, focused on service users' needs and process fully applied'.

Work is ongoing to continue to enhance and explore all opportunities for feedback from people with lived experience of the ASP journey, to ensure that we take all possible actions to

achieve best outcomes, alongside the people we work with. The detail of this feedback will be contained in next years report, along with actions we have progressed or plan to progress to act on the feedback provided.

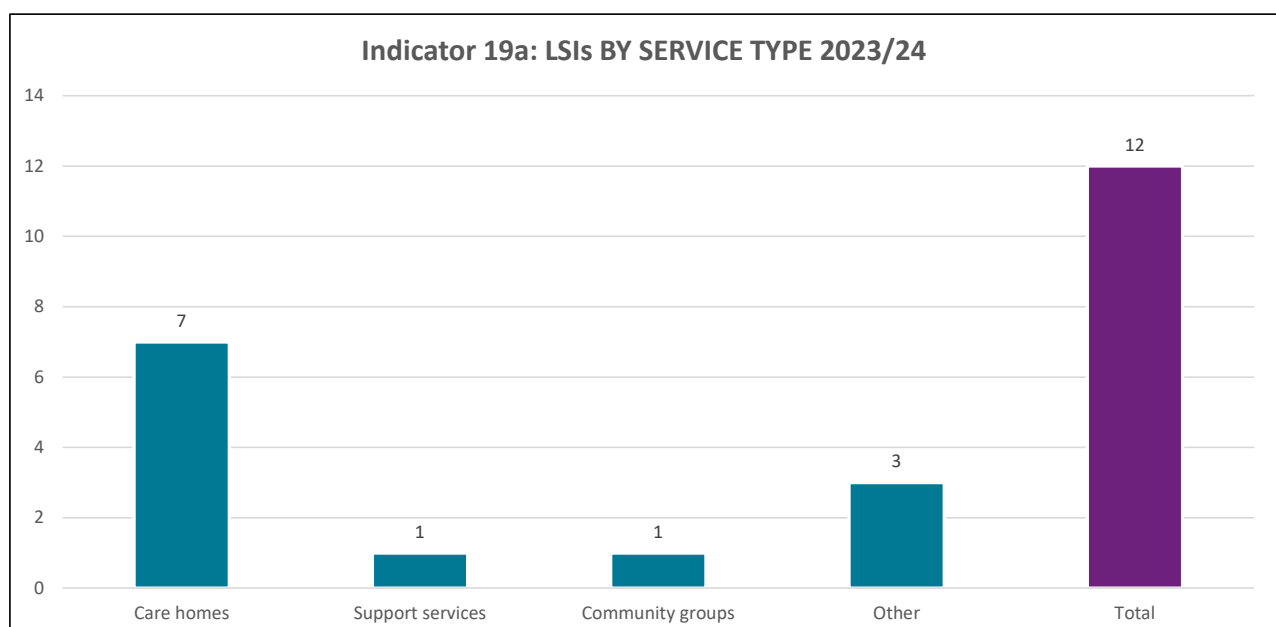
Large Scale Investigations

(Source: SW Service)

An LSI is conducted when it is suspected that more than one adult in a given service may be at risk of harm. This may relate to adult residents in a care home, supported accommodation, an NHS hospital or other facility, or those who receive services in their own home. The risk of harm may be due to another resident, a member of staff, some failing or deficit in the management regime or in the environment of the establishment or service.

In 2023/24 improvements were made to the LSI Guidance to include a group of adults who may be at risk of harm in the community as a result of one individual or a group of individuals, thus giving a forum for consideration of LSI actions that can be taken to reduce this risk. This addition to the LSI guidance has had a significant positive impact and has enabled a number of LSI's to be progressed to allow a framework to support and reduce harm in the community setting.

During 2023/24 there were 12 full LSIs in Fife. Care homes account for 7 followed by 3 recorded as individuals targeting multiple adults (other) and 1 each for both Support Services and Community Groups. LSI IRDs will be captured during 2024/25 to allow us to audit LSI activity where full Investigations did not take place.



The data will continue to be monitored and compared to the national data going forward. There is national data of a total of 83 full LSIs for Scotland in 2021/22 but it is noted that Covid may have affected this figure.

The improvement plan from the benchmarking LSI Audit 2020-2022 has been completed by Social Work Services. The learning themes/actions included:

- Improvement of information sharing prior to LSI IRD. Aide memoire and process maps created to support improved practice in this area.
- Improved use of chronologies to support decision making. Aide memoire and process maps created to support improved practice in this area.
- Recording of information. Guidance document created to support confidence and consistency.
- An additional LSI section has been added to the Council Officer Training to ensure that LSI practice and procedure are embedded from the earliest stages of ASP practice.

The Biennial LSI Audit is due to take place in August 2024 and will allow us to review the impact of these actions. A report will be submitted to QMAG with the findings and improvement actions following.

Learning Reviews

Learning Reviews are carried out when there is suspected multi agency learning after a significant event involving someone who may be identified as at risk of harm or involved in ASP procedures at the time of the significant event. During the course of 2023/24, social work services have taken part, via ASPC Case Review Working Group, in 14 Learning Review Trigger discussions. None of these discussions have progressed to full Learning Review. All discussions have resulted in a learning plan, which social work services have contributed to. Of these learning plans 3 are completed, 2 required no learning plan due to positive practice being identified, 2 are drawing to completion and the rest are being progressed. Key learning themes include:

- Transitions
- Hoarding
- Non-engagement
- 3-point criteria not being met

In addition to this, Social Work Services have contributed to and concluded the identified learning from the Biennial Thematic Review of Learning Reviews 2021/2022. The learning actions included:

- Increased usage of 7-minute briefings to raise awareness of particular learning points and to ensure that good practice is also highlighted across the service. As noted above, social

work services have embraced this learning action and continue to develop a suite of 7-minute briefing tools.

- The Learning Review thematic report identified hoarding as a particular theme, an extension to the Learning and Development Working Group was recommended, a SLWG for Hoarding. Social Work Services have representation on this group. We have also taken considerable action to review the Hoarding Guidance, based on practice experience, to recommend actions that will improve engagement opportunities and outcomes. This work is ongoing.

The next Thematic Review will take place at the end of 2024, covering 2022/2023 and Social Work Services will progress and contribute to the learning plan following.

Social Work ASP Procedures

The Social Work ASP Procedures have received a number of key additions over the year 2023/24 to ensure best ASP practice and incorporate learning. The enhancements include:

- Enhanced LSI procedures
- Hoarding Guidance
- Adult Case Conference Guidance
- Embedding use of Protection Orders through use of training
- ASP Inquiry with use of Powers paperwork refreshed

The full Social Work ASP Procedure is currently being reviewed and updated in line with the biennial review. Key additions and improvements will relate to:

- The inclusion of the adult at the earliest stage in the ASP journey, in line with the updated codes of practice
- Vulnerable Young Persons Guidance
- Review of Multiple Report of Harm Guidance
- Review of Escalation and Engagement Guidance
- Consideration of our local timescales
- Aide memoire on use of chronologies
- Review of IRD Aide memoire

Social Work ASP Audit Activity

Fife HSCP social work services take forward a suite of ASP audit activity annually. Social work services progressed single agency audits relating to 2023/24 data for:

- NFA IRD
- Reclassification

And inter-agency audits relating to:

- Inter-agency ASP audit
- Learning Review Theme Report

Audit activity planned for 2024/25 includes:

- Audit of the use of Adult Case Conference Guidance (Quarter 1 2024/25)
- Biennial Audit of LSI (2022/24)
- The thematic review of Learning Review's Triggered across 2023/24
- Inter-agency annual audit – October 2024

Our audit activity has identified strengths in our social work practice relating to:

- Positive communication between partner agencies
- Interagency ASP guidance being followed
- In 82% of cases considered within the interagency audit, social work involved all relevant partners within the Inquiry without use of Powers
- It was evident from 91% of the files considered within the interagency audit that the sharing of information from social work to interagency partners was effective and 94% shared appropriately. Sharing effectively records a 32% increase from 59% in 2022.
- In 86% of cases considered within the interagency audit, social work evidenced the creation of an interagency chronology in line with updated ASP guidance.
- Within the single agency NFA Audit, 82% of cases reported there was evidence to support no further action under ASP legislation
- Within the single agency SW NFA audit identified that 89% of cases evidenced clear actions following the decision for no further action.

And area for improvement in our social work practice relating to:

- We require to evidence compliance that 100% of adults who progress to investigation are offered advocacy as part of their journey.
- 39% of IRDs recorded no evidence to support that the NFA decision was mutually agreed by agencies. Actions will be taken to ensure robust recording across 2024/25 with audit activity being reported in the next Annual Report.

We have active improvement plans for:

- IRD NFA
- Inter-agency ASP

With audit findings to be collated and completed prior to improvement plan being created for Reclassification.

During 2023/24 we have successfully concluded social work action plans in relation to:

- LSI (themes and actions as above)
- Learning Reviews (themes and actions as above)

Future Planning and Improvement Actions

Based on the information and data contained within this report, Fife Social Work Services intend to take forward a number of actions to support best practice and improve outcomes for the adults we work with. These actions include:

Liquidlogic

- Adult and OP Social Work Services have protected funding to secure an 18-month post to support frontline staff with face to face training and support, which will allow us to improve consistency of recording and in turn evidence areas of improvement.

ASP Training

- Inhouse ASP training officer post currently out for advert as external trainer has retired.
- Continue to build upon our suite of robust ASP Training and create new material for our workforce based upon practice experience and need.
- Monitor workforce ASP training to ensure our practitioners are fully skilled and equipped to progress ASP practice.

7-minute briefings

- 7-minute briefings will be progressed on a monthly basis, ensuring that practitioners are up to date on new trends, policy, procedures and ASP themes and allowing a suite of 7-minute briefings to be available to new staff.

Social Work ASP Team Managers Meeting

- Continues to be held monthly and to focus on: highlighting and sharing good practice; identifying new trends and themes and ensure we approach these consistently; discussing difficult cases and collectively considering what alternate/additional steps we can take to support; analysis data; staying abreast of policy change/update; managing learning and improvement plans.

Referrals

- Where reclassifications identify themes in referrals, these will be raised with partner agencies to support mutual understanding of ASP referral threshold and practice improvement.

IRDs

- Time scales relating to IRDs have not been consistently met. IRD timescales will be reviewed to establish if the current timescales are optimal in ensuring best outcomes for the people we work with. We will do this by identifying the key reasons timescales are not met (consulting with the workforce), reviewing a sample of IRDs out with timescale and the impact on the ASP journey, analysing the benefit of timescale extension and the potential consequences of this.
- Bespoke LAS training, including recording of an inquiry type, has been rolled out across the Adult's and Older People SW service in 2023/24. The purpose of this is to ensure our workforce are confident in recording ASP activity consistently and timeously. We anticipate seeing improvement across all audit activity in recording and timescales as a result of this training.

Investigations

- Continuation of working group and regular meetings between ASP team, Social Work, Workforce Development and SWIFT replacement team to ensure that the LAS system can effectively record and report on counts, outcomes and nominal demographics from ASP investigations. This will allow us to continue to focus our learning and target improvement areas. This will also allow us to monitor and review our compliance in the offer of advocacy and take improvement action where required.
- Continue to extend the inclusion of second officers from across services.

Harm Types

- Financial harm remains the most common type of principal harm leading to an ASP investigation in Fife during the period 2023/24. Fife Social Work Service to support

awareness raising activities and fresh learning in relation to this given the continued increase in this type of harm.

- Social Work Services have observed a significant increase in hoarding as a primary harm type and this will be closely monitored and reviewed across 2024/25 with appropriate learning actions being identified.
- All types of harm now captured in the system alongside the primary type. Analysis can begin to allow trends to be identified. Hoarding can now be recorded as a harm type which is important given its increase within Fife.

ASP Case Conferences

- Concise guidance sheet for use by team managers to be created relating to which information to record about case conferences. This can be used to ensure consistency of approach across teams, ensure data is directly comparable year-on-year and assist with LAS discussions. This should be accompanied by a simple table / spreadsheet to capture data required for internal performance and statutory reporting. Q1 2024/25 captured through MS Forms.
- Ways to enable the consistent and accurate recording and extraction of case conferences on the new LAS case recording system will be considered as a priority to enable robust and timely data is easily available to facilitate regular performance monitoring.

ASPP

- Audit activity will be progressed to review the quality of our ASPP and identify any areas for improvement. This will be a benchmarking activity that will be carried forward annually.

Protection Orders

- We intend to prioritise finance across 2024/25 to run two further bespoke events to increase confidence of our social work practitioners in identifying and taking forward the appropriate use of protection orders.

Outcomes

- Actions will be taken to further promote the capture of service user/POA/proxy feedback on ASP process. This will include the embedding of our feedback questionnaire, contact with adults/POA/proxy during audit activity to ensure they have a variety of opportunities to engage and share their experiences.

Advocacy

- Improve recording of advocacy being offered, aiming to achieve the offer of advocacy for 100% of adults who experience ASP journeys.

Large Scale Investigations

- Ways to enable the consistent and accurate recording and extraction of LSIs on LAS are being considered as a priority to allow robust and timely extraction to facilitate regular performance monitoring. This will improve our ability to identify themes, trends and occurrences within individual settings or services.
- LSI Biennial Audit to take place in August 2024 covering the previous two financial years and will monitor invites, background information forms, chronologies, agendas, minutes, action plans and reports, to ensure our compliance with the guidance.
- LSI IRDs will be captured going forward to allow us to audit LSI activity where full investigation did not progress.
- Continued awareness and embedding of the use of Community LSI procedure with an audit activity relating to outcomes and effectiveness.

Learning Reviews

- The 2022/23 Thematic Learning Review is due to take place in 2024. Following completion, the improvement actions identified will be progressed via a social work improvement plan and monitored via ASP TM Meeting.

SWS ASP Procedures

- SWS ASP Procedures are currently being reviewed and updated, with roll out scheduled for September 2024. The procedures will include improvements to practice based on the updated Codes of Practice and inclusion of the adult at the earliest opportunity. Learning from audit and data over 2023/24 will also be incorporated into the updated guidance.

Social Work ASP Audit activity

- Reclassification audit report will be concluded and aligning improvement plan drafted and progressed.
- Audit of Adult Case Conferences to take place during 2024/25 as benchmarking activity, to focus on:
 - use of the guidance where the 3-point criteria is not met – we aim to identify improvement actions to ensure the guidance is being robustly applied.
 - the triggering agency, to ensure that where social work is not the triggering agency, we are robust in our contribution.



Fife Health & Social Care Partnership

Supporting the people of Fife together

Meeting Title: Integration Joint Board

Meeting Date: 4th December 2024

Agenda Item No: 10.3

Report Title: Workforce Strategy Action Plan Year 2 Report 2023-24:
Year 3 Workforce Action Plan 2024-25: Annual Whistleblowing Report 2023-24

Responsible Officer: Lynne Garvey, Director of HSCP, Chief Officer of IJB

Report Author: Roy Lawrence, Principal Lead for OD & Culture
Dafydd McIntosh, OD & Culture Specialist

1 Purpose

This Report is presented to the Integration Joint Board for:

- Assurance
- 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:

- Local
- Sustainable
- Integration
- Wellbeing
- 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.

In addition to a huge range of individual meetings and sub-group meetings to support the creation of this report and appendices, key meetings were:

- CCS Management Team meeting – May 2024
- HSCP Workforce Strategy Group -July 2024
- HSCP Workforce Strategy Group – August 2024
- A wide range of individual meetings with Leads throughout 2024
- Care Home Collaborative 17 June 2024
- Care at Home Collaborative 27 June 2024
- Scottish Government Workforce Planning Group – August 2024
- Primary & Preventive Care Management meeting – September 2024
- Partnership Whistleblowing Group Meetings 2023-24
- Audit & Assurance Committee March 2024 (Whistleblowing)
- Strategic Planning Group 07 November 2024
- Qualities & Community Committee 08 November 2024
- Local Partnership Forum 12 November 2024
- Finance, Performance / Scrutiny Committee 12 November 2024

3 Report Summary

3.1 Situation

This Report and Appendices cover the key Annual Workforce Reports required by the Integration Joint Board, covering:

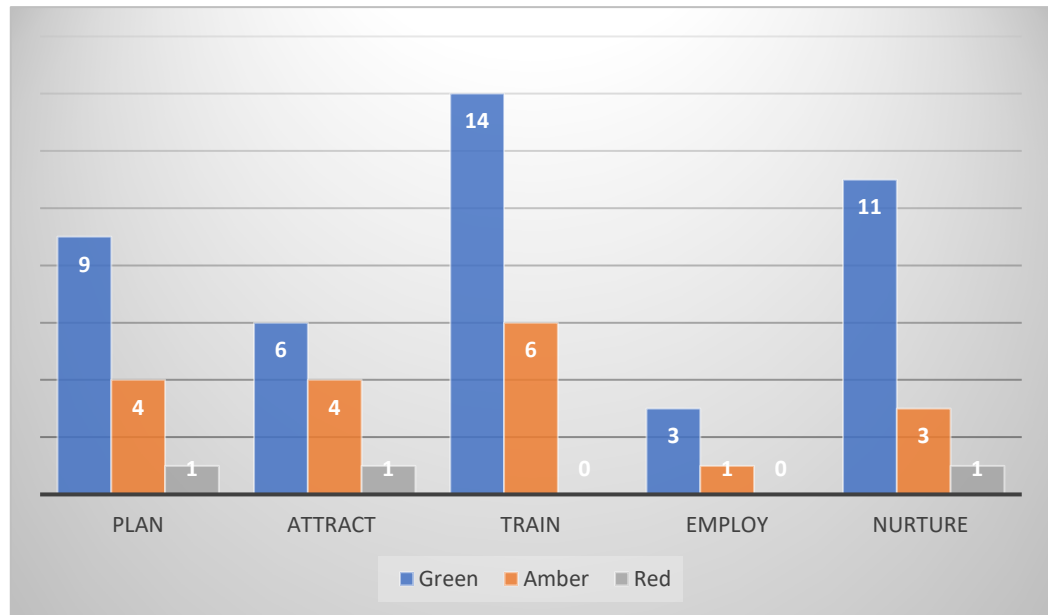
- **Year 2 Workforce Annual Report 2023-24 (Appendix 1)**
- **Workforce Strategy 2022-25 Summary Actions Report (Appendix 2)**
- **Year 3 Workforce Action Plan 2024-25 (Appendix 3)**
- **Annual Whistleblowing Report 2023-24 (Appendix 4)**

This work aligns with the Partnership's Strategic Plan 2023-26 and the underpinning strategies, alongside our Medium-Term Financial Strategy and associated transformation work set out by our Operational and Professional Leads.

The **SMART Plan for Year 3** was co-designed in collaboration with around 50 Leads across the Partnership, describing what we aim to achieve, what success will look like for each of the actions and how we will know if we have achieved that aim.

The Action Plan is updated using responses from the Leads for actions as set out in the Plan and will report to Finance, Performance & Scrutiny Committee in May 2025 for a mid-year review, then to IJB and Committees in November 2025. This format was welcomed by the IJB, LPF, and standing Committees as an effective method of distributing the

leadership and ownership for actions to the right people in the system, building a collaborative approach to our workforce strategy delivery. The Year 2 Workforce Action Plan 2023-24 contained 64 identified priorities and achieved a 67% completion rate with the remaining actions carried into Year 3.



As requested by our Internal Audit in 2023 and delivered to the LPF & IJB in November 2023, we are again providing an overall **Summary Actions Report** which provides an ‘at a glance’ overview of our performance related to the short and medium-term actions set out in our original Workforce Strategy & Plan 2022-25.

3.2 Background

The **Year 2 Workforce Action Plan 2023-24** is the responsibility of the Integration Joint Board and was endorsed in November 2023. Our Annual Workforce Plans are live documents that are flexible, adaptive and able to respond to change. The overarching Workforce Strategy 2022-25 complements Fife’s NHS Workforce Plan, Fife Council’s Our People Matter Strategy, the future Fife Population Wellbeing Strategy, and the Scottish Government’s National Workforce Strategy.

In line with the Scottish Government guidance DL 2022(09), a Workforce Strategy Group was set up to co-produce the Strategy with representatives from the whole Partnership, including the NHS Fife Workforce Team, Fife Council Workforce representatives, Independent Sector, Third Sector, HSCP Senior Managers, Trade Unions and staff side colleagues, HR Business Partners, and Fife College. The progress of the Action Plan content developed by the Leads for each action is reported to the overarching Workforce Strategy Group as a standing agenda item for oversight of the ongoing work. The SLT Leads for all Committees and LPF Co-chairs are all members of the Workforce Strategy Group.

In 2023, the Workforce Strategy and Annual Plans were subject to Internal Audit, which provided ‘reasonable assurance’ and excellent feedback on

the work done to deliver our Strategy. The Audit findings were presented to Finance, Performance & Scrutiny Committee in March 2024. All findings have now been concluded with the Year 2 Workforce Annual Report setting out work done to generate the required workforce data and ensuring we are prepared to meet the requirements of the Scottish Government's Three-Year Workforce Plan 2025-28 guidance, all of which is captured in the Year 2 Annual Report.

It was agreed at the IJB in 2023 that the Partnership would begin to provide **Annual Whistleblowing Reports** to meet the requirements for IJB's under the National Whistleblowing Standards Part 8. An Interim, Mid-Year Report was presented to Audit & Assurance Committee in March 2024 for feedback on approach, content, and style. This received very positive feedback, including from our Auditors and has formed the basis of the Annual Report presented here.

3.3 Assessment

As the reports have progressed through SLT, LPF, Strategic Planning Group and standing Committees, there has been excellent engagement from members and a range of feedback has been received that has been incorporated into these final reports. For members who have already scrutinised the reports at previous Forums, the changes to the documents are:

Appendix 1 – Year 2 Workforce Annual Report 2023-24

- Glossary added – page 5
- Page 11 – Key action 2- Added additional wording to reflect that this work '*mirrors the way NHS Fife calculate the workforce data*'
- Page 15 - Health Care Staffing Act replaces HCSA
- Page 20 – inclusion of the word 'back' so that the context paragraph now reads, '*This includes demonstrating access to career opportunities which can attract back people with experience*'
- Page 21 - Amended last sentence on Key Action 3 to include progression data
- Page 24 - Removed duplicated line
- Page 24 – included a new section titled **Attract Back**
- Page 31 – Included additional information on unpaid carers and shared lives.

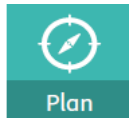
Appendix 2 - Workforce Summary Report

- Pages 2-15 - a RAG status has been included.
- Page 2 – The action progression graph has been updated.
- Page 4 - Workforce Summary Report – Sentence adapted to read – 'This includes cessation of Agency nursing unless by exception and a reduction in use of agency spend from £7.5 in 2022/23 to £4.3 in 2023/24'

Appendix 3 - Year 3 Workforce Action Plan 2024-25

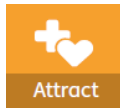
- Page 16 – added a new action related to the sustainable workforce aligned to the Mental Health Strategy.

As with the Workforce Strategy and Year 2 Workforce Action Plan, the Year 3 Workforce Action Plan is centred on the 'Five Pillars', established in the National Workforce Strategy and a RAG status is applied against each action. As demonstrated in the Action Plan Report there is wide range of excellent work completed to delivery on our priorities. Key performance area over the year include:



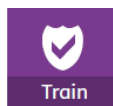
Examples of actions completed include:

- Readiness for the Health Care (Staffing) Act (Scotland) 2019, including chapter testing for part 2 of the Act (NHS) and completing a self-assessment for Part 3 of the Act (care services).
- A reduction in supplementary staffing in the nursing workforce.
- Formation of the Independent sector collaborative and cooperation and the work plan finalised.



Examples of actions completed include:

- Development of the postgraduate teaching programme and establishment of a bimonthly forum with the Clinical Lead for Education and Training.
- Implementation of a communication strategy to inform and support the regulated workforce to act on the new legislative requirements introduced by the regulatory body.
- Implement a revamped approach to the Foundation Apprenticeship delivery model with schools to improve the progression rate into the HSC sector.



Examples of actions completed include:

- Completion and launch of refreshed Newly Qualified Social Worker forum centred on the first year of practice and aligned with the regulator's requirements.
- Development of the Healthcare Support Care Worker role to improve capacity to meet patient demand within the Medicine of the Elderly non-person dependent model.

- Securing 42 Fife young people to attend placements in Fife for the ScotCOM programme, including marketing of the programme on the DYW platform and carousels development in advanced planning stages.



Examples of actions completed include:

- Launch a Partnership Specific Induction related digital resource with Partnership employers.
- Develop a Primary Care Workforce strategic oversight group, with specific focus on improving sustainability.
- Develop resource on the new HSCP website, with content related to workforce specific professional standards, news, job opportunities, staff stories and job spotlights.



Examples of actions completed include:

- Introduce quarterly Lead Nurse development sessions with a view to proactively develop their own wellbeing including conducting a review of the Open professional forum to measure its effectiveness.
- Develop a Wellbeing Action plan underpinned by the wellbeing action group with focus on activity identified via the Hull University survey.
- Deliver engagement sessions including a consultation exercise to inform a sustainable Action Plan, which is reflective of the workforce views related to Equality Diversity and Inclusion.

Whistleblowing Annual Report 2023-24:

Included for the first time is the Partnership's Annual Whistleblowing Report. The Report sets out the policies, procedures, specific arrangements to meet whistleblowing standards, training, and support for staff in some detail. Through our collaborative Whistleblowing Group, which includes colleagues in NHS Fife and Fife Council who are responsible for the corporate policies and procedures, alongside the NHS Whistleblowing Champion Non-Executive Board member, the NHS Employee Director and Fife Council's Joint Trades Union Secretary, our colleagues in NHS and FC have tried to align their approaches as much as possible to support the IJB meet the requirements of part 8. This paper describes the work being done by both partners to achieve this assurance. The Group continues to work together, and an objective has been set for 2024-25 to address the challenge of multi-disciplinary settings within the Partnership.

3.3.1 Quality / Customer Care

There is direct correlation to the Workforce Strategy, Annual Workforce Plan's and Whistleblowing work and the quality of our care delivery to and for the people of Fife. Maintaining the right balance between our 'Quadruple Aim' of Quality, Finance, Workforce and Performance is critical to the quality of services we provide and the sustainability of the Partnership into the future. The Partnership's commitment to our workforce and ensuring they are equipped to deliver quality services is evident throughout the Reports in the appendices through our work to Plan for, Attract, Employ, Train and Nurture our existing and future workforce as well as ensuring they are safe and protected should they feel they need to whistle blow. The quality of the provision we put in place to support our workforce will directly impact on their capability and capacity to deliver quality services to the people of Fife. The Reports attached describe the huge range of initiatives the Partnership has co-created with our workforce and key stakeholders to try to ensure we can maintain the quality aspects alongside the other areas of the quadruple aim.

3.3.2 Workforce

The challenges faced by our workforce within the health and social care professions continue to drive our workforce plans and the work contained within these reports. From wellbeing, to development, to career pathways, to the impact of the financial situation our workforce, and the workforce we want to attract for the future, are having to show resilience, dedication and commitment every day to ensure the Partnership can deliver the services it needs to deliver and achieve the goals set out in our Strategic Plan. The work contained within the appendices demonstrates the Partnership's commitment to getting it right for our workforce to support them with the challenges they face. We will continue to listen to the voice of our workforce in the range of connections we make, and to the voice of our LPF as their strongest advocate.

The plan aligns to the Workforce Strategy supporting what we need to achieve through transformation and service delivery and renews the commitment to positive staff experience in Fife Health and Social Care Partnership. The progress set out in the Plan demonstrates the challenges and opportunities to support our current workforce, whilst building opportunity for the future workforce. The plan recognises the role of NHS Fife, Fife Council, Third Sector, and Independent Sector as employers and as key partners in our Team Fife culture and Mission 25 ambition.

3.3.3 Financial

A significant proportion of delegated budget within the Health and Social Care Partnership is dedicated to workforce, although this is subject to the same financial pressures we are experiencing across the whole system. There are also resources within employer agencies to deliver the training, qualifications and ongoing practice development set out in the Plan to support the workforce. The Senior and Extended Leadership Teams have also supported commitment to Organisational Development and Culture activity, monitored through SLT governance processes.

Work with Fife College to date has allowed the Partnership to access qualifications worth over £200k without any cost to us.

The financial challenges we are facing as a Partnership will have an impact on ability to ensure we have the right workforce in the right place at the right time. Work to mobilise staff to lower our bank and agency costs, alongside a grip and control process on recruitment, will have a short-term impact on ability to grow our workforce. The financial backdrop continues to form the basis for re-examining our approach to the workforce strategy and our preparation for the next Three-Year Workforce Plan from 2025-28, the approach to which is detailed within the Annual Report.

3.3.4 Risk / Legal / Management

The development of the workforce is identified within the Integration Joint Board Strategic Risk Register: 'There is a risk that we do not have sufficient trained, skilled and experienced staff in the right place at the right time to deliver health and social care outcomes for the people of Fife.'

In March 2024 the Partnership undertook a 'Workforce Risk Deep Dive', which was brought to our Local Partnership Forum early for development before being presented to the Finance, Performance & Scrutiny Committee and recognised the significant external and internal challenges around workforce. The external factors are out with the control of the Partnership but still have a large impact on our ability to ensure the workforce of the future.

The Year 2 Workforce Annual Report 2023-24 and Year 3 Plan seeks to provide mitigation and assurance related to this risk by demonstrating the progress made to date. The delivery of the Plan is monitored by the Workforce Strategy Group.

3.3.5 Equality and Diversity, including Health Inequalities

An impact assessment has been completed in relation to the Workforce Strategy & Plan 2022-25 and was submitted alongside the document.

3.3.6 Environmental / Climate Change

N/A

3.3.7 Other Impact

N/A

3.3.8 Communication, Involvement, Engagement and Consultation

The Year 2 Workforce Annual Report 2023-24 and Year 3 Workforce Action Plan 2024-25 has been generated through the reports submitted by Leads for each action across the Partnership.

The Workforce Strategy Group have held the governance of this work, and members have co-designed the reports and plans contained within the SBAR and appendices.

Discussions have been held with all Leads as part of the Implementation Group including CCS Management Team, the Care

4.4 Recommendation

Assurance – This report and appendices detail the work done related to:

- The Partnership's **Year 2 Workforce Action Plan 2023-24**
- The co-design and production of the Partnership's **Year 3 Workforce Action Plan 2024-24**
- The collaborative design and delivery of the Partnership's first **Annual Whistleblowing Report 2023-24** with NHS & Fife Council partners
- The **Summary Report of Actions Workforce Strategy 2022-25**

The SBAR is designed to provide assurance to the IJB that the Partnership's performance is delivering real progress in a range of areas related to our ability to Plan for, Attract, Employ, Train and Nurture our existing and future workforce.

Discussion – The IJB are invited to discuss the activity within the report and appendices.

Decision – The IJB are also asked to endorse the SBAR and Reports attached and agree that they support the IJB to mitigate the workforce challenges faced by the Health & Social Care Partnership.

5 List of Appendices

The following appendices are included with this report:

Appendix 1: Fife HSCP Year 2 Workforce Annual Report 2023-24

Appendix 2: Fife HSCP Workforce Strategy 2022-25 Summary Actions Report

Appendix 3: Fife HSCP Year 3 Workforce Action Plan 2024/2025

Appendix 4: Fife HSCP Annual Whistleblowing Report 2023-24

6 Implications for Fife Council

Fife Council, as responsible employer for their workforce within the Partnership have been key to the development of the Year 3 Action Plan through workforce planning leads who support the delivery of these actions. The Council's Workforce Strategy, 'Our People Matter', which sets out the responsibilities for the Council in this area has been considered within the work to assure alignment. Fife Council representatives are members of the Workforce Strategy Group.

Fife Council employees are responsible for working closely with the workforce planning lead to ensure we are building a sustainable workforce for the future within Council services. Council leads will also need to work collaboratively with Partnership leads across the actions set out to achieve joint objectives in all areas of learning and organisational development, equality, diversion and inclusion and wellbeing.

7 Implications for NHS Fife

NHS Fife, as responsible employer for their workforce within the Partnership

have been key to the development of the Year 3 Action Plan and the Workforce Planning Team have crucial partners in this work. The NHS Fife Workforce Plan 2022 – 25 sets out the priorities for the NHS and this has been considered to assure alignment. NHS representatives are members of the Workforce Strategy Group.

NHS workforce planning leads are responsible for working closely with the Partnership workforce planning lead to ensure we are building a sustainable workforce for the future within NHS services. NHS leads will also need to work collaboratively with Partnership leads across the actions set out to achieve joint objectives in all areas of learning and organisational development, equality, diversion and inclusion and wellbeing.

8 Implications for Third Sector

The Third Sector, as an amalgamated group of accountable employers hold responsibility for their workforce within the Partnership and there is collaborative working through the Workforce Strategy Group to support delivery of actions set out within Strategy and Plan. There is close working with Third Sector representatives to ensure close partnership working and representatives are members of the Workforce Strategy Group.

The Third Sector Lead / CE of FVA holds responsibility for working closely with Sector Employers alongside the Partnership workforce planning lead and all learning and organisational development staff to build a sustainable workforce across the sector and ensure access to development opportunities.

9 Implications for Independent Sector

The Independent Sector, as an amalgamated group of accountable employers hold responsibility for their workforce within the Partnership and there is collaborative working through the Workforce Strategy Group to support delivery of actions set out within Strategy and Plan. There is close working with Independent Sector representatives to ensure close partnership working and representatives are members of the Workforce Strategy Group.

The Independent Sector Lead holds responsibility for working closely with Sector Employers alongside the Partnership workforce planning lead and all learning and organisational development staff to build a sustainable workforce across the sector and ensure access to development opportunities.

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

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

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

Lead	Roy Lawrence
Critical	All SLT Employer Workforce Teams Trade Unions & LPF
Signed Up	LPF ELT ILT
Informed	HSCP Workforce

Report Contact Roy Lawrence, Principal Lead for OD & Culture

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



Workforce Strategy 2022-25 Year Two Report 2023-24



Supporting the people of Fife together



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Glossary

EDI	Equality Diversity Inclusion
ELT	Extended Leadership Team
FP&S	Finance, Performance & Scrutiny Committee
HIS	Health Improvement Scotland
HSC	Health and Social Care
IJB	Integration Joint Board
ILT	Integrated Leadership Team
LPF	Local Partnership Forum
NES	NHS Education in Scotland
OD	Organisational Development & Culture
Q&CC	Quality & Communities Committee
RAG	Red, Amber & Green Escalation Tolerances
SLT	Senior Leadership Team
SSSC	Scottish Social Service Council
WSG	Workforce Strategy Group

This Report was co-produced with our partners from across all areas of the Partnership and is testament to the incredible work our staff undertake across all organisations to underpin our vision to achieve Mission 25, through the delivery of our Strategic Plan, and we would like to thank everyone across our Partnership for their **dedication, commitment, skills, knowledge** and **talent** in supporting the people of Fife each and every day.

1: Introduction - Year 2 Annual Report 2023-24

Our **Year 2 Annual Workforce Report** is delivered at a time of real challenge for our Partnership in Fife. Across health and social care in Scotland there is a significant financial challenge that is having an impact on our ability to deliver services that cannot be underestimated and within Fife that has meant some difficult decisions are having to be made about how we prioritise use of our resources. This includes the impact on our workforce in two fundamental ways: our capacity to recruit new staff and the need to support our existing workforce through these challenges to ensure we can remain sustainable for the future.

Throughout these challenges, and with a commitment to support our workforce to feel valued for the incredible work they do every day, the Partnership has continued to deliver a vast range of initiatives set out in this Report that ensure we address the ambitions within the '**Five Pillars**' of the **Scottish Government's National Workforce Strategy for Health & Social Care in Scotland** which require Partnerships to **Plan** for, **Attract**, **Employ**, **Train** and **Nurture** our workforce of the future. Our work also continues to meet the requirements of the **Health and Care (Staffing) (Scotland) Act 2019**, the **National Health & Wellbeing Outcomes**, the **Scottish Social Services Council** revised registration regime and our own **Strategic Plan 2023-26**.

Our Workforce Strategy & Plan 2022-25 was received positively by our Integration Joint Board & Committees, Local Partnership Forum and Scottish Government on publication in 2022. This Report covers the work done to support the Strategy over Year 2, 2023-24. The year ahead will require the Partnership to deliver on our Year 3 Workforce Plan 2024-25, whilst simultaneously co-producing our next Three-Year Workforce Plan for 2025-28 for publication in October 2025, in line with the recently published Scottish Government Guidance for Health & Social Care Partnerships.

During 2023 the Workforce Strategy & Plan, and associated Annual Workforce Plans, were subject to a thorough Internal Audit, which reported to the Finance, Performance & Scrutiny Committee in January 2024. The Audit scrutinised the Strategy & Plan and the mitigating actions within its design and delivery alongside the ongoing annual Workforce Action Plans that support the delivery of the Strategy. The Audit concluded that the IJB could take 'reasonable assurance' and highlighted three adjustments that were delivered at the IJB in November 2023. The final action related to understanding of our establishment gap is addressed in this paper and will form the basis of our Three-Year Workforce Plan 2025-28.

The Audit also confirmed that there was a strong collaborative working relationship between all partners, and that the Workforce Strategy Group set up to provide oversight with representatives from the whole Partnership ensured that the key priorities from across the whole Partnership were the focus of our actions.

The Report is structured around the Scottish Government's '**Five Pillars**', demonstrating how the work done over 2023-24 aligns with these key areas of workforce improvement. These actions are also set alongside new workforce priorities, **our Year 3 Workforce Action Plan 2024-25**. These were identified by the Partnership's Operational, Professional & Business Enabling services in collaboration with NHS Fife and Fife Council key workforce partners, our 3rd and Independent Sectors, our Trade Unions and staff-side leaders and Fife College, through our Workforce Strategy Group and a huge range of meetings and individual conversations with key stakeholders over the course of 2024.

2: Connecting to outcomes

2.1. National Outcomes

The design of the **Workforce Strategy & Plan 2022 – 2025** was built around the need to deliver on the range of national and local outcomes set out in legislation, policy and strategies that have an impact on workforce strategy for Health & Social Care Partnerships.

The **Public Bodies (Joint Working) (Scotland) Act 2014** and associated guidance underpins the organisational design and expectations of Integration Joint Boards in discharging their duties under the Act, including improving the quality of the service provided.

Within the Nine National Health and Wellbeing Outcomes (The Public Bodies Joint Working) (Scotland) Act 2014) there are two outcomes that directly relate to our workforce and are central to our Workforce Strategy & Plan.

National Health & 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.

What people can expect:

- 'I feel that the outcomes that matter to me are taken account of in my work'

Example: In year 2 following a period of consultation with staff, we expanded the 'flexibility works' process for adult social care and we introduced a forum for monitoring the impact on staff wellbeing absence rates for General Practitioners to measure if time to learn has had impact.

- 'I feel that I get the support and resources I need to do my job well'

Example: In year 2 we recognised that there was a digital competency requirement, so we introduced a Digital Champions programme opportunity for the workforce.

- 'I feel my views are taken into account in decisions'

Example: In year 2 we listened to staff voice which requested career opportunities to expand the roles of the Health Care Support Worker and the Assistant Practitioners.

At its heart, integration is about ensuring those who use health and social care services get the right care and support based on their needs, at the right time and in the right setting at any point in their care journey, with a focus on community-based and preventative care. This Report addresses the actions taken as part of our continual improvement approach to recruit and retain our workforce, support their wellbeing, and provide the skills, knowledge and experience needed to deliver high-quality, safe services to the people of Fife, to meet the challenge of the National Health & Wellbeing Outcomes 8 & 9.

2.2 Local Outcomes

The work over 2023-24 aligned with the IJB priorities within the Strategic Plan for Fife 2023-26. The Report captures a range of examples of this work throughout, however highlighting some areas that directly link to the five outcomes include:



Local: We implemented a revamped approach to the **Foundation Apprenticeship** delivery model with schools to improve the progression rate into the HSC sector by creating an employer's placement database to enable pupils to attend placement and learn about services in their own localities. This approach ensured pupils were matched to a local workplace and measuring if there is improvement to attainment will be conducted throughout the 2024/25 session.

Sustainable: We introduced and sustained a reduction in the use of framework and non-framework agency nurses, through recruitment to vacancies across Community Care Services. We also developed with Fife Education Developing Young Workforce leads the **ScotCOM undergraduate medical program** available in all Fife High Schools delivered in partnership with NHS Fife and St Andrews University to bring medical education into communities and localities and provide a pathway to those who wish to consider careers in medicine and wider health care roles.

Integration: We also delivered two **Integration Leadership Team** events over the year and developed a '**Keeping Connected**' forum that created a networking channel for our integrated leaders to stay connected and make new connections between events. We delivered two career events specially targeting recruitment to Health and Social Care in collaboration with **Fife Care Academy**, hosted by 30 partnership employers and attending by over 200 people to enhance connection with the public who have an interest in a caring career.

Wellbeing: The **Partnership Wellbeing Oversight Group** collaborated to design and launch a Partnership specific **Wellbeing Action Plan 2024-25**, setting out a range of actions to support the wellbeing of our workforce, complementing the existing initiatives delivered by our employer partners.

Outcomes: We launched our first three-year **Equality, Diversity & Inclusion (EDI) Action Plan 2024-27** co-produced our EDI Steering Group (EDISG) after a huge engagement exercise face-to-face and online in collaboration with Fife Centre for Equalities, leading to the Partnership being awarded the **Bronze Level 'Equality Pathfinder' Award**. We continue to go for Gold!

The Workforce Strategy and Annual Actions Plan are also aligned to the range of local Partnership strategies that impact on the workforce and the delivery of health and social care to the people of Fife through a systems leadership approach:



The Leads for all these underpinning strategies are members of the Workforce Strategy Group and have worked with the Group to ensure that the workforce aspects of these are connected to the Year 2 Workforce Action Plan 2023-24. For example, the **Workforce Strategy Oversight Group** has been established for **Primary Care and Prevention Services**, which will address the workforce requirements of the Primary Care Strategy and the Prevention & Early Intervention Strategy over 2023-24 and into the Medium-Term.

Other key strategies across Fife that have influenced the design of our Workforce Strategy & Plan include:

- **NHS Fife's Workforce Plan 2022- 2025**
- **Fife Council's Our People Matter Strategy**
- **NHS Fife's Fife Population Health & Wellbeing Strategy 2023-28**
- **The Plan for Fife 2017-27**

A key example of this work for 2024-25 is the development of the Partnership's approach to **Anchor Institute** work, in support of the **NHS Fife's Population Health & Wellbeing Strategy 2023-28** and **Fife Council's Plan for Fife** through their **Community Wealth Building** agenda.

The Partnership, although not an employer who holds Anchor Institute status, holds 'Anchor ambitions' and established an **Anchor Working Group** to drive this ambition. The Group was established with the support of the NHS Anchor Lead, Fife Council's Community Wealth Building Lead, and an input from Fife Health Charity. At the most recent Extended Leadership Team Development Session, the group highlighted existing Anchor work within the Partnership and began to develop improvement actions.

3: Risk & Governance

Our Workforce Risk has been classified as a ‘high’ risk within the **Integration Joint Board Strategic Risk Register**, because of the number of external and internal factors that impact on the Partnership’s ability to grow and retain the workforce required to deliver our strategic priorities. As described in the introduction to this Report, these factors continue to create significant challenge to address this risk.

Between January – March 2024 we undertook a ‘**Workforce Risk Deep Dive**’ led by our Compliance Manager who is also a member of the Workforce Strategy Group. This was developed in collaboration with our Local Partnership Forum and presented to our Finance, Performance & Scrutiny Committee to set out in detail the large range of factors that impact on our Strategic Workforce Risk, linked to the Board’s risk tolerance, alongside the control measures that are in place. This Report captures some of the wide range of the actions that have been taken to mitigate this risk on behalf of the IJB.

Governance for the Workforce Strategy and ongoing oversight of our Annual Action Plan’s is carried out at a number of levels to provide ongoing assurance to the IJB around the quality of the work being undertaken:

Workforce Strategy Group (WSG): Includes representatives from across the whole Partnership. Meets six-weekly to plan, review and discuss ongoing actions to achieve the Action Plan

Senior Leadership Team (SLT): All updates on the annual Action Plan are presented for assurance, reassurance, or escalation on progress as required. All SLT are members of the Workforce Strategy Group or have delegated representatives attend.

Local Partnership Forum (LPF): Our Annual Action Plan Report and mid-year update are presented for oversight and assurance. At the request of the LPF, during 2023-24 we introduced ‘**Workforce Flash Reports**’, which are presented at every LPF. LPF Co-chairs are members of the WSG.

Qualities & Communities Committee (Q&CC): Our annual Action Plan Report is presented for assurance. The SLT Lead for Q&CC is a member of the WSG.

Finance, Performance & Scrutiny Committee (FP&SC): Our annual Action Plan Report and mid-year update are presented for assurance. Our SLT Lead for FP&SC is a member of the WSG.

Integration Joint Board (IJB): Our annual Action Plan Report is presented for oversight and assurance having been scrutinised at Q&CC and FP&SC. Members of the IJB representing the 3rd and Independent Sectors are also members of the WSG.

Principal Lead for OD & Culture chairs the WSG and also attends wider partner oversight groups to provide ongoing updates on progress:

- **NHS Fife Strategic Workforce Planning Group**
- **NHS Staff Governance Group**
- **Fife Council Our People Matter meetings**

4: Our Local Partnership Forum

There is genuine alignment between the work of the Local Partnership Forum (LPF) and our Workforce Strategy. Our LPF co-chairs are members of the Workforce Strategy Group and are involved in the co-design of our Workforce Action Plans and the LPF is also part of our governance of this work.

The LPF's Annual Report for 2023-24 contained a range of actions that we aligned with the Year 2 Workforce Action Plan, included support for:

- ✓ Championing our staff voice through; **iMatter Action Plan** promotion and celebrating our staff throughout the year.
- ✓ Supporting partnership work to promote **Equality, Diversity and Inclusivity** including membership of the working group to raise the profile of these areas across the Partnership.
- ✓ Ensuring strong engagement with the significant **transformation work** underway to make sure the Partnership is sustainable for the future.
- ✓ Promoting the importance of and supporting our staff in relation to their **Health, Safety and Wellbeing**.
- ✓ Ensuring effective engagement with the development of the Year 2 Workforce Action Plan Supporting the extension of leadership through the co-design and ongoing delivery of the new **Integration Leadership Team** across the Partnership.

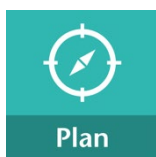


We would like to take time to pay tribute to our colleague **Eleanor Haggett** who sadly passed away in August 2024. Eleanor was an outstanding advocate for our workforce and has supported our Workforce Strategy since the initial design. Eleanor was a regular attendee at the Workforce Strategy Group where she was kind enough to share her vast knowledge and wise counsel to all the contributors that have developed and delivered the annual Action Plans.

5: Review of the Year 2 Workforce Action Plan

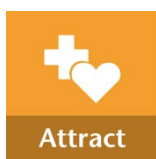
The **Year Two Workforce Action Plan 2023-24** is a **SMART** Plan, structured around the '**Five Pillars**' that were established in the National Workforce Strategy for Health and Social Care in Scotland (2022), utilising a RAG status to provide an 'at a glance' view of progress on each action. Within the Plan, a Lead was identified for each action and the Lead has provided the ongoing progress updates to the WSG through to completion of the Plan. This collaborative approach has engendered a group learning approach that has provided a level of consistency of inputs through conversations and joint working.

The Plan also sets out identifiable success measures, expected timescales for completion and provides some detail on work completed for each action, and is updated tri-annually to meet governance requirements. The high-level objectives are set out in our Strategic Plan:



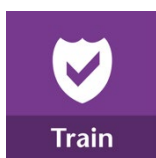
Plan

Supporting evidence-based workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.



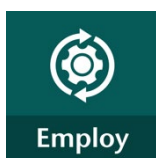
Attract

Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to marketing and creating the collaborative conditions that support integrated joint working.



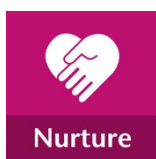
Train

Working with partners in all sectors to support engagement with Higher Education, Local Colleges, the Scottish Social Service Council (SSSC) and NHS Education in Scotland (NES) and Professional and Practice Developments, to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.



Employ

Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care including Mental Health Officers.



Nurture

Investing in the Wellbeing of our workforce through improving our Culture and Leadership through leadership development at all levels and Partnership-wide organisational development approaches.



Context: 2023 Internal Audit

As set out in the introduction, our Internal Audit in 2023 highlighted that we needed to work to create a robust data set that supports the Partnership to “provide an analysis and description of the establishment gap between the future workforce need and current staffing in terms of overall numbers”. During 2023- 2024 there has been considerable progress towards achieving this aim and below are examples of the work that has been done. The data for NHS services is provided by the NHS Workforce Planning Team.

For our Year 2 Workforce Action Plan, the OD & Culture team and Performance Team worked closely to develop workforce data for all Council employees in Social Work and Social Care. This utility of this data will be presented to the Local Partnership Forum and Committees during November, but we are now at the stage of being able to work with Service Managers and HR Partners to fulfil the Audit recommendation and begin future planning.

Meetings and conversations have taken place at a range of forums throughout the year with the Independent Care Sector Lead and the Chief Executive of Fife Voluntary Action to find the best method of doing this work with the 150+ employers across the two sectors, who are not managed by the Partnership and therefore need to agree to participate in this work. Our ambition is to be able to improve our workforce planning data across all organisations to ensure the Partnership can generate whole system, real-time data on which to support planning for all employers within the Partnership. The ability to review data to influence decision making and map trends is essential to effective workforce planning.



Plan

Action from the Workforce Strategy & Plan 2022-25: Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, Care Inspectorate and Health Improvement Scotland standards

Key actions / achievements during Year 2 in this area

1. The Partnership has made significant improvement in developing data collecting to benchmark the workforce demographic. To enable an analysis and description of the establishment gap between the estimated future workforce need and current staffing in terms of overall numbers continues to be challenging due to the levels of uncertainty across health and social care.
2. Significant progress has been made to ensure our workforce data is accessible, and relevant. We have developed an Establishment Dashboard Tool for Fife Council workforce which is updated monthly to enable close monitoring of the workforce numbers and mirrors the way NHS Fife calculate the workforce data. The establishment gap is determined by the number of vacancies held, and this dashboard is aligned to the financial dashboards which measure the number of budgeted posts.

Since the implementation of the Health & Care (Staffing) (Scotland) Act 2019, there is a requirement across all health and social care services to measure the establishment gap. The intent of the Act is to enable the provision of safe, high-quality care outcomes for service users through provision of appropriate staffing and support the wellbeing of staff. This includes assessment and compliance against the following duties of the Act:

- Appropriate staffing
- Real-time staffing assessment

A Common Staffing Method reporting template for health is in use to support reporting and governance, with the importance of the Common Staffing Method tools being highlighted with on-going work within NHS Fife to consider the implications of the immediate and subsequent reductions to the hourly working week for AfC staff groups. Aligned to the rollout of eRostering and SafeCare, recruitment to the vacancies within the eRostering Business as Usual Team is well underway.

The testing of the common staffing tools in NHS services included OPEL, eRostering, and SafeCare to comply with the Health & Care Staffing Act, (Scotland), 2019 was a prominent activity throughout 2024. The tool has been altered nationally and has highlighted data quality issues due to differing methodologies between individual Health Boards. HIS have also indicated the intention to refine the tool further in 2025

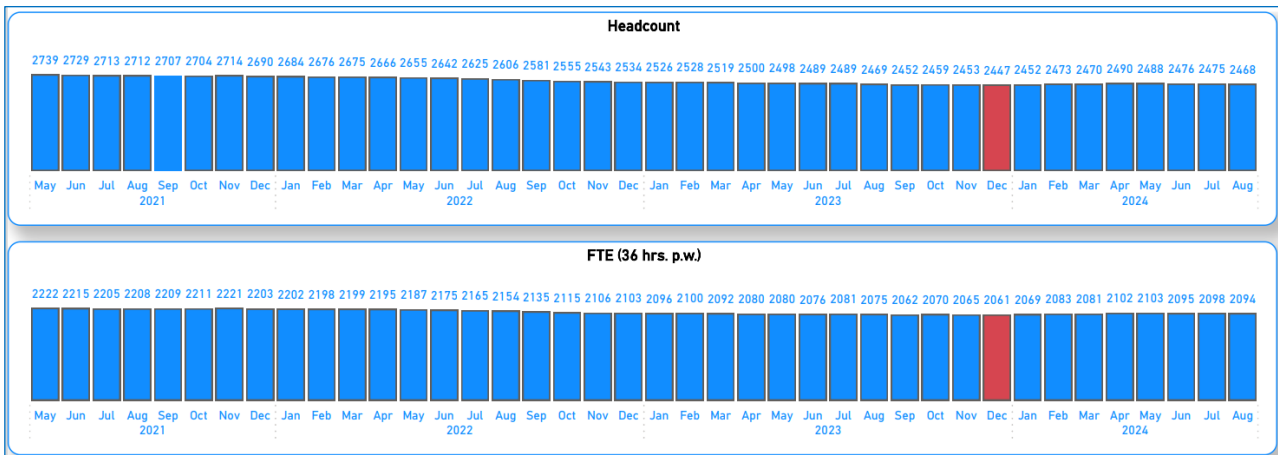
The Commissioning Team have improved the Service Level Agreements with independent and third sector employers to capture workforce capacity, although staffing analysis of the employers is overseen by the regulators. Establishment numbers are monitored via our financial processes and services are using workforce data tools for example Total Mobile, which enables constant monitoring of staffing numbers against service user's demand.

Establishment Dashboard Tool Showing the Budget Gap

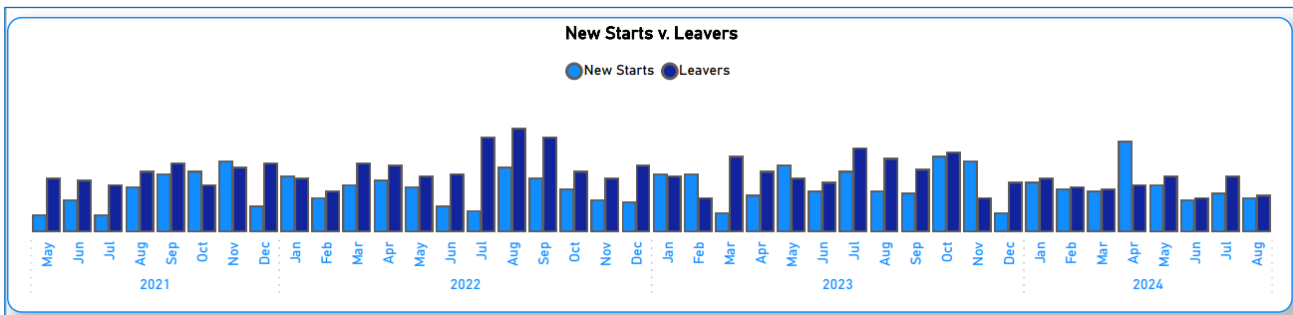


Budgeted vacancies are calculated as the difference between budgeted establishment and the actual establishment each month. Example above is based on 31 August 2024

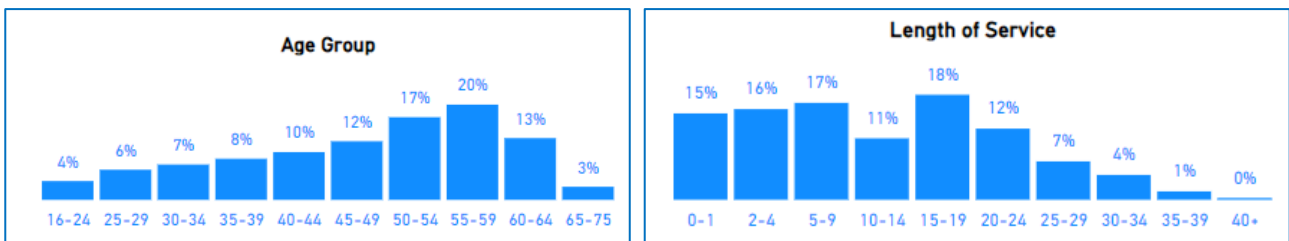
Example: Capturing the benchmark head count and FTE monthly.



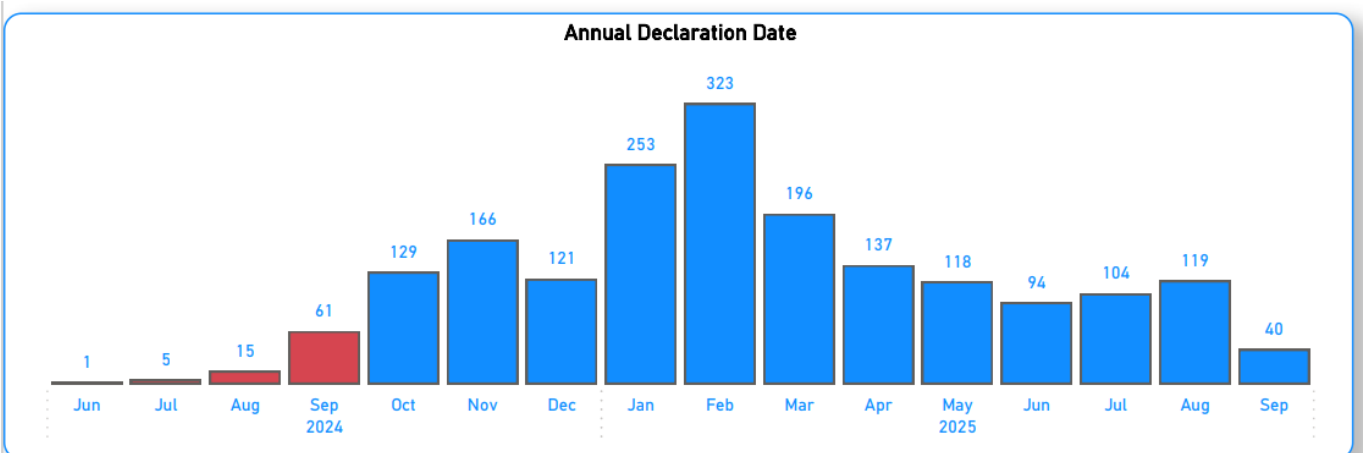
Example: Capturing the new starts versus leavers benchmark data.



Example: Capturing workforce demographics



Workforce Registration Changes: From June 2024, the registered workforce in Social Care and Social Work are required to submit an **Annual Declaration** to the SSSC to continue to be registered. This new requirement replaces the former '5-year periods of registration' so submitting the declaration annually ensures every worker can continue working in the role. Our Establishment Data Tool can now monitor the volume of monthly submissions to reduce the risk of our workforce being removed from the register because of non-submissions.

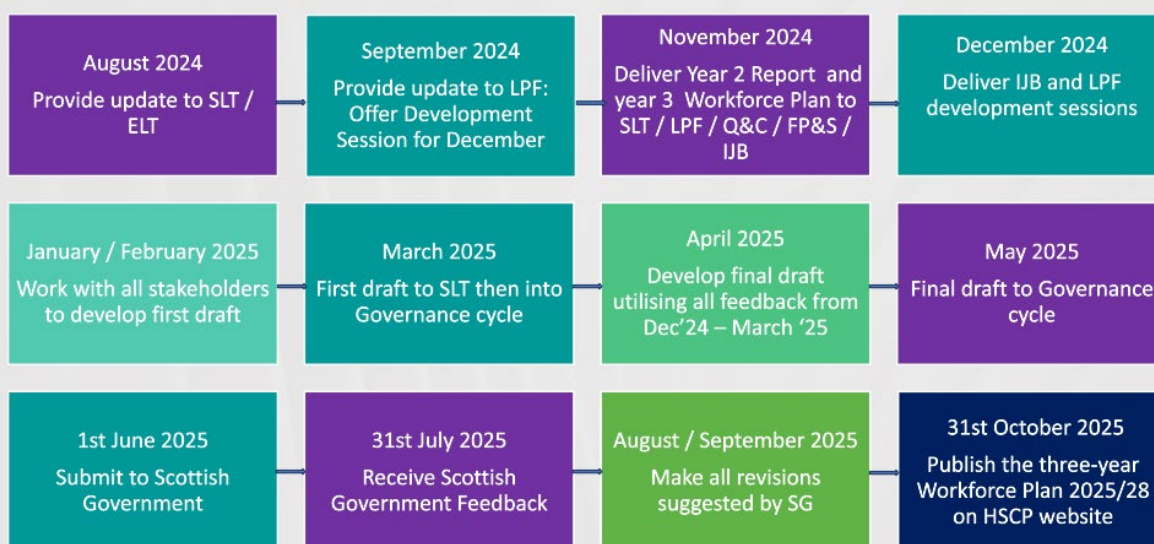


Scottish Government 3 Year Workforce Plan 2025 -28

The ongoing improvement of data collecting tools will continue for the duration of 2024/25 to ensure readiness for, and alignment with, the Scottish Government's revised guidance for workforce plans from 2025/28. The guidance sets out the steps that the Government wish to see NHS Boards and HSCPs undertake to assess upcoming workforce demand / need in the next Three-Year Workforce Plans, considering:

- The current workforce (undertaking a gap analysis comparing demand analysis with current workforce).
- The assessment of workforce needs to fill the gap.
- An Action Plan to address the gap predicated on the Five Pillars of the Strategy.

The work to collaborate, compile and design the three-year Plan has now commenced and the timeline to deliver this is set out here.



While Three Year Workforce Plans are an essential element of organisations' local plans (including service and financial plans), they should also inform national developments, providing workforce planning information to support Scottish Ministers' decisions on health and social care services by:

- aggregating local workforce needs into a national picture of workforce demand and supply requirements; and
- national approaches supporting the recruitment, training, and retention of a skilled and sustainable workforce.

Work is already underway to meet the timeline requirements set out above and activity to support this work are included in the Year 3 Workforce Action Plan 2024-25.

The Health and Care (Staffing)(Scotland) Act 2019

The Health and Care (Staffing) (Scotland) Act 2019 (HSCA) was passed by the Scottish Parliament in 2019. Enacted on 1 April 2024, the Act is applicable to all health and care staff in Scotland. There are several Year 2 high priority actions that have achieved completion as planned and on time.

1. In **Part 3** of the Act '**Care Services**' self-assessment exercise was conducted by Care Services in line with Part 3 of the Act to ascertain readiness for the implementation, and Business Continuity Plans were completed. The approaches the services have adopted are robust and well informed, and the recent Care Inspectorate inspections demonstrated confidence in the implementation of the Acts.
2. The **Part 3 Care Services Implementation Group** comprising of Fife Council Registered Managers and Independent Sector Leads, completed the Care Inspectorate '**ImproveWell**' programme, which centred on workforce risk and commissioning against the duties of the HSCA act. The findings of this programme informed the format for the newly launched post implementation programme hosted nationally by the Care Inspectorate which centres on Part 3 Care Services of the Act.



Key Achievements during Quarter 1

NHS Fife's Health Care Staffing Act Implementation Group continues to meet on a monthly basis with multi-disciplinary and staff side representation to build on Chapter Testing SWOT analysis feedback and sharing of information and resources between functions to assist with the implementation of the Act. Service engagement continues to roll-out eRostering and SafeCare, prioritising those areas within scope of the Act in addition to high-cost agency / supplementary areas, along with revisiting areas already live, to implement SafeCare. Data gathering exercises continue within services and roster builds are underway.

Common Staffing Method reporting template is in use to support reporting and governance. The current HSCA risk is reviewed on a regular basis, in line with the requirement to review Corporate Risks aligned to the Staff Government Committee. This includes the formal quarterly reporting on progress to the Scottish Government. The Scottish Government engagement meeting held in June 2024 supported our assessment of reasonable assurance.

HSCA 'Communications Plan' was created and delivered by the NHS Fife communications team to ensure that information was made available to the NHS workforce via Staff Link. Similar plans were introduced for Care Services and developed on various digital platforms. Information about the Act was developed and made available to the workforce across all staff digital platforms including access to specific training via the Turas learning platform.



“We appreciate the complexities of service planning and procurement for all HSCP’s. However, we hope the testing process has informed you and the team in preparation for enactment on 1 April 2024. The work you all dedicated to this testing process has been integral to our work here at the Safe Staffing Programme”.

Stephanie Thom,

Care Inspectorate Safe Staffing Programme lead



Action from the Workforce Strategy & Plan 2022-25: Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.

Key actions / achievements during Year 2 in this area:

1. Good progress has been made to reduce the reliance of non-framework agency for both healthcare support worker and registered nursing shifts. This includes cessation of agency nursing unless by exception which has seen a marked reduction in use of agency spend being achieved. This work will be ongoing in a business-as-usual capacity to support effective financial planning.
2. The Workforce Strategy and Plan was subject to a Fife IJB Workforce Plan Internal Audit in 2023. The outcome was reported to provide “**reasonable assurance**” and the report noted the “**inclusive working relationship and collaboration between the partners, NHS Workforce representatives, Fife Council, independent and Third Sector and the HSCP Organisational Development team**”.

The experience of working with the Internal Audit Team was very valuable. The Audit Recommendation regarding workforce data was set out above. Other recommendations to improve our delivery in 2024 taken on board in full and delivered at the IJB in November 2023:

- Review the Terms of Reference for the Workforce Strategy Group
- Include a Mid-Year Update to the Finance, Performance & Scrutiny Committee (delivered in May 2024)
- Review the RAG status implementation for the Annual Workforce Plans
- Provide an (abbreviated) Summary Report of actions

In addition, after consulting with Trade Union colleagues, we further agreed to provide a Flash Report to LPF out with the planned reporting cycle, which began in March 2024 to ensure our Trade Union colleagues are able to connect with our ongoing work in real-time.

3. The term 'Anchor Institution' refers to large, typically non-profit, public-sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Anchors get their name because they are unlikely to relocate, given their connection to the local population, and have a significant influence on the health and wellbeing of communities. The decisions they take about how they operate can make their contribution bigger, and one which can support growth and inclusion in communities.

Although the Partnership is not an employer and therefore an Anchor Institute, we have clear 'Anchor Ambitions'. We have developed a working group to support these ambitions. This work will look to align to the NHS and Fife Council Anchor objectives. In May, we convened the first meeting and throughout 2025, this work will be further developed to include actions and monitoring arrangements.



Anchor Group (L-R), Sam Clarke, Elizabeth Crighton, Lorraine Cooper King, Dafydd McIntosh

Year 3 Workforce Actions: Plan

Our **Year 3 Workforce Action Plan 2024-25** highlights continued development of workforce tools to collate and analyse the data which is held across systems in NHS Fife, Fife Council, and collection of smaller datasets across a range of partners to continue to improve our whole system workforce planning capabilities.



To improve our ability to Plan for our workforce in Year Three we will:

- By June 2025, develop with stakeholders the HSCP Three-Year Workforce Plan 2025-28 to assess workforce demand and need, predicated on the Five Pillars of the Strategy in the short term (12 months) and medium term (12 -36 months).
- Use improved workforce analysis data improve capacity to determine how many Mental Health Officers are required to meet the statutory duties under the Mental Health Act, Criminal Procedures Act and Adults with Incapacity Act.
- Conduct a pilot exercise on data collection with Third Sector providers to inform the permanent process thereafter. This includes confirming headcount and FTE equivalent. The survey will be completed twice annually in February and September to map workforce trends.
- Introduce the Total Mobile electronic rota software in the adults' services and align the scheduling team to deliver the operation of the electronic rota system to ensure better controlled operational costs by enhancing the management of in-house staff, creating additional operational savings across the planning process.
- Continue to develop actions around reducing nursing supplementary staffing including bank and agency nursing staff usage and check the impact on financial and quality of care through the remaining use of supplementary staffing and reconfiguration of the nursing workforce.

Independent Sector Collaboratives

Our independent providers Care Home Collaborative launched in May, to support the huge range of employers that provide care homes for the people of Fife, mirroring the success of the Care at Home Collaborative that is now well established in Fife. The collaboratives provide a regular platform to continue to promote and explore a range of themes that are affecting workforce capacity, resilience, and sustainability. The focus centres on mitigating unintended consequences of cross sectoral recruitment between organisations and between sectors in ways the demonstrate a Partnership wide approach to growing and sustaining our workforce.

The membership, participation, and engagement from providers in the sector ensures there is regularity of meetings and includes a wide stakeholder participation informing the shared priorities that reflect the sectors ambitions. The groups adopted an 'Annual Workplan' in 2024.



The Care at Home Collaborative are developing a Fife Induction & Training Passport. The passport when developed will support those changing job across Fife HSCP, by ensuring the transferability of qualifications and training between employers, saving costs and reducing barriers to employment.

As we have been progressing the work of the Fife Induction Passport Scheme ahead of the national work being delivered by NHS Education for Scotland (NES) and the SSSC to develop a new National Induction Framework for Adult Social Care staff.

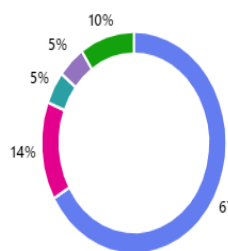
There is now mutual interest being explored and in principle discussion beginning about Fife being the Pathfinder sight for the National Induction Programme.

A survey has been issued and the data is still being developed, early indications demonstrate there is a disparity across the sector relating to when a new staff member is inducted.

What makes a valued induction?

. Please state, how long is your job shadowing/buddy arrangement in place for new starts to the job e.g.

week 1	14
week 2	3
week 3	1
week 4	1
more than 4 weeks	2



Context

One of the biggest challenges we face as a Health & Social Care Partnership is the ability to recruit and retain our workforce. Attracting people of all ages to join our workforce includes thinking and acting innovatively to ensure that we reach the right people in the right places. This includes demonstrating access to career opportunities which can attract back people with experience and younger people interested in a career in care to build our workforce of the future. Below are some of the examples of the large amount of work that's been done over 2023-24.



Action from the Workforce Strategy & Plan 2022-25: Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services.

Key actions / achievements over Year 2 in this area:

1. We continued to develop recruitment campaigns using a range of innovative ways, including adverts on local radio, care home site events and the Fife Care Academy community events to showcase vacancies and support engagement with the public to consider a career in care.



Fife Older People Care Homes – Ostler House Open day

2. The attendance at various recruitment events is ongoing, with the HSCP / Care Academy event in Glenrothes attracting almost 200 people. On the day we saw 30 different employers attending the event representing Council, Independent and Third sector social care, Nursing, Allied Health Profession and Volunteering. Analysing conversions to employment is not easy as it relies on employers providing the information. We are working with employers and sector leads continue to promote the value in gathering this kind of data. Having the events regularly is a benefit to stakeholders who promote our talent pipelines and look to build on collaborative approaches. Further dates are planned for November 2024 and February 2025.
3. The Fife Council 'Life Chances' alternative approach to recruitment programme is now available to all Partnership employers and provides a 13-week paid placement to a person on the employability pathway. The participant will be 'ready for work' but will require support during the placement as they will be likely to have limited work experience due to their personal circumstances. Participants will be offered a guaranteed job on successful completion of the placement.



Key actions / achievements over Year 1 in this area:

1. In schools the EMERGE programme, a new **Health and Care** pathway was launched to build knowledge and skills required to work within the NHS and Social Care Sector Roles, through a challenge-based learning approach. Pupils in senior phase at school explore specified themes and complete a related work-based challenge by developing meta-skills which can be transferred to a wide range of employment opportunities and enhance career progression. This inaugural programme with 22 pupils in senior phase at Levenmouth academy has commenced and further cohorts will continue to develop across Fife High schools in 2025.



2. We believe that every young person should have the opportunity to kickstart a rewarding future and in 2023, our senior leaders supported some young people enrolled with the Career Ready mentoring programme to undertake an internship in the partnership. Isla was mentored via the **Career Ready Programme** and completed her internship this summer. Isla has just secured a full-time Care Assistant job in the Partnership.



In November a further 6 young people will be mentored via this excellent programme, providing a great opportunity for young people but also to our staff who can develop their own leadership skills

3. Fife has hosted the Foundation Apprenticeship in Social Services and Healthcare programme since 2017. The programme for 2023/24 saw 52 pupils start the programme with 23 pupils (57%) receive a care qualification. Employers co-produced, with Fife Employability Services, a work & mentor database to ensure the right conditions for study were in place. This approach ensured pupils were matched to a workplace that reflected their ambition. Discussions continue with employability services to improve pupil's progression data following the course end.

We delivered a series of 'Intelligent Kindness' events to all the pupils, hosted by **ALLIANCE National Lead for Caring and Outreach, Tommy Whitelaw**, the inspirational speaker, and former carer who has made presentations to Partnership staff throughout the year.



4. In 2024, we delivered the **Third** cohort for the Prince's Trust 'Getting into Health and Social Care' programme, aimed at young people aged 16-30. The programme saw the largest number of applicants with 10 selected to start. By the first day, 2 people had secured employment in health and social care with the remaining attending workshops and work placements in homecare, adults support and accommodation, adult community services and Glenrothes hospital.



The programme **achieved a 90% success rate** to support the young people into roles including care apprenticeships, NHS bank and in permanent full-time positions in adults, community care and homecare services. The programme continues to grow in Fife with cohort five confirmed to start in November and a further two cohorts planned for 2025.

“The support and opportunities given to participants on our courses could not be achieved without the provision from Fife HSCP as they always go that extra mile for each young person ensuring they have the skills and learning needed to succeed.”

Sarah Mackenzie, Princes Trust



Action from the Workforce Strategy & Plan 2022-25: Support the establishment of career succession pathways in health and social care

Key actions / achievements over Year 2 in this area:

1. The Healthcare Modern Apprenticeship programme in NHS Fife, to support progression and attract young people to the NHS Fife workforce in band 2 and 3 roles, continued with 14 applicants started in August and a further 24 applicants ready to start in November. These initiatives support progression routes for young people by blending academic learning and qualifications with hands-on industry experience, creating the talented workforce of the future.
2. The ScotCOM programme, a collaboration with NHS Fife, Fife HSCP and the University of St Andrews aimed at senior pupils across Fife, culminates in a five-year MBChB medicine degree and is a unique and innovative offering from the University of St Andrews designed to cater for the needs of aspiring medical professionals and modern healthcare. Medicine MBChB (ScotCOM) is focused on community-based clinical teaching, providing students with a comprehensive understanding of primary care services, whilst ensuring exposure and understanding of hospital-based care.

Launched in 2024, the programme has signed up **42 pupils** from Fife High Schools which is an incredible achievement. The activity that supports the programme includes 'Science Talks' being rolled out across all schools and a series of carousel events, titled '**Do You Want To Be A Doctor**' arranged for December.



**University of
St Andrews**

3. The new HSCP website has further developed the career pathway information to support the current workforce and the public plan a career in care. The website page includes an interactive qualification pathway to support people to build their career.

Work for Us

Working with us, career opportunities and current vacancies

Why Work For Us >

Professional Standards >

Career Pathways >


Jobs Spotlight >

Career opportunities

Fife Health & Social Care Partnership brings together Fife Council, NHS Fife and Independent and Third Sector Care partners, working together to provide care and support to the people of Fife. Opportunities and roles are available with all these partners.

We offer many career opportunities; Our staff are a team of dedicated and driven colleagues, working together to transform health and care in Fife to be the best. So, no matter which area of Fife Health and Social Care Partnership you join, you will become part of a talented, passionate team of people committed to providing the best care and treatment to patients.

Current Vacancies ^ [HIDE](#)




Fife
COUNCIL



NHS
Fife



fife
voluntary
action



Derrin's story

Mission 25 'The apprenticeship was a good stepping stone'

"I started as a Modern Apprentice Social Work Assistant which provided me with a clear structure for learning the role and working with other professionals but also allowed me to go at my own pace. I achieved the SVQ Level 3 and enjoyed learning the hands-on side of the role such as review visits, familiarisations and supporting colleagues to attend training and support with eLearning.

The apprenticeship was a good stepping stone for me to gain the knowledge and skills I needed to progress to a permanent Social Work Assistant post. My favourite part was going out in the community to meet the service users and interacting with the carers.

This year I was successful to undertake a 6-month secondment HCC post, I am looking forward to this change and welcome the new challenges within this role. I could not have done it without the support from my colleagues."



Year 3 Workforce Actions: Attract

Our **Year 3 Workforce Action Plan 2023-24** continues our focus on growing the health and social care workforce and creating career opportunities and retention benefits for the current workforce. This will include furthering our recruitment activity related to the promotion of health and social care at career events and improving our social media work to promote career opportunities.

To improve our ability to **Attract** our future workforce in Year Three we will:

- Promote and implement the 'Earn and Learn' placement model for full time Social Care students to be in employment as part of the Fife College programme for students starting in the academic year 2025/26.
- Increase the number of 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.
- Develop and promote in all Fife High Schools a series of carousel events titled '**Do You Want to be a Doctor**' aimed at S4 pupils and their parents/caregivers, to influence subject choices that will develop a pipeline to the ScotCOM programme.
- Launch the framework that underpins 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 and demonstrate that Fife is place committed to professional development.
- Collaborate with education and college partners to develop a youth apprenticeship Social Care programme based on the principle of the Health and Care EMERGE programme, drawing on the workforce data to mitigate loss of skills aligned to our aging workforce.

Attract Back

There are formal ways to **Attract Back** in Social Care, Social Work, Nursing and Allied health Professions for example:

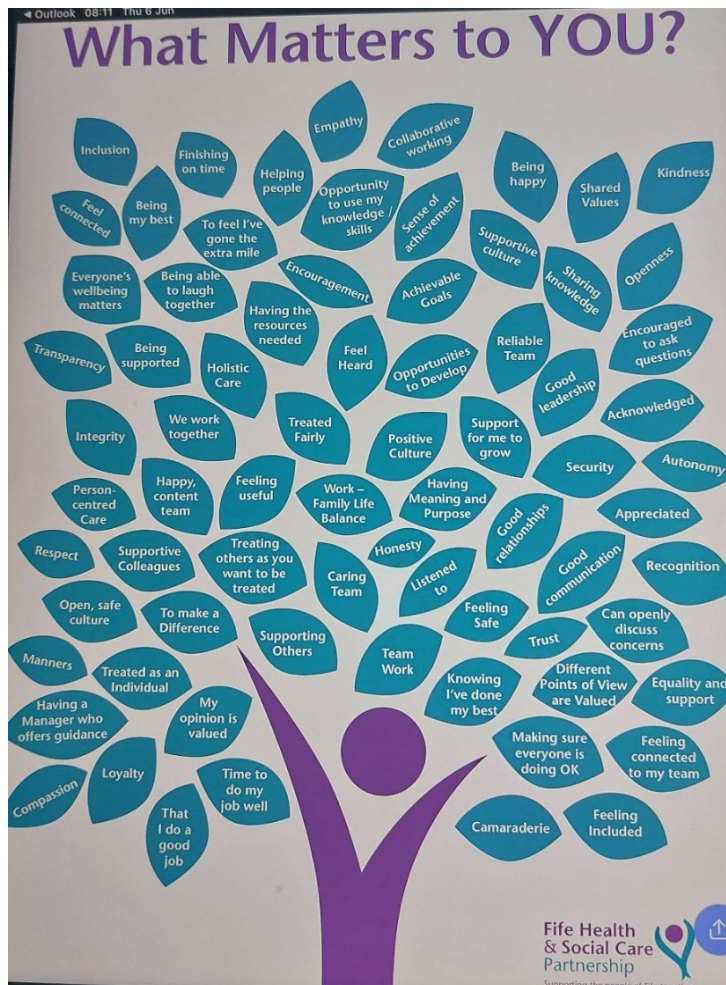
- A flexible approach to registerable qualifications to enable social care staff to move from children's education services to social care without having to gain two different qualifications.
- Introduction of return to practice requirements for social workers who have been out of practice and off the SSSC Register for more than two years.
- In October, the NES Return to Practice (RTP) for Nursing contract was secured by Glasgow Caledonian University for all Boards. There are 2 intakes per year with Fife.
- Former Allied Health Professionals returning to practice are guided by national protocols developed by NES and followed in Fife, including a return to practice placement.

Intelligent Kindness: You Make a Difference

What Matters to You (WMTY) Day - 6th June 2024

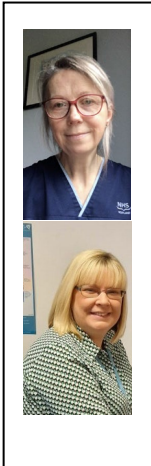
As a follow up to our **Intelligent Kindness: You Make a Difference Roadshows** with **Tommy Whitelaw, ALLIANCE National Lead for Caring and Outreach**, we created a poster capturing the feedback from staff on what matters to them. The posters were delivered on WMTY Day to different staff bases across Fife.

We were delighted to find the student nurses in Lynebank Hospital running their own WMTY Day event, capturing staff, patients, and their family's thoughts to create a wonderful WMTY board.



Celebrating our colleagues' achievements.

In February Dr Allie Ramsay, who works as a Specialty Doctor within the Fife Specialist Palliative Care Service, graduated from Keele University with a Masters in Medical Ethics and Palliative Care. Her dissertation on assisted dying was awarded the St Giles Hospice Care Prize, given to the student with the best dissertation. Allie hopes to utilise the skills and knowledge she has acquired to continue to enhance patient care within the Fife Specialist Palliative Care Team.



In March, two of our nurses were selected to take part in the prestigious Queen's Nurse Programme: Janet Stirrat, District Charge Nurse, Valleyfield Health Centre and Carol Hunter, Team Leader and Practice Assessor, Cowdenbeath Health Visiting Team.

The Queen's Nurse Programme brings together community nurses to develop their professional skills and deliver outstanding patient care in the community. Queen's Nurses are committed to learning, leadership and excellence in patient care.

"Their achievement helps demonstrate the high calibre of nurses we have and the high quality of nursing that is being delivered across Fife"

Lynn Barker, Director of Nursing



Lyndsey Dunn, Interim Clinical Services Manager, Community Nursing has been elected as the new chair of the Nurse & AHP Council within the British Geriatrics Society and will also serve as Trustee on the board, influencing older adults' healthcare.

Community Palliative Care Team

Winner of the 'Team of the Year (Primary Care)' at the NHS Fife Staff Awards 2024

The award category recognises teams within primary care who deliver exceptional service and the highest standard of care. Collaborative and forward thinking, they are innovative in their approaches, making a real difference to local patients and their communities



Some of our staff have represented the HSCP at the Royal Garden Party at Holyrood Palace in Edinburgh. It was with the greatest of pleasure that eight staff from our Older People's Service accepted invitations to the party, which was hosted by King Charles III accompanied by Queen Camilla.



Nutrition and Dietetics

Well Done!
Karli Whittle

Karli has been shortlisted at the National Health Awards within the **Support Worker** category

Well Done!
Amanda Sirrell and Karen Beveridge

Both nominated for the **Employability Award** at this year's Fife Business Diversity Awards



Context

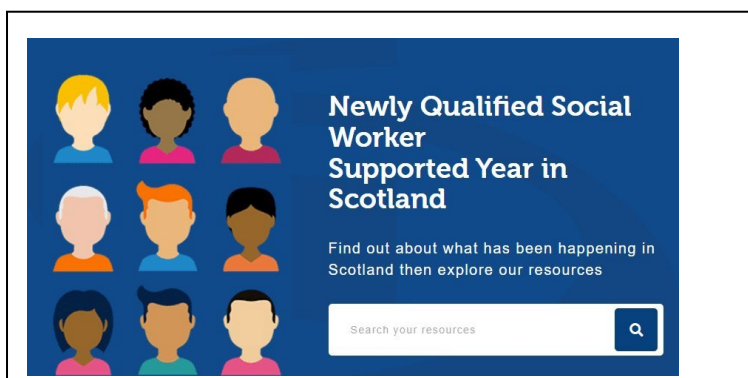
Personal and professional development is crucial to our workforce as they grow and improve throughout their career. Continuous learning helps open new doors for people to grasp career opportunities as they arise, keep skills and knowledge up to date, and ensure that practice is delivered safely and legally. We work across the whole system with partners to provide a comprehensive programme of learning that meets personal, professional and system objectives to ensure our practice provides the best outcomes for the people of Fife. Some excellent examples of this work over the last year includes:



Action from the Workforce Strategy & Plan 2022-25: Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills.

Key actions / achievements over Year 2 in this area

1. We launched a redesigned forum for newly qualified social workers (NQSW) centred on their first year of practice, aligned with the SSSC National programme. Launched in September 2023, the programme delivers a 2-hour face to face session every other month with themes designed to complement the SSSC Supported Year activity. The refreshed delivery programme includes regular monthly SWAY newsletters that are dedicated to the NQSW Supported Year and guidance on continued learning requirements including the 'Advanced Practice Framework'. The forum promotes digital competency with a dedicated MS Teams site for all supervisors & managers mentoring newly qualified social workers to access support resources.



2. Our social workers can further develop their knowledge through continued professional learning. To support retention, and opportunities to develop knowledge in a range of post graduate topics include:

Dementia studies

Practice Educator PDA

Mental Health Officer

Adult Support and Protection

Leadership and Management

Supervision

3. We continued to grow the **Healthcare Support Care Worker (HSCW)** role to improve capacity to meet patient demand by upskilling the current workforce to increase the number of HSCW's, which will further enhance reablement outcomes for patients within the **Medicine of the Elderly (MoE)** non-person dependent model. The HSCW worker role has developed into a 3-level structure which is band 2, 3 and band 4 Assistant Practitioner. This is supported through attendance at Fife College to gain an SVQ for band 2 and above. The **Assistant Practitioner Band 4** who are HSCW will be graduating soon. This initiative has changed the skill mix within the wards whilst enhancing the knowledge and increasing opportunity for development of our workforce.
4. We commenced the review to map the skill mix to create potential to increase the number of **Advanced Practice** roles within the **Assessment and Rehabilitation Centre** model to ensure equity of service delivery across Fife. This initiative seeks to improve capacity to treat patients in a homely setting where they feel comfortable, maintaining their dignity and choice and simultaneously reducing the demand on GP Fellows and create greater accessibility.
5. In June, the Scottish Social Services Council (SSSC), launched the 'Register for the Future' for the social care and social work workforce. The changes mean being registered with the SSSC is simple, easy to understand and that people know about the benefits and value of being registered and the standards, skills and qualifications needed to deliver high quality care.
 - i. The changes included removing barriers to social care by introducing a flexible approach to qualifications for registration to enable people to move between social care sectors without having to gain different qualifications to stimulate recruitment.
 - ii. Improving retention by changing continuous professional learning (CPL) for registrants to focus on key skills and knowledge required depending on a registrant's role and the stage of their career, for example induction or changing jobs.
 - iii. Reducing barriers to re-enter the workforce by introducing return to practice requirements for social workers who have been out of practice and off the SSSC Register for more than two years.

My continuous professional learning (CPL):

Principle 1

is my responsibility and will be supported by my employer

Principle 2

improves the lives of, and protects, individuals and carers

Principle 3

improves the quality of care or support I provide

Principle 4

is relevant to my role and the outcomes of the individuals I support

Principle 5

supports my career, increases my confidence and improves my professional practice.

To respond to the regulatory changes, a **Regulatory and Professional Bodies** group was formed, chaired by the Principal Social Work Officer drawing together a wealth of knowledge including HR experts, Registered Managers, Organisational Development Specialists, Independent Sector Leads, and Communications Advisors to develop a robust plan and to provide resources to inform and support the workforce.

The group delivered:

- a) A refresh of role profiles that highlights the new benchmark requirements.
- b) Improved data records to map registrants' qualification journey.
- c) Developed communication on digital platforms to inform the workforce.
- d) Confirmation of process for International Recruitment & Sponsorship.
- e) Inclusion of training resource for the workforce on the Health Care Staffing Act 2019
- f) Improved guidance related to benchmark qualifications for hiring managers.



Action from the Workforce Strategy & Plan 2022-25: Establish Digital and Information for Paperlite solutions, in a way that supports a future workforce and upskills the current workforce.

Key actions / achievements over Year 2 in this area

1. For staff working in the community timely access to information is vital, so we maximised digital access for the dispersed workforce to meet this need and to progress towards paperless systems needed in Home Care Services for monitoring and recording of emergency care visits and vehicle checks. We provided additional learning opportunity to ensure the workforce was upskilled to learn how to manage the digitalised data.
2. The development and implementation of the digital competency framework with a communication strategy for the HSC workforce that supports training and upskilling requirements aligned with the HSCP Digital Strategy was completed. This work included establishing a **Liquid Logic Digital Champions** network, now with 23 staff who have been upskilled to support the workforce to develop their digital competence which they then offer peer support to use the Liquid Logic system.



Action from the Workforce Strategy & Plan 2022-25: Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme

Key actions / achievements over Year 2 in this area

1. Fife Council HR developed training at Levels 1 and 2 for all staff as e-learning modules on FC Oracle. The level 2 reflective workshops for HSCP Area Teams were attended from June to September and the 14 dates, comprising of 252 places for the Level 3 training was available for all social workers and equivalent roles.

This work will continue to develop in our year 3 plan to complete a wide-ranging review to ensure the sustainability of the level 1 mandatory training for all staff and the level 3 training which is specifically aimed at Social Workers by measuring the effectiveness of the training on the workforce's skills and knowledge. The Trauma Steering Group provides oversight of the training, ensuring alignment to the **National Trauma Transformation Programme (NTTP)** which is funded by the Scottish Government and delivered in partnership with **COSLA, NHS Education for Scotland (NES), the Improvement Service (IS)** and the **Resilience Learning Partnership (RLP)**.

“A trauma informed and responsive workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery and can address inequalities and improve life chances.”

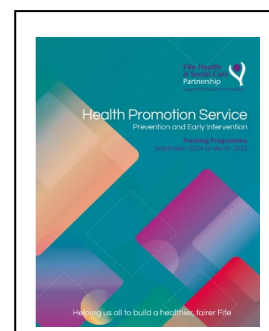
National Trauma Transformation Programme



Action from the Workforce Strategy & Plan 2022-25: Development and delivery of locality-based training programmes

Key actions / achievements over Year 2 in this area

1. The annual Training Programmes, developed in consultation with Fife Council HR and NHS Fife Health Promotion teams, were published on Fife Council's Intranet Learning Lounge page and NHS Stafflink, for staff to access included various training themes. Most training courses are available to all public and voluntary sector workers in Fife to enable participants to draw on and share their own experience and consider how they would apply learning from the training to their own professional practice.
2. We introduced Frailty Training for our integrated discharge teams, including Third Sector providers, to increase knowledge related to the discharge functions in the Integrated Hub. The training incorporated key speakers from specialist areas delivered at the teams' monthly meetings as well as access to the Frailty Identification & Interventions e-learning course. Qualitative feedback from the teams reported how this has increased their knowledge within key areas such as Frailty, Stress and Distress and informed them of key voluntary services available to support discharge planning.
3. To develop effective leaderships, we introduced a series of 'Leadership' sessions for Enhanced Mental Health Clinical Leadership staff that focuses on developing the strategic role, role models behaviours and enhances understanding of systems leadership approaches. This work is in the early stages and plans are ready to measure the impact and effectiveness of the sessions.





Finding the time to learn can be challenging in a busy day. **Fife Voluntary Action** run a series of Lunchtime Learning sessions which are generally held from 12:00 - 13:00. These are short training sessions focusing on quick messaging and short, 'chunky' learning outcomes for participants/learners. The course provides opportunity to all partnership employers to catch up on topics integral to the provision of Voluntary Sector services.

Unpaid Carers



The **Fife Carers Centre** will support adult carers in their caring role with relevant, straightforward information as well as practical help. **Sandra Morris, Centre Manager** said the centre engaged with 2186 people who identified themselves as unpaid carers and this year recorded 17 thousand interactions seeking support, including phone calls, website enquiries, drop ins and emails.

This vital service delivers a huge range of support including training workshops to carers, with themes centred on communication with dementia, living with loss, wellbeing and recovery and the very popular mindfulness to equip and support carers who provide care in challenging circumstances.

Shared Lives Fife

The graphic is a collage of text and images promoting Shared Lives Fife. It includes the Shared Lives Fife logo, a list of services, and several testimonials from carers and participants.

What is Shared Lives Fife?
Fife Council's Shared Lives team provides support to adults of any age.

You can receive support for:

- A few hours a week
- Short breaks in the Carer's home
- Living with a Carer sharing their home

The team will:

- Match you with Shared Lives Fife carer taking into account the needs and wishes of all involved
- Support you to identify a range of personal outcomes/goals
- Work together to make sure you are happy with the carer you are matched with.

What will Shared Lives Fife do for you?

- Provide someone to support you
- Provide new opportunities to do things you want to do
- Support you to learn new skills
- Build your self confidence
- Develop your independence.

“I feel confident and happy with my carer, she helps me learn new skills.”

“Shared Lives works really well for me.”

“The carers I stayed with were very relaxing and helpful. I am really looking forward to planning my next short break.”

Making a real difference

Shared Lives Fife support adults with learning disabilities, mental health or other support needs that make it harder for them to live on their own.

The service will match the person who needs support with a carer to share their family life within their local community. Some people choose to move in with their Shared Lives carer whilst others receive day support or access short breaks.

*“Participating in Mission 25 raised the profile of the service and contributed to a growth in our recruitment of our carers. In September we had **ten applicants** go to panel, up from the average three applicants.”*

Fiona Ross, Team Manager

Mission 25 Staff Stories



We introduced Callum, a Class Teacher at Scottish Autism, who shared why he has a passion for working in the social care sector.

The Mission25 campaign is one of many ways we are developing to support careers in health and social care in Fife. We've had an amazing response to the posts on social media and some fantastic feedback from members of the public, service users and staff in 2023/24.

This year we have seen our social media followers grow with Facebook increasing by 14%, our X (Twitter) by 3% and our Instagram by 30%, collectively enabling our reach over 590.5K people in Fife.

We shared Beth's career story, a Social Work Assistant based in the Social Work Contact Centre where she has responsibility for developing Carer Support Plans.



MISSION25
Recruit - Retain - Retrain
www.fifehealthandsocialcare.org/mission25

Fife Health & Social Care Partnership

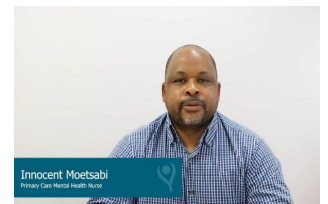
We introduced the teams delivering the intergenerational work in partnership with local schools by linking pupils with our older community to develop companionship and learning.



MISSION25
Recruit - Retain - Retrain

Fife Health & Social Care Partnership

We met Innocent who is a nurse from the Link Living service in Fife who shared his inspiring story



Innocent Moetsabi
Primary Care Mental Health Nurse

Some of our wonderful teams who posed for the 2023 Advent Calendar



We extend our thanks and gratitude to all the participants who shared their career stories and helped inspire others to consider a caring career in the partnership.

Year 3 Workforce Actions: Train

Our Year Three Workforce Action Plan continues to ensure our workforce have access to an excellent range of personal and professional learning and development to support career development alongside training relevant to service transformation initiatives.

To improve our ability to **Train** our workforce in Year Three we will:

- Continue to develop skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care using targeted and bespoke training methods.
- Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures by ensuring there are continued professional development opportunity to enable career progression.
- Implement “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term through innovative training & learning programmes, offering opportunity to staff to study and learn without needing to leave their post.
- Implement a Training Passport across sectors which can provide a standardised record that people working in the Partnership can take with them when they move to a new employer and to act as a Pathfinder to the NHS Education for Scotland (NES) and the SSSC as they develop the new National Induction Framework for Adult Social Care staff.
- Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the NES National Trauma Training Programme.

Gillian's story

Mission 25 'opportunity is there if you take it'

I have been given many superb opportunities to learn and develop my career while continuing to work in Fife Social Work. I qualified as a social worker in 2009 and as a Mental Health Officer in 2015. I started my career as Information Assistant then trained as a Social Worker, promoted to Senior Practitioner then a Team Manager before moving to the Contact Centre where I support people to access Social Work services.





Context

The Health and Social Care workforce is split across a mixed economy of providers in the public, private/independent and third/voluntary sectors. The challenge to recruit and retain our workforce whilst ensuring stability of staff and continuity of care is critical to our future sustainability and rewarding careers for our workforce. For people who access support, progression through personal and professional development across health and social care will result in better quality services. During 2023-24 our work included:



Action from the Workforce Strategy & Plan 2022-25: Develop recruitment platforms including greater presence across social media and HEI (higher education institutions) sources

Key actions / achievements over Year 2 in this area

1. The Health and Social Care Partnership website has been renewed and includes a **'Work for Us'** area to showcase vacancy pages across the whole Partnership. This development ensures anyone internal and external to find current information relating to professional standards, news, job opportunities, staff stories and job spotlights.

Work for Us
Working with us, career opportunities and current vacancies

Why Work For Us > Professional Standards > Career Pathways >
Jobs Spotlight >

Career opportunities

Fife Health & Social Care Partnership brings together Fife Council, NHS Fife and Independent and Third Sector Care partners, working together to provide care and support to the people of Fife. Opportunities and roles are available with all these partners.

We offer many career opportunities; Our staff are a team of dedicated and driven colleagues, working together to transform health and care in Fife to be the best. So, no matter which area of Fife Health and Social Care Partnership you join, you will become part of a talented, passionate team of people committed to providing the best care and treatment to patients.



Action from the Workforce Strategy & Plan 2022-25: Measure growth and recruitment in line with national direction and investment including Care at Home - Care Homes - Mental Health and Recovery - Vaccination transformation - Primary Care Improvement (MOU2)

Key actions / achievements over Year 2 in this area

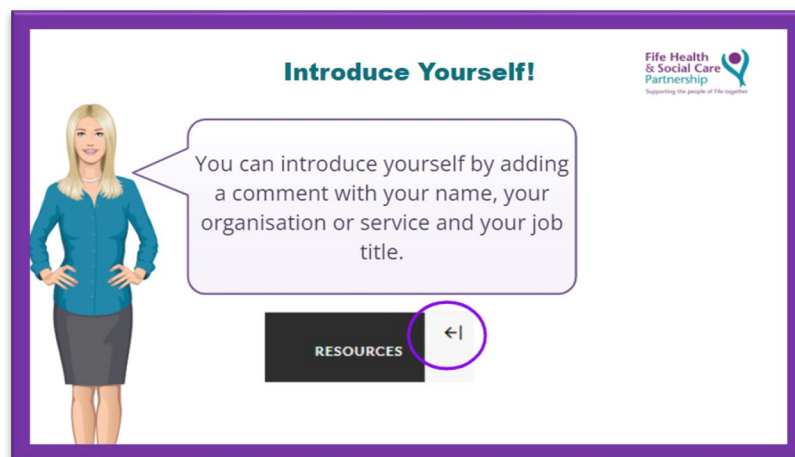
1. The Primary Care Nursing Transformation Workforce Group and Children’s Nursing Transformation Workforce Group has formed and meet every 6 weeks. The group have delivered a year 1 delivery plan which includes forty-two separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.



Action from the Workforce Strategy & Plan 2022-25: Provide a high-quality, Partnership specific, Induction resource available all staff to support workforce retention

Key actions / achievements over Year 2 in this area

1. Our new online Induction, for anyone who works for an organisation under the umbrella of the Health and Social Care Partnership, was launched in May 2024.



This resource compliments individual employer’s Induction and provides an understanding and overview of being part of Fife’s Health and Social Care Partnership. Accessible for all, it is hosted online for new employees from Fife Council, NHS Fife and our 3rd Sector.

Fife Care Academy



Care Academy with Fife College continues to grow in strength with a number of opportunities to access learning in ways that reflect the employers needs and the workforce ambitions.

Delivering over £200k of funding made available to the Partnership workforce to access learning courses. The College has restructured to form the Care, Health, Science and Wellbeing faculty and now includes a dedicated Relationship Manager to liaise and support the HSCP.

This year there have been significant investment made available to our workforce including:

- 150 funded places on the Professional Development Award in Technology Enabled Care (TEC)
- 62 funded places on the HNC Social Services course, delivered online and recognised as a registered qualification by the SSSC for practitioners.
- 34 funded places on the SVQ 2 advanced certificate programme to support our regulated workforce and apprentices gain a qualification recognised by the SSSC.

“The collaboration between FHSCP & Fife College has led to the creation of the Fife Care Academy. As a collaborative, we feed in info from industry and work together to shape the courses we offer that best suit sector need. Since inception, the Care Academy has introduced newly funded models of learning that suit the ever-changing demographic of learners and reflects the changing needs in the sector including evening, blended and online learning”.

Lindsey Chisholm, Assistant Principal, Fife College

International Recruitment

International recruitment has a positive impact through creating a more diverse workforce, which is important for people wishing to migrate to Scotland.

Whilst health and social care staff utilise the Health and Social Care Worker visa, the allocation and application of the visa differs greatly in social care. The Home Office processes around issuing Certificates of Sponsorship (CoS) that are required for staff to work in the UK changed.

In December 2023, the Government announced changes to immigration rules impacting specifically on Health and Social Care visas. The most significant of these has been people holding a Health and Social Care visa for social care roles being unable to bring dependents to the UK. It has created disparity in the system as these rules only apply to social care and have the potential to make social care careers less attractive as a result, thus compounding existing workforce challenges in the sector further.

(Source: NHS Education for Scotland, Centre for Workforce Supply Report, Social Care, 2024)



Across the Partnership, there are many in our workforce who have chosen to develop their careers and make Fife their home.



Bandrum Nursing Home, one of our independent care providers shares some international recruits who have just celebrated **20 years long service**, **Anu** – Night-time Charge Nurse, **Emmanuel** - Senior Staff Nurse, and **Deepuck** - Senior Staff Nurse all joined in 2004 from countries afar and have played integral roles in the team.

“We’re thrilled to welcome our new international recruits from the Philippines to the Abbotsford family!

Alyson McKechnie -Vale,
Abbotsford Care

Abbotsford International Recruits 2024



The Home Office is replacing physical immigration documents with a digital proof of immigration status called an eVisa. As a reminder, all international employees must create a UK Visas & Immigration (UKIV) account by 31 December 2024. People who don't create a UKVI account to access their eVisa may face unnecessary delays when demonstrating their immigration status. This move to eVisas does not impact any individuals' underlying immigration status.

Year 3 Workforce Actions: Employ

Our Year 3 Workforce Action Plan has a renewed focus on developing career progression opportunities in a range of professional areas, including the creation of new roles. This work reflects our ambition to provide the best employment opportunities for our workforce and their long-term careers and our determination to provide the best outcomes for the people of Fife.

To improve our ability to **Employ** our workforce in Year Three we will:

- Continue to progress and growth in workforce against recruitment commitments with a focus on Mental Health Recovery and Renewal services
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction



**Hilary Munro, Professional Head of Speech & Language Therapy meeting
Neil Gray, Cabinet Secretary for Health and Social Care said,**

“We had a constructive discussion on addressing workforce challenges, exploring potential solutions stronger representation at decision-making levels. I’m looking forward to further meetings and visits are in planning.”

Context

The term 'organisational culture' is widely used to describe the sense of 'how things are' for our staff as they work across services. There is clear evidence that workforce cultures that consider staff wellbeing and aim to create positive workplaces lead to better outcomes for staff. Kind and compassionate leadership that listens and values our people as our greatest strength is crucial to improving staff wellbeing and as a result, helps the Partnership to deliver high quality care.



Action from the Workforce Strategy & Plan 2022-25: Continue to promote and implement iMatter and Heartbeat surveys and Action Plans.



Key actions / achievements over Year 2 in this area

The iMatter Improvement Plan for 2024 continued to be a topic of conversation and the results demonstrate that teams have sustained the improvements made in 2023. The analysis of the results continues to be developed and alignment has been agreed with the heartbeat survey to avoid repetition.

The score of 90 for direct line manager support is an excellent result to share.

We increased our Response Rate to 73%, our highest to date, and we had 87.5% of teams submit an Action Plan, albeit some of these after the 8-week timescale. In addition, our overall experience score increased from 6.9 to 7.1.

In relation to the national statistics reported for iMatter, we were either higher or equivalent across:

- response rate (14% higher)
- employee engagement index (equal)
- overall experience (0.1 points higher)
- the 5 Staff Governance Standards (1 point higher on 2 with the remaining 3 equivalent)
- our submitted action plans (27% higher)



The national report does not report on individual Health and Social Care Partnerships, rather it reports on NHS Boards. However, Fife was recognised as having the highest response rate out of the geographical Boards



Action from the Workforce Strategy & Plan 2022/25: Developing an engagement programme across the partnership to inform a shared set of values.

Key actions / achievements over Year 2 in this area

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

Attendees were treated to an afternoon filled with thought-provoking content, including a compelling guest speaker who set the tone with inspiring insights on leadership and innovation. The programme featured a series of presentations and discussions, aimed at providing participants with new perspectives and practical strategies for driving change within their organisations. The afternoon was structured to promote critical areas of transformation within the Partnership's Medium-Term Financial Strategy which were highlighted through presentations by the Senior Leadership Team (SLT), covering essential topics such as:

- Transforming Overnight Care
- Community Hospitals and Rehabilitation
- Digital Strategy
- Mental Health & Addiction Services
- Modernising Administration.

A special highlight was the presentation by the **ILT Leadership Programme**

participants from the 2023-24 cohort, who shared their learning journeys and reflections on leadership in the context of health and social care and transformation.

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



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

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



4. Our introduction of the **Coach Approach** aims to support managers in their role in improving staff experience and supporting staff to work to the best of their ability. The Coach Approach is simply a different way to have a conversation which empowers staff to find their own solutions to problems and encourage staff at all levels to use their initiative and be open to new ways of working.

Staff who attend the course, when asked how they felt about the conversations they are now having, compared to previous 'non-coach approach' conversations, there was an overwhelmingly positive response:

- **98%** are still using the coach approach.
- Most (**92%**) are using it in one-to-one conversations, but more than half (53%) are also using it in group conversations.
- **90%** had already recommended the coach approach to others.

"It is a refreshing method to use, to finally realise that as a manager/team leader, the onus does not always have to be on me, it is about letting people think for themselves and come up with ideas and solutions and it certainly "takes the weight off" a lot of the time.... the more I use the Coach style, the more at ease I am that I am not shirking management tasks, but confident that I am enabling and empowering others."

Course delegate

5. The Equality, Diversity, and Inclusion Steering Group (EDISG), with representation from across the whole Partnership, including our Trade Unions and Staff side colleagues, created an excellent 3 Year **EDI Action Plan 2024-27** in collaboration with Fife Centre for Equalities, which was endorsed by the IJB in September 202



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

The group further committed to the **Equality Pathfinders Recognition Scheme**, achieving **Bronze Level** recognition through the Equality Pathfinders scheme. In 2025, we are striving to achieve **Silver Level**





Nurture

Action from the Workforce Strategy & Plan 2022-25: Promote mental health and wellbeing of the workforce through the work of the Partnership Wellbeing Strategy Group.

Key actions / achievements over Year 2 in this area

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

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

2. The Group launched our **2024-25 Workforce Wellbeing Action Plan** with a strong focus on reflecting the ambition in the **Employee Wellbeing Strategy for Scotland 2024, 'Improving Wellbeing and Working Cultures'**.
- 3.



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

The plan uses the '3 P's' used in the Workforce Strategy for Scotland:

- We will **PROMOTE** positive wellbeing
- We aim to **PREVENT** poor well-being in the workplace
- We will aim to **PROVIDE** workforce support and evidence-based support

Year 3 Workforce Actions: Nurture

To improve our ability to **Nurture** our workforce in Year Three we will:

- Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices.
- Continuing to develop and deliver Leadership Programmes across Health & Social Care.
- Support our workforce to take responsibility for their own health and wellbeing and use training and development to focus employees on their own health and wellbeing.
- Developing an engagement programme across the Partnership that informs a shared set of values.

Stakeholder Feedback

“I see three main areas of collaboration - one in respect of our workforce planning activity, secondly in relation to the implementation of the Health and Care Staffing Act and thirdly in respect of our joint work on staff wellbeing. Taking the three areas together or individually, there is strong evidence of action planning and positive working relationships.”

Rhona Waugh, Head of Workforce Planning & Staff Wellbeing NHS

“The collaboration between FHSCP & Fife College has led to the creation of the Fife Care Academy. As a collaborative, we feed in info from industry and work together to shape the courses we offer that best suit sector need. Since inception, the Care Academy has introduced newly funded models of learning that suit the ever-changing demographic of learners and reflects the changing needs in the sector. We have created models of delivery to reflect those wishing to change roles, so offering more evening, blended and online learning. We also created a course that recruits directly in Social Care through our full time SVQ Programme, which works to find those almost ready for care jobs (but who need nurture and care themselves to increase self-esteem and employability) and wraps its arms around learners to get them certified and job ready. This Academy Board has offered a structured way to quickly respond to needs in the sector, and has offered radical solutions that seem to be bearing fruit”

Lindsey Chisholm, Assistant Principal Fife College

“Huge thanks for visiting our Unscheduled Care Assessment Team - our nurse-led team really appreciated the visit, and since then we have worked with the Organisational Development & Culture to let more people know about what a great service UCAT is to work in. Being involved in **Mission 25** really engaged and energised our team”

Deon Loudon Clinical Services Manager, Adult Mental Health Urgent, Acute and Intensive Care Pathways

“Our partnership with Fife HSCP continues to grow from strength to strength as we look ahead to our fourth employability programme supporting young people across the different localities developing their skills, knowledge and experience preparing them for sustained employment within the sector. Since we started collaborating in 2022, our partnership highlights the positive results of multiple organisations collaborating to achieve a common goal with a strategic focus on disadvantaged young people and youth. As we come towards the end of 2024, we look forward to continuing our work with Fife HSCP and look to develop both our Employability and Education propositions.”

Sarah Mackenzie, Programme Manager, Princes Trust

“The Action Plan has brought enormous support to the Care at Home Service. The Health and Care Staffing Act (Scotland), 2019, implementation group recognised the anxiety to deliver on our legislative requirements, but the support given to ensure we were compliant and how we worked through the act together enabled the service to be assured we were in line with the Act’s requirements”.

Karen Marwick, Service Manager HSCP

Summary and the year ahead

This report has provided a reflective overview of the Partnership's **Year 2 Workforce Action Plan 2023-24** in alignment with the range of national and local drivers, strategies, and organisational plans to improve the support to our collective workforce that deliver the services for the Integration Joint Board and Health & Social Care Partnership each and every day.

The work over the year has enabled an integrated group to work collaboratively to address the challenges we face in ensuring we have a sustainable, valued, well trained and resilient workforce for the future to deliver the services the people of Fife require, recognising the demographic and financial forecasts that will impact significantly on our ability to deliver these services.

We will do this, as demonstrated in our **Year 3 Workforce Action Plan 2024-25** by working closely with operational services to understand the workforce challenges, they face and working with them to find solutions to those, as well as listening to our staff and providing the training and nurture they need to feel supported to provide our vast range of services.

The work described in this report could not have been achieved without the dedication and commitment of the huge range of stakeholders involved in the co-design and co-delivery of the high-quality, high impact actions that are making a difference for the workforce across the whole of our Health & Social Care Partnership in Fife.

This report is dedicated to our incredible workforce, who support the people of Fife to achieve the health and care outcomes they want to achieve, every day. Our workforce demonstrates their values, skills, and knowledge to improve people's lives in a way that only they can, and we thank you all for your commitment.



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



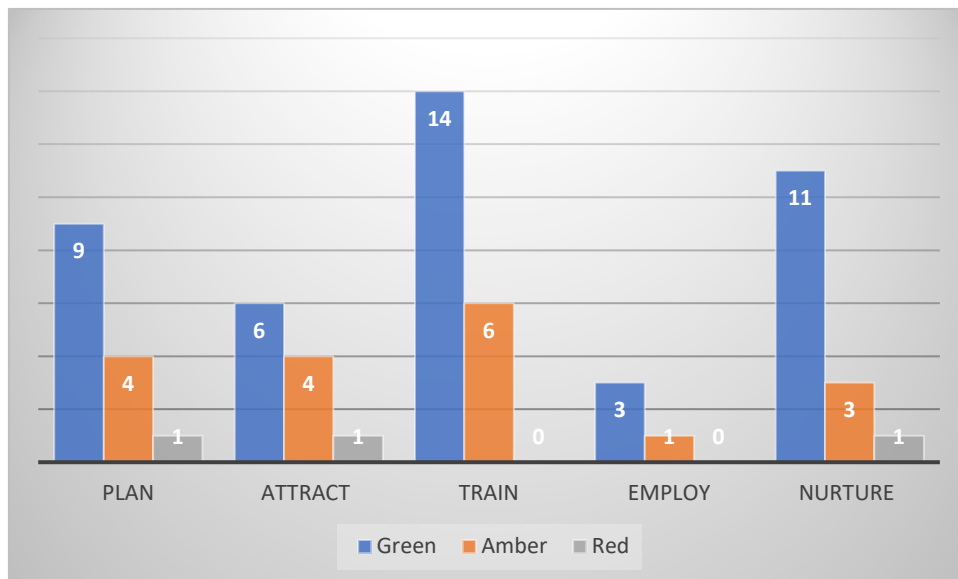
Workforce Strategy 2022-25 Summary Report of Medium-Term Actions 2023/24



Supporting the people of Fife together



This summary provides an overview of the priority actions agreed in November 2023 and the progress to date.



The actions **completed** have achieved an overall rating of **67%** with the remaining 33% carrying forward to Year 3

The actions have a RAG status included using the definitions agreed from the 2024 workforce plan audit.

Green – Completed

Amber - Progressing / not yet complete

Red – Delayed

Plan



Plan

Action:	Progress	Detail:
<p>Prepare system readiness for the implementation of the Health and Care Staffing (Scotland) Act 201</p>	<p>Complete</p>	<p>A self-assessment exercise concluded prior to the legislation launch. Subsequent Care Inspectorate inspections validated the assessment effectiveness in Care Services.</p> <p>In health, similar exercises and testing was conducted with reasonable assurance confirmed in Q2 reporting to HIS and Scottish Government.</p> <p>The outcome of self-assessment indicates that our services meet the legislation requirements.</p>
<p>Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties.</p>	<p>Complete</p>	<p>Following HIS timescales, Hospital at Home Fife taking part in the HIS development and testing of the specific workforce planning tool. HIS confirmed that the testing work has evolved from the original format so the service will not be required to take part, so this action is now closed.</p>
<p>Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability and financial pressures named by the Workforce and Workload Planning Tools exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased ability requirements; age demographics; and supports the capacity and capabilities required through our transformation and redesign of services and models.</p>	<p>Complete for NHS Fife and Fife Council</p> <p>Not yet Complete for Independent & Third Sector</p>	<p>To ensure our workforce data is accessible, and relevant we have developed an establishment dashboard tool, which is updated monthly to enable close monitoring of the workforce numbers. The implementation of the Health & Care Staffing Act 2019 ensures there is assessment and compliance to the Act including:</p> <ul style="list-style-type: none"> • Appropriate staffing • Real-time staffing assessment <p>Development of establishment data continues to be developed with the Independent and 3rd sector. This action has been carried forward to Year 3.</p>

<p>Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.</p>	<p>Complete</p>	<p>Progress has been made to reduce the reliance of non-framework agency for both HCSW and Registered Nursing shifts. This includes cessation of Agency nursing unless by exception and a reduction in use of agency spend from £7.5 in 2022/23 to £4.3 in 2023/24 has been achieved.</p> <p>Monitoring is now established business as usual for the sustainable nursing group which completes the action.</p>
<p>Develop new workstyles to support more flexible and inclusive working across the Partnership</p>	<p>Not yet complete</p>	<p>Supporting Complex & Critical Care Services to address the workforce challenges of introducing a new model of overnight care includes consultation with service providers. Completion of an EQIA for the project in conjunction with our partners is complete and an exercise to identify those that can be excluded now from any change is about to get under way.</p> <p>This action will carry forward to the Year 3 Plan.</p>
<p>Continued engagement with the Care Home and Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.</p>	<p>Complete initial actions but continuing</p>	<p>The regularity of meetings, wide stakeholder participation and agendas of priority have progressed as planned and a work plan finalised. The membership of the Collaborative is represented on HSCP strategic workstreams. This is a continuing action.</p>
<p>Our Workforce Strategy and Plan 2022 – 2025 ensures there is continued Horizon Scanning to enable the partnership to meet future strategic opportunities and challenges.</p>	<p>Complete</p>	<p>The Workforce Group and range of associated sub-groups are now fully established to keep informed of changes in workforce legislation and guidance.</p> <p>Connection with national groups in relation to the Scottish Social Services Council (SSSC) rollout of the Register for the Future has concluded. The refreshed registers are now live, and the workforce is informed via SSSC and staff information portals.</p>
<p>Prepare for the impact of staffing requirements in the 'Setting the Bar' report from Social Work Scotland.</p>	<p>Not yet complete</p>	<p>This work is subject to delay and will be progressed when the Principal Social Work Officer's team is in place.</p> <p>This action will carry forward to the Year 3 Plan.</p>

<p>Prepare system readiness for the implementation of the Health and Care Staffing (Scotland) Act 2019.</p>	<p>Complete</p>	<p>National led testing enabled feedback on the accessibility / usefulness and application of the proposed guidance and allowed HIS / SG to work with Boards to support the appropriate systems and processes in place to support compliance.</p>
<p>Prepare system readiness for the implementation of the Health and Care Staffing (Scotland) Act 2019.</p>	<p>Not yet complete</p>	<p>Work has advanced introduced to the Medical Workforce, however there is still work to be finalised relating to the testing of the Act.</p> <p>This action will carry forward to the Year 3 Plan.</p>
<p>Prepare system readiness for the implementation of the Health and Care Staffing (Scotland) Act 2019.</p>	<p>Complete</p>	<p>Care Inspectorate Improve Well evaluation programme to test the preparedness for the implementation of the Health and Care (Staffing) (Scotland) Act 2019 with the Care Inspectorate safe staffing lead confirming is now concluded.</p>

Attract



Attract

Action:	Progress	Detail:
<p>Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children's services.</p>	<p>Complete</p>	<p>The establishment of a Workforce Group is now complete. The workforce data is improved. Presence at recruitment events is now usual practice.</p> <p>A timetable for Mission 25 social media campaigns is aligned to service requests and topics of interest.</p> <p>The medical workforce strategy group now convenes monthly to implement the work including international recruitment plans, including a application lodged with the GMC.</p>
<p>As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above.</p>	<p>Not yet complete</p>	<p>Work to develop a workforce succession planning model for all levels of roles in adult support is still progressing. The delay is due to resourcing capacity.</p> <p>This action will carry forward to the Year 3 Plan.</p>
<p>As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above.</p>	<p>Complete</p>	<p>A well-co-ordinated postgraduate teaching programme for doctors with robust supervision arrangements are in place. There is now established a bimonthly forum for trainees to meet with the Clinical Lead for Education and Training.</p> <p>A Communication Strategy has been implemented and communications are now housed on Fife Council intranet and the HSCP website providing up to date guidance to the workforce</p>
<p>Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance.</p>	<p>Complete</p>	<p>The recommendation in the 2023 Safeguarding Audit is implemented. The role profile content relating to SSSC registration is updated with standard core wording. A Communication Plan aimed at hiring managers to ensure they are aware of the key changes has been actioned.</p>

<p>Develop approaches for youth apprenticeship and employability.</p>	<p>Complete</p>	<p>A revamped approach to the Foundation Apprenticeship delivery included devising an employer database has been established with details of responsible contacts, equality information and safeguarding requirements included. Attendance at career events is embedded in the programme to support progression.</p> <p>The Life Chances, alternative recruitment, a 13-week paid work programme is now live, and access is available to the partnership employers.</p>
<p>Attract the right number of employees to deliver our services to our communities.</p>	<p>Complete initial actions but continuing</p>	<p>Progress has been made to reduce the reliance of non-framework agency for both HCSW and Registered Nursing shifts. This includes cessation of Agency nursing unless by exception and a reduction in use of agency spend has been achieved. Monitoring is now established business as usual for the sustainable nursing group which completes the action.</p> <p>To ensure the Care Academy Strategic / Operational groups workstreams are aligned to Partnership employers' recruitment strategies a HSCP relationship manager has been recruited by Fife college. This action is now business as usual.</p>

Train



Train

Action:	Progress	Detail:
<p>Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills.</p>	<p>Complete</p>	<p>A redesign / relaunch for the Newly Qualified Social Worker forum centred on the first year of practice, is complete and delivers a 2-hour face to face session every other month with themes designed to complement the SSSC 'Supported Year' activity and is now a fixture of the development support for the workforce.</p>
<p>Establish Digital and Information for Paperlite solutions, in a way that supports a future workforce and upskills the current workforce.</p>	<p>Complete</p>	<p>To maximise digital access for the dispersed workforce to meet the need to progress to paperless systems needed in Home Care Services the records are now changed from paper form and the workforce has been upskilled to manage the digitalised data.</p>
<p>Expand locality-based training programmes that support pathways in health and social care.</p>	<p>Complete</p>	<p>Consideration has been given to deliver training with a locality focus to limit the need to travel and to maximise attendance.</p> <p>A programme to grow the Healthcare Support Care Worker (HSCW) role within the Medicine of the Elderly (MoE) to improve capacity to meet patient demand by upskilling the current workforce is now complete as group 4 will qualify in September. This will be a fixture in the staffing structure.</p>
<p>Expand locality-based training programmes that support pathways in health and social care.</p>	<p>Not yet complete</p>	<p>Development of a Earn as you Learn student placement programme for fulltime HSC students is being developed. A blueprint written by Scottish Government for employers builds on best practice, highlighting the principles of how colleges, social care employers and students can work effectively in partnership with Fife College.</p> <p>This action will carry forward to the Year 3 Plan.</p>

<p>Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Fife including supporting newly qualified practitioners.</p>	<p>Not yet complete</p>	<p>Development of an “Aspiring Social Worker” programme as a flagship programme within Fife, which will seek to encourage, inspire, and nurture the next generation of social workers within our own workforce, is underway. A Graduate Apprenticeship in Scotland if developed is anticipated to be available around 2025/26.</p> <p>This action will carry forward to the Year 3 Plan.</p>
<p>Engage with Higher Education, Colleagues, SSSC, and NES to support our approach to recruitment in Fife including supporting newly qualified practitioners</p>	<p>Complete</p>	<p>Development of the ScotCOM undergraduate medical program with Education, delivered in partnership with NHS Fife and St Andrews University has finished with the first 42 young people in Fife on placements for 2024/25. Marketing of the programme on the DYW platform and carousels is now developed. Science talks for year 1 is rolled out across all schools. This activity supports readiness for the programme going live from January 2026.</p>
<p>Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures.</p>	<p>Not yet complete</p>	<p>A review of the skill mixes for Advanced Practice roles within the Assessment and Rehabilitation Centre model has started but there continues to be further consideration and discussions about the potential budgetary impact given the current financial pressures before progressing.</p> <p>A hybrid medical nursing model with Advanced Nurse Practitioners to fit the future of care delivery for Elderly and frailty delivery is delayed because the community hospital redesign is not finalised</p> <p>These actions will carry forward to the Year 3 Plan.</p>

<p>Support the establishment of career succession pathways in health and social care.</p>	<p>Not yet complete</p>	<p>As part of RTP the Mental Health Service has commenced a review of its inpatient services, and the capacity of the existing workforce supported by the implementation of the Workforce Workload Planning tools. Recent recruitment of Newly Qualified Practitioners across Mental Health Nursing has provided additional staffing resource however recruitment continues to be an ongoing challenge across all professional groups. A review of skill mix within ward settings is underway to develop and measure the impact of enhanced roles intended to address the gaps in medical provision.</p>
<p>Implement Training Passport across sectors.</p>	<p>Not yet complete</p>	<p>This action has redeveloped to the Fife induction and training passport under development with the Care at Home Collaborative. This action will carry forward to the Year 3 Plan.</p>
<p>Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme.</p>	<p>Complete</p>	<p>Trauma Informed Practice (TIP) training is now established and accessible to the workforce.</p>
<p>Support for a digitally enabled workforce</p>	<p>Complete</p>	<p>A digital competency framework and strategy have been launched and promoted to the HSC workforce. Work includes:</p> <p>A network of 23 Digital champions have been created to support workforce development and skills improvement.</p> <p>The team have delivered 150 guides related to the Liquid Logic system which are listed on the FC Intranet technology hub section and delivered 136 HSC live training sessions achieving 90% attendance.</p>

<p>Development and delivery of locality-based training programmes</p>	<p>Complete</p>	<p>The Coach Approach training is a regularly available for partnership employers to access. Evaluations demonstrate that:</p> <ul style="list-style-type: none"> • 98% are still using the coach approach • Most (92%) are using it in one-to-one conversations, but more than half (53%) are also using it in group conversations. • 90% had already recommended the coach approach to others <p>Frailty training has been introduced incorporating work -based learning and key speakers from specialist areas. The Frailty Identification and Interventions e-learning course is available Qualitative feedback reported how this has increased their knowledge within key areas such as Frailty, Stress and Distress and informed them of key voluntary services available to support discharge planning.</p> <p>Leadership sessions for enhanced mental health clinical leadership that focuses on developing the strategic role have been introduced. The sessions are now embedded, and effectiveness is captured through summative evaluation.</p>
<p>Development and delivery of locality-based training programmes</p>	<p>Not yet complete</p>	<p>Development to improve the number of Mental Health Officer training programme to ensure there are enough officers is still evolving, and uptake remains under subscribed.</p> <p>This action will carry forward to the year 3 plan.</p>

Employ



Employ

Action:	Progress	Detail:
Develop recruitment platforms including greater presence across social media and HEI (higher education institutions) sources.	Complete	The website is live and includes staff information pages relating to professional standards, news, job opportunities, staff stories and job spotlights.
Measure growth and recruitment in line with national direction and investment including Care at Home - Care Homes - Mental Health and Recovery - Vaccination transformation -Primary Care Improvement (MOU2)	Complete	<p>A Primary Care Workforce strategic oversight group was formed, and membership developed.</p> <p>The group have delivered a year 1 delivery plan including 42 separate actions with 60% completed and 40% on track.</p>
Mental Health Recovery and Renewal.	Not yet complete	<p>Recruitment for Activity Coordinators in Mental Health and Learning Disability services has been under review. The Learning disability plan is progressing, however Mental health remains under review because of the financial position and decisions yet to be made.</p> <p>This action will carry forward to the Year 3 Plan.</p>
Provide a high-quality, Partnership specific, Induction resource for all staff that supports the retention of our workforce	Complete	The new online Partnership Induction tool launched in May 2024, and compliments the employer's induction programme and provides an understanding and overview of the HSCP.

Nurture



Nurture

Action:	Progress	Detail:
<p>Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices</p>	<p>Complete</p>	<p>The Hull Stress survey work findings supported the development of the Wellbeing Action plan underpinned by the wellbeing action group.</p> <p>Introduce quarterly Lead Nurse development sessions now implemented. A HSCP Professional Lead Nurse Group meets monthly, and the Open Professional Forum commenced which is held every 2 weeks.</p>
<p>Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.</p>	<p>Not yet complete</p>	<p>The establishment of an oversight group tasked with compiling workforce needs training available, with the intention of reviewing provision and developing improvement proposal with the third sector. This has been raised as an area of mutual benefit at the care at home collaborative and care home collaborative, and work will be taken forward to look at how this could be standardised.</p> <p>Expansion of the role of the Physician Associate within the Fife Rehab Service is not progressed due to new consultant having left and reliance on locum cover. There will be no sustainable medical available until 2025/26.</p> <p>These actions will carry forward to the Year 3 Plan.</p>
<p>Support the capability of our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.</p>	<p>Complete</p>	<p>A review of the 'Flexibility Works' pilot has concluded, and consideration given to flexible approaches is now embedded as normal practice. Development days and newsletters to inform the workforce have been actioned.</p>

<p>Support line managers to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work.</p>	<p>Complete</p>	<p>The medical workforce strategy group is now established with a remit to monitor:</p> <ul style="list-style-type: none"> • Mapping workforce pressures and opportunities. • Scoping best practice and professional recommendations within the context of changing roles. • Providing an understanding of the impact of innovation and change and define what is required to deliver sustainable services, within proposed risk parameters. <p>The Community Care Redesign Project Board quarterly newsletter has progressed with engagement reaching 256 people in addition to the 97 staff out of 133 (72%). There have been two newsletters sent out. Staff members were included on the project board.</p> <p>In line with the Hull University Wellbeing study / recommendations, the survey work findings supported the development of the Wellbeing Action plan underpinned by the wellbeing action group.</p>
<p>Developing an engagement programme across the partnership that informs a shared set of values.</p>	<p>Complete</p>	<p>Delivered and evaluated the Systems Leadership Programme including compassionate leadership, outlined in the Year 1 Plan to ILT members. The second programme started in September 2024.</p> <p>A 'keeping connected' forum was introduced. Initial aims have been achieved and assimilated into business as usual for the OD & Culture Team</p> <p>Delivered engagement session and consultation exercise to inform the creation of an EDI action plan which was approved by IJB.</p>
<p>Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.</p>	<p>Complete</p>	<p>The response rate for 2024 is 70%</p> <p>The employee engagement index is 78, an increase on 2023, matching pre-covid levels.</p>

Ensure a nurturing workplace culture is at the heart of strategic and policy decision-making forums

Complete

The Partnership Wellbeing Group to implement an integrated Partnership approach to the mental health and wellbeing of the workforce group is now established and active. The survey Wellbeing Action Plan is now actioned underpinned by the wellbeing action group



Fife Health & Social Care Partnership



Supporting the people of Fife together



Workforce Strategy 2022-25



Year 3 Action Plan | 2024-25



Supporting the people of Fife together



Strengthening our workforce planning



Plan

We will strengthen our workforce planning by:

- Improving workforce planning capability within the Health and Social Care Partnership, ensuring robust use of workforce and demographic data to inform gaps, pressure points and priorities aligned to our Strategic Plan and considering our Strategic Needs Assessment.
- Ensuring all portfolios develop workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future demand and projected staffing changes.
- Developing pathways that set out career progression, succession planning and retention to support a workforce that is representative of the communities we serve and in line with Equality Impact Assessments.
- Enabling the whole system to align with our Workforce, Strategic and Financial Plans and creating a culture of continuous improvement.
- Continuing to develop Integrated Services in the hearts of our communities in line with the priorities for the Strategic Plan and the legislative requirement for locality planning.
- Ensuring that workforce planning supports the capacity and capabilities required through our transformation and redesign of services and models, in line with the agreed funding model.
- Continuing joint working and support for the development of the Local Partnership Forum in line with our Staff Partnership Agreement
- Reviewing all business continuity plans, considering the learning through COVID, to support service and workforce resilience.
- Working closely with regulatory bodies such as the Care Inspectorate regarding the workforce requirements in line with national standards

Strategic / Operational Goal: Analyse the gap... Review sustainability of all services by running available Workforce and Workload Planning Tools, giving cognisance to Safe Staffing Legislation, Digital Opportunities, the national standards scrutinised by the Care Inspectorate and Health Improvement Scotland and national difficulties in recruitment across certain professional groups / specialties

Action required:

By June 2025, develop with stakeholders the **HSCP Three-Year Workforce Plan 2025/28** to assess workforce demand and need predicated on the Five Pillars of the Strategy in the short term (12 months) and medium term (12 -36 months) which covers:

- Supporting evidence-based workforce planning

Success measure:

We will have an Integrated Plan that aligns with the Scottish Government "Five Pillars of the workforce journey" and provide a sufficient level of detail to fully reflect our key local challenges and priorities. Our plan will provide assurance to our IJB and our governance structure including the LPF and standing committees.

<ul style="list-style-type: none"> • Using domestic and ethical international recruitment to attract the best staff into health and care employment • Supporting staff through education and training to equip them with the skills required • Making the partnership the “employers of choice” by ensuring staff are, and feel, valued and rewarded • Creating a workforce and leadership culture focusing on the health and wellbeing of all staff <p style="text-align: right;">Lead – Roy Lawrence</p>	
<p>Action required: By May 2025, using improved workforce analysis data to improve capacity to determine how many MHOs are required to meet the statutory duties under the Mental Health Act, Criminal Procedures Act and Adults with Incapacity Act, year on year, and to develop a strategy and service level agreement that ensures all directorates have the same responsibility to promote MHO’s.</p> <p style="text-align: right;">Lead – Lynn King</p>	<p style="text-align: right;">Success measure:</p> <p>The refreshed service level agreement will reduce the staffing gap in adults’ assessment and care management service by defining how much work is shared across the dedicated MHO Teams.</p>
<p>Action required: By February 2025, complete a short pilot on data collection with Third Sector providers to inform the permanent process thereafter. This includes confirming headcount and FTE equivalent. The survey will be completed twice annually in February and September to map workforce trends.</p> <p style="text-align: right;">Lead – Kenny Murphy / Chris Johnstone</p>	<p style="text-align: right;">Success measure:</p> <p>We will have a workforce sample using current data to enable improved understanding of workforce recruitment / retention trends in the Voluntary (Third) Sector and support future workforce planning.</p>
<p>Action required: By June 2025, build on from year 2 work to date, continue to support the Third and Independent sectors to develop local workforce data collection to inform and influence the planning needs for Health and Social Care both at an Organisational and Partnership level.</p> <p style="text-align: right;">Lead – Dafydd McIntosh</p>	<p style="text-align: right;">Success measure:</p> <p>The statutory partners workforce data will be enhanced with up-to-date data provided by the third and independent sectors. Workforce trends will be shared with sector leads to influence strategic planning to reverse or escalate trends.</p>

Strategic / Operational Goal: Evidence correlation with safe staffing levels and quality of care through regular updates from the Excellence in Care and Workforce Leads.

Action required – By April 2025, introduce the Total Mobile electronic rota system in the adults’ support and accommodation services to support effective staffing allocation.

Lead – Christineann Wilson

Success measures:

The service will have a system that collates data on staff allocation to ensure that suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for:

- a) the health, wellbeing and safety of service users,
- b) the provision of safe and high-quality care, and
- c) the wellbeing of staff.

Action required:

By April 2025, align the scheduling team in homecare to adult support and accommodation service to deliver the operation of the electronic rota system to ensure cost effective and efficient use of resources.

Lead – Christineann Wilson

Success measure:

The allocation of staff will be consistent in homecare and adults’ accommodation services through efficient use of resources and adding best value by avoiding duplication of staff teams to deliver the work.

Action required:

Continuing from Year 2, by April 2025, develop actions around reducing nursing supplementary staffing, including bank and agency nursing staff usage, and monitor the impact on financial and quality of care through the remaining use of supplementary staffing and reconfiguration of the nursing workforce.

Lead – Tanya Lonergan

Success measures:

- a) The sustainable workforce model is improved by increasing the number of permanent staffing.
- b) The cost of supplementary staffing for the Partnership is reduced to support our Medium-Term Financial Strategy.

Strategic / Operational Goal: Develop new workstyles to support more flexible and inclusive working across the Partnership.

Action required:

By April 2025 explore and design work patterns to improve workforce planning capability for 12-hour shift patterns to move to a standardised pattern in adults support and accommodation services.

Lead – Christineann Wilson

Success measure:

The workforce will have a standardised shift pattern and workforce planning will be improved because of increased flexibility when allocating workforce.

Action required:

Continuing from Year 2 - in line with the Medium-Term Financial Strategy - support Complex & Critical Care Services to address the workforce challenges of introducing a new model of overnight care that looks to maximise the independence, dignity and privacy of the people who use our community service. The work will move to consultation with service users and staff on what they would like to see from any new Overnight Care Model that will in turn help shape the work around Options Appraisal.

Lead – Principal Social Work Officer

Success measures:

- a) The workforce will increase capacity to work in daytime numbers that can be measured and evaluated. We can evidence we are supporting the workforce to change working practice through feedback on the delivery of OD and L&D inputs.
- b) The benefits relating to improvement of health and wellbeing is reported through service review plans and staff consultation / engagement exercises.

Strategic / Operational Goal: Continued engagement with the Care Home and Care at Home Collaborative Forum to ensure the independent sector have an equal voice in the safe delivery of care in this sector.

Action required:

Continuing from year 2, Participation, Engagement and Collaboration will be promoted to optimise common interests of all employers and to generate solution focussed outcomes supported by the Fife HSCP and wider stakeholders.

Lead – Paul Dundas

Success measure:

The Fife Care Home Co-operative and the Fife Care Home Collaborative are informed and delivering on outcomes defined by the groups. Key tactics and measures will be created to determine the success set against this action.

Strategic / Operational Goal: Prepare system readiness for the implementation of the Health and Care Staffing (Scotland) Act 2019.

Action required:

Continuing from year 2, monitor the implementation of the Health and Care (Staffing) (Scotland) Act 2019 on the medical staff including monitoring testing requirement outcomes until June 2025.

Lead – Helen Hellewell

Success measure:

Evaluate the impact on the ability to deliver the benefits for quality care including measurement of workforce resourcing and compliance with the Act. This will be reported through the Workforce Strategy Group and updates to the SLT.

Strategic / Operational Goal: Prepare for the impact of staffing requirements in the 'Setting the Bar' report from Social Work Scotland.

Action required:

Continuing from Year 2, because of resourcing capacity, by September 2025, analysis and evaluate demand in the system, caseload and currency and other priorities that teams carry to align with caseload accountancy, including statutory functions, supervision effectiveness and workforce capacity / contingency modelling.

Lead – Principal Social Work Officer

Success measure:

Teams' caseloads are measured in line with the policy requirement. Workforce planning tools to determine capacity, caseload management tools will be introduced to support self-management of allocations of work. We will evidence compliance with the requirements of 'Setting the Bar' and report through the Workforce Strategy Group and governance structures for assurance.

Attracting people into careers in Health & Social Care



Attract

We will attract people into careers in Health and Social Care by:

- Increasing workforce capacity and supply routes into Health and Social Care across all our sectors through a joined-up approach to advertising and marketing and creating the collaborative conditions that support integrated joint working.
- Exploring the potential for increasing the international workforce supply routes into Health and Social Care through engagement with NHS Fife, Fife Council and the Third and Independent Sector.
- Prioritising recruitment against our current workforce priorities including children’s services, mental health, social care, primary care, to support our recovery agenda.
- Putting in place infrastructure that will facilitate longer term workforce growth through enhancing the attractiveness of Health and Social Care services to prospective employees.
- Targeted and creative recruitment campaigns in Social Care emphasising the wide range of roles across the sector, the skills, and values of those working in these roles, and the potential for achieving recognised qualifications whilst employed to incentivise career progression.
- Increasing the number youth apprenticeships and employability programmes and initiatives into health and social care.
- Development of the professional structure across Social Work, Medicine, and Nursing, including collectively accountability and assurance.

Strategic / Operational Goal: Focused recruitment campaigns targeted at areas of greatest workforce pressures including social care, mental health, and children’s services.

Action required:

By April 2025, evolve the social care Health & Care (Staffing) (Scotland) Act 2019 (HCSA) post-implementation group to develop recruitment strategies developed through use of workforce planning data including the establishment gap.

Lead - Dafydd McIntosh

Success measure:

Improving recruitment campaigns and practices are effective in closing the establishment gap whilst reducing the costs associated to recruitment activity because of increased workforce planning capacity.

<p>Action required: By August 2025, promote and implement the higher education 'Earn and Learn' placement model for full time Social Care students to be in employment as part of the college course programme for students starting in the academic year 2025/26.</p> <p style="text-align: right;">Lead - Dafydd McIntosh</p>	<p style="text-align: right;">Success measure:</p> <p>Health and Social Care students with a mandatory work placement are employed which serves as the placement component and improves retention upon course end. The data will demonstrate an increase in applications to study health and social care courses whilst simultaneously supporting staff recruitment because of the ability to earn and study.</p>
<p>Action required: By August 2025, building on previous plans, develop the international recruitment for Psychiatry and development of portfolio opportunities for General Practice to increase the retention of the GP workforce - decreasing the use of locum contingency model.</p> <p style="text-align: right;">Lead – Helen Hellewell</p>	<p style="text-align: right;">Success measures:</p> <p>The staffing analysis will show a reversal in the trends by showing:</p> <ul style="list-style-type: none"> a) An increase in GP retention for Fife b) A decrease in the use of locums, which will improve patient experience.

Strategic / Operational Goal: As part of the Directorate and Portfolio level Workforce Plans, consider succession planning implications for range of critical roles, including supervisor and practitioners' grades and above.

<p>Action required: By April 2025, develop a refreshed procedure to process funded qualifications available to the Fife Council regulated social care workforce that ensures improved allocation and monitoring of cohorts with contracts.</p> <p style="text-align: right;">Lead – David Crooks</p>	<p style="text-align: right;">Success measure:</p> <p>The information and process will deliver consistently to ensure equity of access to statutory qualifications. The refreshed process will support increased retention, improved induction management, and reduce funding losses and will be monitored on a monthly basis via new Establishment Data Tool.</p>
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Strategic / Operational Goal: Implement the professional assurance structure across health and social care supporting quality, standards, and professional assurance.

Action required:

By April 2025, launch the framework that underpins 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 for social work and social care within the Partnership.

Lead – Principal Social Work Officer

Success measure:

The quality of services delivered will be analysed against statutory functions, national and local policy expectations, and practice guidance. 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.

Strategic / Operational Goal: Develop approaches for youth apprenticeship and employability.

Action required:

By April 2025, collaborate with education and college partners to develop a youth apprenticeship programme in social care in sufficient numbers directed by the workforce data to mitigate loss of skills aligned to our aging workforce.

Lead – Dafydd McIntosh

Success measure:

We increase the number of 16 -24-year-olds securing employment in health and social care. This will be measured against the current workforce data demographics to support a future targeted position for the 2025/28 workforce plans.

Action required:

By January 2025, develop and promote in all Fife High Schools a series of carousel events titled '**Do You Want To Be A Doctor**' aimed at S4 pupils and the parents / caregivers to influence subject choices that will develop a pipeline to the ScotCOM programme.

Lead – Dr Kim Steele

Success measure:

We see an increase in pupils deciding early in their school career to follow a pathway to medicine and the events drawing enough to sustain the ScotCOM pathway. The effectiveness of the events will be measured against the destination data collated by all schools.

Strategic / Operational Goal: Attract the right number of employees to deliver our services to our communities.

Action required:

By August 2025 ensure the Care Academy partners are aligned to the Partnership employers' recruitment strategies and continue to develop innovative ways to grow the workforce through HIE access and funding models.

Lead – Dafydd McIntosh

Success measure:

We see an increase of recruits via college placement and career events and use our collective knowledge to influence and develop improved ways of engaging the public to consider caring careers by continuing the monthly strategic huddle arrangements with sector and college leads.

Actions required:

By August 2025, seek to increase the number of 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.

Lead – Chris Conroy

Success measure:

Fife currently is supporting one Clinical Fellow, with 2 previous Clinical fellows now permanently employed within practices across Fife which demonstrates the increased support is directly linked to GP retention. By increasing the numbers will see a continued rise in GPs' securing permanent employment in Fife.

Supporting the development of our workforce



Train

We will support the training and development of our workforce by:

- Working with partners in NHS Fife, Fife Council and the Third and Independent Sectors to support engagement with Higher Education, Local Colleges and Professional and Practice Developments, and the Scottish Social Service Council (SSSC) and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels, with new programmes directly aligned to developments in service design and strategic priorities.
- Implementing “grow your own” pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.
- Implementation of a training passport which recognises core training across sectors.
- Progressively expanding the role of locality-based training programmes to support pathways into Health and Social Care services, which enable existing staff to work flexibly across their practitioner licenses to improve service outputs and increase the pace of role-redesign to facilitate longer-term service reform.
- Supporting the development of digitally enabled workforce in line with new models of working and care delivery, working with partners including Housing.
- Supporting new entrants to Health and Social Care through developing and delivering robust induction for all new starts into Health and Social Care with support for Newly Qualified Practitioners.
- Enabling implementation of core and mandatory training including implementation of the National Infection Prevention Control (IPC) induction resources and a professional support tool.
- Supporting the development of a trauma-informed workforce via the National Trauma Training Programme.
- Developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.
- Supporting Quality Assurance and Improvement across our services through skills development including care homes, care at home, adult resources, community care, preventative care, and complex care.

<p>Strategic / Operational Goal: Provide learning for our workforce to develop skills that support higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care.</p>	
<p>Action required: By August 2025, operate an active portfolio review – to ascertain how staff will manage the increased complexity including developing skills to support changing needs and higher acuity or complexity within the community or home/homely setting through Hospital at Home, palliative care, and social care. Lead – Leesa Radcliffe</p>	<p>Success measure: We will be able to evidence an increase of staff upskilling to support service users with higher acuity to be supported in environments that are familiar and with staff known to them. The benefits will be to reduce absence cases caused by stress related causes.</p>
<p>Action required: By August 2025, develop a tiered enteral feeding training programme to support the up skilling of the adult’s social care workforce in line with integrated working plans. Lead – Jacqui Crooks</p>	<p>Success measure: We will be able to evidence an increase in the number of skilled staff to gain enteral feeding competence certification to support service users with higher acuity to be supported in environments that are familiar and with staff known to them and reduce the need for external support visits.</p>
<p>Action required: By June 2025, develop training programmes to address the skills gap analysis across the core and cluster services to address complex needs and physiological disorders for a changing client group. The training programme will be time limited and progressive - responsive to community needs. Lead – Jacqui Crooks</p>	<p>Success measure: We will be able to evidence an increase in the number of skilled staff to gain competence certification to support service users with higher acuity to be supported in environments that are familiar and with staff known to them and reduce the need for external support visits.</p>

Strategic / Operational Goal: Increase the Partnership's ability to support the newly qualified workforce with post qualifying opportunities to enhance knowledge and skills.	
Action required: By April 2025, extend the Objective Structured Clinical Examination (OSCE) programme for nurses recruited internationally in independent nursing homes to achieve an OSCE test which is required to practice within the UK before they can register with the NMC. <p style="text-align: right;">Lead – Alison McArthur</p>	<p style="text-align: right;">Success measure:</p> We have internationally recruited nurses extend their skills to register with the NMC and to achieve parity of training with NHS nurses in a cost-effective way.

Strategic / Operational Goal: Promote and grow Advanced Practitioner (AP) opportunities in response to wider service sustainability pressures.	
Action required: Expanding on year 2 action, following a period of consultation seek to implement a hybrid medical nursing model with Advanced Nurse Practitioners to fit the future of care delivery for Elderly and frailty delivery by August 2025. <p style="text-align: right;">Lead – Michelle Williamson</p>	<p style="text-align: right;">Success measure:</p> We can demonstrate the service benefits of the introduction of the Advance Nurse Practitioner (ANP) / Medical hybrid model with upskilling Annexe 21 posts and training band 6 which will increase the skills and competency of the hybrid model and support retention, with support / oversight from the medical workforce. The benefits will see a reduction in the reliance of the medical care delivery which is currently being supported by agency and gateway doctors.

Strategic / Operational Goal: Implementing "grow your own" pathways for posts that are either specialist or in hard to recruit areas to support the required pipeline of roles within the medium term.	
Action required: By October 2025, seek to launch a "Pilot Aspiring Social Worker" flagship programme within Fife, which will seek to encourage, inspire, and nurture the next generation of social workers within our own workforce, seek to use our own talent amongst our social work assistants, and eventually extending the proposal to the wider Fife community in a "grow your own" scheme. <p style="text-align: right;">Lead – Lynn King</p>	<p style="text-align: right;">Success measure:</p> This becomes a flagship programme for Fife; eventually reaching into colleges, service user groups and the local community. This can place Fife at the forefront and ensure that we understand and proactively respond to our workforce needs, whilst future ensuring that we are actively planning our future workforce needs. Should the programme be successful it can be extended for 2025/28 to include Senior Practitioner, Team Manager and Mental Health Officer roles.

<p>Action required: By April 2025, map out an Occupational Therapy Degree career pathway with Fife College Care Academy aimed at OT assistants and launch a pilot in the 2025 academic year aim.</p> <p style="text-align: right;">Lead - Leesa Radcliffe</p>	<p style="text-align: right;">Success measure:</p> <p>To have a viable succession pathway aimed at OT assistants to train as therapists whilst remaining in employment. The benefits will ensure there is a definitive succession pathway in recruitment to OT assistant and therapist roles.</p>
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Strategic / Operational Goal: Implement a Training Passport across sectors.

<p>Action required: A working group has been established to propose a way forward for a HSCP induction and learning passport. By April 2025 the group's proposed design is agreed including the approach to consider the deployment of the Passport across Fife HSCP. Members of the Care at Home Collaborative will engage and represent their views about the design and content.</p> <p style="text-align: right;">Lead – Paul Dundas / Elizabeth Crighton</p>	<p style="text-align: right;">Success measure:</p> <p>The introduction of a passport will be completed, and the model adopted in the care home collaborative. The benefits include reducing repeated costs for training and will demonstrate best value in how resources are, and the staff will improve consistency of learning and induction when starting in the role.</p>
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Strategic / Operational Goal: Drive the implementation of Trauma Informed Practice and support the workforce to develop a trauma informed practice approach through the National Trauma Training Programme.

<p>Action required: By October 2025, complete a wide-ranging review that benchmarks the sustainability of the level 1 mandatory training and level 3 for social workers training by compiling stats, and a SWOT analysis to measure the impact on practice and align the steering group and collective to the national programme agenda.</p> <p style="text-align: right;">Lead – Jenni Kaski</p>	<p style="text-align: right;">Success measure:</p> <p>We will have a detailed analysis of the uptake and impact of the training which will inform a communication plan and sustainable programme that will reflect the national programme agenda. This work will inform a train the trainer programme for 2025 /28 workforce plans.</p>
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Strategic / Operational Goal: Support a digitally enabled workforce.

Action required:

By October 2025, introduce a programme of work to explore status, integration options, new system options, or alternative ways of integration including a workforce digital enabling dashboard to be updated bi-monthly to ensure there is sufficient support made available to the workforce.

Lead – Eileen Duncan

Success measure:

We will have in place a programme to increase access to systems across NHS Fife and Fife Council using an established prioritised workplan to enable our workforce to access systems, reducing barriers to access and finding solutions for resolution using enhanced use of data & analytics. The Digital Oversight Board will capture and report on progress bi-monthly. This work will inform the 2025/28 Workforce Plan.

Increasing employment into Health & Social Care



Employ

We will increase our employment into Health and Social Care by:

- Monitoring progress and growth in workforce against recruitment commitments set out in our Winter and Recovery for Health and Social Care work; Adult Social Work; Mental Health Renewal and Recovery; Vaccination Transformation and Primary Care Improvement (MOU2).
- Developing and delivering Social Work advanced practice and quality improvement career pathways and strengthening the integrated multi-disciplinary models within health and social care.
- Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.
- Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.

Strategic / Operational Goal: Measure growth and recruitment in line with national direction and investment including Care at Home - Care Homes - Mental Health and Recovery - Vaccination transformation -Primary Care Improvement (MOU2)

Action required:

Continuing from Year 2, complete the review of Mental Health services by April 2025 in accordance with the financial outlook which includes the proposal to recruit and develop Activity Coordinators to support increased workload capacity for qualified staff and to improve the patient experience through meaningful activity in line with Mental Welfare Commission guidance.

Lead – Tanya Lonergan

Success measure:

Provide articulation of service benefits associated with the introduction of new roles by detailing the greater impact for the qualified workforce and workload capacity.

<p>Action required Ensure that we have a sustainable & competent workforce that is supported to provide the best possible recovery focused care in line the Mental Health and Wellbeing Strategy.</p> <p style="text-align: right;">Lead – Dafydd McIntosh</p>	<p style="text-align: right;">Success measure:</p> <p style="text-align: center;">Progress on recruitment and retention will be monitored using data and evidence to enable sufficient skilled workforce that will drive change to create a equitable and responsive mental health system.</p>
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<p>Strategic / Operational Goal: Developing career pathways that support skills mix, new roles and retention in practice areas across Health and Social Care including Mental Health Officers.</p>	
<p>Action required: By July 2025 improve access to the pathway for registered social workers interested in undertaking MHO training including a 6-month secondment to one of the dedicated MHO teams, and to double the intake of MHO students from Fife each year.</p> <p style="text-align: right;">Lead – Lynn King</p>	<p style="text-align: right;">Success measure:</p> <p style="text-align: center;">We can demonstrate an increase in social workers accessing the MHO pathway via the pathway. The increase in MHO numbers will support reducing the waiting list for welfare guardianship orders reports, whilst increasing the number of people subject to the Mental Health Act for more than 6 months having an assessment under Self Directed Support legislation.</p>

<p>Strategic / Operational Goal: Continuing to work in partnership with the employers across statutory, Third and Independent sectors regarding Fair Work requirements in line with National Direction.</p>	
<p>Action required: By April 2025, conclude a consultation exercise with Third Sector leads to address the results obtained via the sector training needs analysis that identified gaps in learning related to managers with leadership and culture development. This gap is identified as a critical factor for managers.</p> <p style="text-align: right;">Lead – Diane Roth / Louise Radcliffe</p>	<p style="text-align: right;">Success measure:</p> <p style="text-align: center;">The collaborative approach with integrated partners will address evidence-based gaps in provision by seeking solutions that have benefit to the workforce in response to the sectors training needs analysis data. This ensures the identified workforce needs are actioned to improve retention and evaluate effectiveness that will inform increased co production for future course programmes.</p>

Action required:

By August 2025, seek to expand the opportunity for international / sponsored workforce to access equitable funding / learning required to deliver the work in line with employees holding settled status.

Leads – Dafydd McIntosh / Paul Dundas

Success measure:

Social care employees recruited on sponsorship license to deliver a service in Fife, will have access to equitable information to funded opportunities relating to professional qualifications or training programmes.

Nurturing our workforce



Nurture

We will nurture our workforce by:

- Supporting staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation and remobilisation and recovery.
- Supporting the capacity within our workforce to engage in the transformation and quality improvement priorities, whilst recognising the challenges on current workforce and service pressures.
- Listening and learning from staff about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.
- Developing Leadership Programmes across Health and Social Care.
- Nurturing our Leaders as part of the opportunities available to support leadership growth such as SOLACE (Society of Local Authority Chief Executives) Springboard, Project Lift Systems Leadership Programme and Scottish Social Services Council's Leading for the Future.
- Investing in our Culture and Leadership through the Extended Leadership Team, Senior Leadership visibility, leadership development at all levels and Organisational Development approaches.
- Championing and delivering the policies of NHS Fife and Fife Council to support a nurturing workplace culture.
- Developing an engagement programme across our workforce to inform a set of shared values which we all hold.
- Supporting readiness for the implementation of the Safety (Health and Care (Staffing) (Scotland)) Act 2019.
- Good governance in the implementation of Part 8 of the National Whistleblowing Standards.
- Continuing to promote the mental health and wellbeing of the Health and Social Care workforce, led through the introduction of a Partnership Wellbeing Strategy Group, which is working through an integrated wellbeing strategy approach to understand our workforce sectors.
- Recognising that staff may be unpaid carers and support staff in line with the Carers Act and our partner organisations' flexible working conditions.

Strategic / Operational Goal: Support managers in managing the wellbeing of our workforce through policy / procedure and guidance development, including induction, training and development and personal development practices.

Action required:

By June 2025, we will deliver a short-term pilot on exit interviews with a sample of employers that have a higher-than-expected turnover to enable us to learn from feedback received when people leave our services.

Lead – Elizabeth Crighton

Success measure:

We will have reliable data that provides analysis of trends to support our retention and recruitment practices, our approaches to nurturing our workforce, and how we plan for the sustainability of our services.

Action required:

By September 2025, undertake a Supervision audit 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 and set a benchmark for annual auditing purposes.

Lead – Principal Social Work Officer

Success measures:

- a) The Principal Social Work Officer Team will consider the outcome of the audit and provide assurance and recommendations to the Senior Leadership Team and the Local Partnership Forum.
- b) Supervision meetings will occur to a regular frequency (every 6-8 weeks) with an agreed record of discussion completed by the line manager on an agreed template.

<p>Action required: By April 2025, pilot and launch the managers essential learning programme which supports healthcare managers to access essential learning within 100 days that ensures transferable skills across an area of practice.</p> <p style="text-align: right;">Lead Jackie Millen</p>	<p style="text-align: right;">Success measures:</p> <p>a) Our managers will be enabled to understand their role against benchmarked criteria to ensure consistency and readiness of the role. b) The benefits will be increased retention and improved consistency of information.</p>
<p>Action required: By April 2025, expand the managing and leading care teams programme delivered by Fife College Care Academy to social care services specifically for supervisors identified for succession and lead officers new to post.</p> <p style="text-align: right;">Lead – Jacqui Crooks</p>	<p style="text-align: right;">Success measures:</p> <p>a) Our leaders will feel more confident and understand the skills required to manage and lead effectively. b) The benefits will be a reduction in conflict management and supports retention and progression.</p>

<p>Strategic / Operational Goal: Support our workforce to take responsibility for their own health and wellbeing and use training and development to engage and focus employees on their own health and wellbeing.</p>	
<p>Action required: Throughout 2025, recruit volunteers to serve as ambassadors for wellbeing, participate in regular check-ins with ambassadors to share updates, plan future activities, and support their role and develop engagement across our workforce.</p> <p style="text-align: right;">Lead – Elizabeth Crighton</p>	<p style="text-align: right;">Success measure:</p> <p>We support an increased number of ambassadors participate, the benefits will include increasing the number of subjects discussed / conferences and events taken forward and see a reduction on the manager's time.</p>
<p>Action required: By April 2025, lead the Partnership stress risk assessment survey to inform the development of an action plan.</p> <p style="text-align: right;">Lead – Elizabeth Crighton</p>	<p style="text-align: right;">Success measure:</p> <p>The action plan will demonstrate actions that reflect the workforce views and contribute to improving resources that increase resilience and reduce stress related absence.</p>

<p>Action required: By March 2025, create 'Brave Spaces' for our workforce, to enable an environment where individuals can freely voice their ideas, ask questions, and engage in constructive dialogue.</p> <p style="text-align: right;">Lead – Louise Radcliffe</p>	<p style="text-align: right;">Success measure:</p> <p style="text-align: center;">There will be at least approved two spaces established across localities catering for staff in varying locations, with regular sessions timetabled across localities.</p>
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Strategic / Operational Goal: Developing an engagement programme across the partnership that informs a shared set of values.

<p>Action required: By March 2025, 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.</p> <p style="text-align: right;">Lead – Louise Radcliffe</p>	<p style="text-align: right;">Success measure:</p> <p style="text-align: center;">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.</p>
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<p>Action required: By August 2025, after achieving Bronze Level in 2024, seek to achieve Silver Level recognition through the Equality Pathfinders scheme by building on the continuous learning initiatives and a high-level communication campaign to raise awareness about EDI, while evaluation processes will ensure the ongoing refinement of these efforts.</p> <p style="text-align: right;">Lead – Louise Radcliffe</p>	<p style="text-align: right;">Success measure:</p> <p style="text-align: center;">The group achieve Silver Level status and the scheme will be recognised as a best value approach across the workforce.</p>
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Strategic / Operational Goal: Implement learning from our workforce about what matters to them through the implementation of the annual iMatter survey and associated action plans in partnership with the Local Partnership Forum and in support of good staff governance and emotionally intelligent and responsive leadership.

Action required:

By September 2025, continue to promote engagement with services to support a continued build on the responses and demonstrate through the leadership tiers actions that support responsive leadership.

Lead - Diane Roth

Success measure:

The response factor for iMatter will be sustained or increase, and the Actions Plans will reflect capacity for transformation and generate collective improvement.

Strategic / Operational Goal: Ensure a nurturing workplace culture is at the heart of strategic and policy decision-making forums.

Action required:

By March 2025, complete and analysis the mapping meetings exercise designed to consider best use of people's time by reducing duplication of subgroups and meetings having clear objectives that are timebound.

Lead – Sam Clarke

Success measure:

The volume of meetings will enable the workforce to plan time more effectively and to promote decision making capacity. The benefits will see meetings with clear purpose and timebound dependent on its purpose.

The Co-design Group and Leads for the Year 3 Plan:

Audrey Valente	Chief Finance Officer
Bernie Obeirne	Team Manager Workforce Development Fife Council HR
Brian McKenna	HR Manager NHS
Caroline Bruce	Service Manager Adult Services Resources
Christineann Wilson	Team Manager Adult Support and Accommodation
Christopher Campbell	Team Manager - HSCP Resources Contracts
Christopher Conroy	Senior Portfolio Manager - Primary and Preventative Care
Dafydd McIntosh	Organisational Development & Culture Specialist (Workforce Strategy)
David Crooks	Workforce Development Lead Officer HR (Qualifications)
Diane Roth	Organisational Development & Culture Specialist (Staff Engagement)
Eileen Duncan	Programme Manager (Digital) HSCP
Elaine Law	Service Manager Social Work
Elizabeth Crighton	Organisation Development and Culture Specialist (Staff Wellbeing)
Extended Leadership Team (ELT)	All Direct Reports to SLT
Fiona McKay	Interim Director HSCP / Chief Officer
Hazel Williamson	Internal Communications Advisor
Hilary Munro	Professional Head of Service, Speech and Language Therapy
Human Resources	HR Fife Council and HR NHS
Jackie Millen	Interim Learning and Development Manager
Jacqui Crooks	Workforce Development Lead Officer HR (HSC Training)
Jacque Stringer	Locality Planning Co-ordinator
James Ross	Head Children & Families & Criminal Justice / Chief Social Work Officer
Jenni Kaski	Workforce Development Lead Officer HR (Trauma Informed Practice)
Jennifer Rezendes	Principal Social Work Officer
Jillian Torrens	Head of Complex and Critical Services
Karen Marwick	Home Care Service Manager
Kenny Murphy	Chief Executive Fife Voluntary Action

Kirsty Martin	Service Manager, Employability & Employer Engagement
Leanne Harkins	Lead Officer Fife Council Workforce Youth Investment
Lee Ann French	HR Business Partner Fife Council
Lee Cowie	Clinical Services Manager, Child/Adolescent Mental Health
Leesa Radcliffe	Clinical Services Manager
Lindsey Chisholm	Assistant Principal, Fife College
Lisa Cooper	Head of Primary and Preventative Care
Lorriane Cooper King	Business Manager Community Care Services
Louise Radcliffe	Organisation Development and Culture Specialist (Equality, Diversity & Inclusion)
Lyndsey Dunn	Community Flow/Delayed Discharge and Integrated Hub Manager
Lynn Barker	Associate Director of Nursing
Lynn King	Workforce Development Lead Officer HR
Lynne Garvey	Director / Chief Officer Health and Social Care Partnership
Michelle Williamson	Clinical Service Manager
Olivia Robertson	Senior Manager, Children's Services Projects
Paul Dundas	Independent Sector Lead Scottish Care
Rachel Heagney	Head of Improvement, Transformation & PMO
Rhona Waugh	Head of Workforce Planning & Staff Wellbeing NHS Fife
Roy Lawrence	Principal Lead for Organisational Development & Culture
Ruth Bennett	Health Promotion Manager
Samantha Clarke	Business Manager Primary & Preventative Care
Senior Leadership Team (SLT)	All Direct Reports to the Director
Sharon Crabb	Public Health Service Manager
Sharon Docherty	Consultant Clinical Psychologist
Stephen Smith	Project Manager (Trauma Informed Practice)
Tanya Lonergan	Head of Nursing
Tom Cross	Service Manager Social Work Hospital Discharge and Older People's Care Homes
LPF Co-Chairs representing Trade Unions & Staff Side	



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



Annual Whistleblowing Report: April 2023 to March 2024



Supporting the people of Fife together



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1. Executive Summary

This Report is the first in the agreed annual reporting cycle to the Integration Joint Board and Local Partnership Forum of the Partnership. The reporting structure aligns with the Part 8 Standards of the National Whistleblowing Standards, which sets out the responsibilities for Health & Social Care Partnerships. As agreed at the IJB previously, a mid-year Report was presented to the Audit & Assurance Committee in March 2024 for feedback prior to presenting this first Annual Report for 2023-24. Feedback from the Committee was taken on Board and has helped to shape this Report.

This Report is a genuinely collaborative piece of work between NHS Fife, Fife Council and the Health & Social Care Partnership and is underpinned by policies, procedures and data implemented by the employer organisations. The design of the approach has been informed by the Partnership Whistleblowing Group, which has representation from key stakeholders in the organisations alongside our Trade Union and staff side colleagues.

This Report provides updates from partners on the 5 key themes within the Part 8 Standards alongside data on any whistleblowing concerns that the organisations have received. Fife Council and NHS Partners have worked closely together to create as much convergence in reporting approaches as possible. The Group are committed to continuing to look at where we can align approaches for the Partnership Whistleblowing Report and to further identify what partners can do to work together in integrated management settings. This work continues to be taken forward by the Partnership Whistleblowing Group.

This report details Whistleblowing Concerns raised across the organisation by staff and those who provide services on behalf of the Partnership, whilst ensuring complete confidentiality for staff who come forward, in a manner that has been endorsed by our Trade Union and staff side colleagues. This report demonstrates our performance in the national key indicators, as required by the Independent National Whistleblowing Officer (INWO), and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

As this is the first Annual Report, it provides a baseline for the Integration Joint Board regarding the Partnership, NHS Fife, and Fife Council's work to ensure all staff have access to whistleblowing and to the support required whilst making a whistleblowing complaint.

This Report covers the full financial year from April 2023 – March 2024. From 2025, our 2nd Annual Report will be presented to the IJB in May 2025 and will cover the full fiscal year from April 2024 – March 2025.

We would like to thank our partners for their collaborative approach and support to deliver this report, which would not have been possible without them.

2. Part 8 Standards: Expectations for IJB's and employer partners

i) Promoting the ability to raise concerns:

Fife Council	NHS Fife	HSCP
<p>The Council's approved Whistleblowing Policy and supporting procedures as well as a link to the NHS Scotland Whistleblowing Policy was communicated to all managers / leaders in the November 2023 Managing People Bulletin.</p> <p>The Policy and supporting procedures, including specific guidance re how to report whistleblowing concerns internally / externally and protection and support information are readily available for all staff via a dedicated area on the Council's Intranet. A link to the NHS Scotland Whistleblowing Policy is also published on the Council Intranet pages along with information for Fife Council employees working within the Health and Social Care Partnership.</p> <p>In addition to the above, relevant information is available via the Council's Internet site: Whistleblowing Fife Council</p> <p>There will continue to be an ongoing need to raise awareness of the policy and how to raise concerns. The Council is also building links to other processes and training to ensure that staff understand that where a concern they have relates to the wider public interest it is appropriate to refer under the whistleblowing policy. Examples of links to this include within the Corporate Fraud mandatory learning, Child and Adult Protection</p>	<p>To ensure that staff have the confidence to speak up within the organisation without fear, in the knowledge that their voices will be heard. The following initiatives are in place:</p> <ul style="list-style-type: none"> * The use of business-as-usual processes for handling concerns, making sure internal routes for speaking up are obvious * Regular promotion via the Chief Executive's monthly newsletter and stafflink, promoting the 'know who to talk to' campaign' * 3-10 October (Annual) Speak up Week, leaders from across the organisation are supporting Speak Up Week by underlining their commitment to support speaking up, with their own speak up pledge * Increase of the existing pool of Confidential Contacts to ensure our workforce have the support to speak up on matters such as Whistleblowing * A review of the Whistleblowing process is underway to look at appropriate actions to re-implement the standards * Appointment of a Speak Up / Whistleblowing Co-ordinator 	<p>Whistleblowing policies and guidance for both Fife Council and NHS Fife were featured in our Director's Briefing in September 2024. This was aimed at increasing staff awareness and confidence in knowing what should be reported and how they should do this.</p> <p>Links to both organisations' intranets were included to make it easy for staff to access full information.</p> <p>The Partnership's Equality, Diversity, and Inclusion engagement sessions over 2023-24 provided staff with an opportunity to express their needs and concerns regarding equality, diversity, and inclusion. These sessions helped build a culture of openness, trust, and psychological safety, where employees felt more comfortable discussing issues. Through these discussions, staff highlighted areas where they required support and protection, linking directly to the importance of whistleblowing.</p> <p>In response to the feedback from these sessions, FHSCP plans to implement Brave Spaces as part of our Three-Year EDI Action Plan 2024-27. These spaces will create</p>

<p>training and resources and the Grievance Procedure.</p>		<p>environments for courageous, open dialogue on challenging topics, empowering staff to address concerns directly and proactively.</p> <p>Brave Spaces will help bridge power imbalances, fostering the kind of deep, honest conversations that EDI engagement sessions revealed were needed. This proactive approach will complement whistleblowing approaches across partners by providing staff with regular opportunities to voice concerns before issues escalate.</p>
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ii) Ensuring equity for staff:

Fife Council	NHS Fife
<p>The new policy has been equality impact assessed. The process is available to workers as well as employees and therefore, as explained above, the information has been published online (on fife.gov.uk) as well as on the Council intranet. The guidance provides a distinction between whistleblowing and other routes to raise concerns, such as via the grievance or corporate complaints procedures, as well as those concerns that should be raised with management as day-to-day business as usual.</p>	<p>The National Whistleblowing Standards apply to all employees and former employees. In addition, they apply to workers such as bank, agency, and sessional workers.</p> <p>Information and links to the standards are available via NHS Fife’s stafflink and the standards are highlighted on NHS Fife’s weekly update which is emailed to all staff and discussed at weekly meetings and safety huddles.</p>

iii) Ensuring staff understand how to raise concerns:

Fife Council	NHS Fife
<p>As explained above, detailed guidance is available on the Council’s Intranet and Internet pages. A dedicated email address with very restricted access arrangements has been established: Whistleblowing@fife.gov.uk</p> <p>The following signposts are also provided to ensure individuals know where to access further support should they need it:</p> <ul style="list-style-type: none"> • HR Online through First Contact • ACAS website • The independent charity ‘Protect’ at www.pcaw.co.uk • Time for Talking (the employee counselling service can provide support in what can often be a difficult situation) 	<p>Staff are regularly signposted via stafflink and staff briefings to the Whistleblowing section of stafflink which includes a guide for staff. This outlines why staff should raise concerns, how staff can raise concerns and how staff can find out about the National Whistleblowing standards and what the standards mean for them.</p> <p>The guide also includes up to date contact details for NHS Fife’s Whistleblowing champion and trained confidential contacts and what staff should expect when raising concerns.</p>

iv) Recording of concerns:

Fife Council	NHS Fife
<p>Fife Council have central reporting and recording arrangements in place for whistleblowing allegations, managed within Audit & Risk Management Services, which provides a degree of assurance in terms of the confidentiality of the individual raising the concern.</p> <p>Information / data relating to whistleblowing allegations is stored within a secure environment to which only a very limited number of authorised individuals can access.</p>	<p>NHS Fife records all whistleblowing concerns, including anonymous concerns, centrally. These are reported to the NHS Board on a quarterly basis highlighting the area where the concern was raised, the nature of the concern, the learning from the concern and whether or not the learning is complete.</p> <p>In addition, concerns are also monitored to ensure compliance with the INWO KPI’s and timescales.</p> <p>NHS Fife has also recently appointed a Speak Up / Whistleblowing Co-ordinator who, as part of their role will record, monitor and report on Whistleblowing concerns raised and co-ordinate activities in adherence with the Whistleblowing Standards, including learning plans and ongoing engagement with partners.</p>

v) Monitoring, reporting, and learning from concerns:

Fife Council	NHS Fife
<p>The central reporting and recording process allows for Corporate and Directorate level understanding of whistleblowing issues and reporting of statistics, outcomes and learnings relating to whistleblowing concerns. Appropriate management and public reporting mechanisms are in place including annual reporting of whistleblowing statistics, outcomes, and learnings to the Standards Audit and Risk Committee. This supports the IJB Annual Reporting requirement.</p> <p>To respond to whistleblowing concerns, they are shared with the Heads of HR, Legal and Democratic Services and Service Manager – Audit and Risk Management. Given the range of concerns that could potentially be received, this tripartite approach helps ensure concerns are considered thoroughly. This approach also helps to ensure the systematic sharing and pooling of knowledge / intelligence which will accumulate over time and support the Council to be in the best possible position to respond to allegations and improve any identified control weaknesses.</p> <p>Depending on the nature of the concerns received there may also be a need to involve other disciplines across the Council. A formal network of key contacts that can be called upon as / when necessary is being developed.</p> <p>Quarterly monitoring meetings, attended by HR, Legal and Democratic Service and Audit and Risk Management, are scheduled in advance to ensure ongoing oversight of cases.</p>	<p>All whistleblowing concerns are recorded in a systematic way so that the concerns data can be analysed to identify themes, trends, and patterns and to prepare reports for consideration by the Executive Directors Group and NHS Fife Board.</p> <p>The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.</p> <p>By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, through service improvements or training opportunities.</p> <p>This approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.</p>

3. Whistleblowing Concerns Received (Named and Anonymous)

April 2023 – December 2023: Actions Taken, Outcomes and Lessons Learned

Fife Council			
	Quarter 1: 1 April to 30 June 2023	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	0		
Total:	0		
	Quarter 2: 1 July to 30 September 2023	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	<5	Working practices	Ongoing
Total:	<5		
	Quarter 3: 1 October to 31 December 2023	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	0		
Total:	0		
	Quarter 4: 1 January to 31 March 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	0		
Total:	0		

Any further relevant detail:

NHS Fife			
	Quarter 1: 1 April to 30 June 2023	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	<5	Poor Patient Care and Hostile Culture	Actions were taken in the following areas: Safe Staffing, Supervision, Care Planning and Philosophy of care.
Anonymous:	Nil		
Total:	<5		
	Quarter 2: 1 July to 30 September 2023	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	Nil		
Anonymous:	<5	Bullying, Bullying & Harassment	Actions were taken in the following areas: Safe Staffing, Recruitment, Supervision, Care Planning and Philosophy of care. Policies and processes were highlighted to staff in relation to raising concerns.
Total:	<5		
	Quarter 3: 1 October to 31 December 2023	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	Nil		
Anonymous:	<5	Behaviours, Fraud	Insufficient information to progress. Progressed via business-as-usual process.
Total:	<5		
	Quarter 4: 1 January to 31 March 2024	Categories	Action(s) Taken / Outcomes / Lessons Learned
Named:	0		
Anonymous:	1	Alleged Culture of Bullying	TBC
Total:	0		

Any further relevant detail:

4. Anonymous / Unnamed Concerns Received Procedure

Fife Council Procedure:	NHS Fife Procedure:
<p>Fife Council encourage those raising concerns to provide contact details to allow thorough investigation of the concerns raised. Workers who raise concerns anonymously, understandably, cannot be protected under the Public Interest Disclosure Act. However, it is important to hear about wrongdoing, even if this is raised anonymously. The Council will investigate proportionately, as far as is reasonably practicable, any concerns received anonymously.</p>	<p>Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, in line with good practice and generating management data the NHS will follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information.” Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (someone is aware of their identity, so it is not completely anonymous).</p>

5. Whistleblowing Concerns Received - Reasons for Extensions to Investigation

Fife Council Procedure:	NHS Fife Procedure:
<p>The type of whistleblowing concern will determine the nature, extent, pace, and reasonable duration of any investigation required as well as those who will be involved in carrying it out.</p> <p>As mentioned above at (v), the Service Manager - Audit & Risk Management Services, the Head of Human Resources and the Head of Legal & Democratic Services review the progress of each concern on a quarterly basis.</p> <p>Investigation progress is formally monitored on a quarterly basis as described above – general progress, changes in approach and / or other developments are communicated on an ongoing basis between the three services.</p>	<p>Under the terms of the Standards for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided.</p> <p>The individual raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.</p>
Extension reporting this period:	Extension reporting this period:
Nil	Nil

6. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards. The partners have introduced approaches to gathering feedback from those who raise whistleblowing concerns where possible. To date no feedback has been received from staff.

Fife Council:	NHS Fife:
<p>Feedback on the process itself as well as the experience of those named individuals who have raised a whistleblowing concern will be obtained in due course.</p>	<p>We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is now available to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the outcome of a Stage 2 investigation.</p> <p>As this is a new process there is currently no direct feedback as yet regarding those who have been involved in the use of the standards.</p>
<p>The following feedback has been received from staff in relation to Whistleblowing Concerns received:</p>	
<p>Nil</p>	<p>Nil</p>

7. Whistleblowing Training Data

The whistleblowing training data undertaken during the timeline of this report is summarised below:

NHS TURAS

General Awareness:	Whistleblowing for Senior Managers:
<p>Following the launch of the Whistleblowing eLearning training on 1 April 2021, 76% of employees have completed the Whistleblowing: An Overview, eLearning training.</p>	<p>In relation to the Line Manager and Senior Manager eLearning training, engagement has been 72% and 79% respectively. The Senior Manager eLearning has been completed by 639 members of staff, which is significantly more than the 79 posts where this learning has been identified as relevant to the role.</p>

Fife Council Oracle

Corporate Fraud (inc. Whistleblowing) – Mandatory for all Council staff:
<p>The Council launched a mandatory Corporate Fraud eLearning module, including Whistleblowing arrangements, in December 2023.</p> <p>As of 30 September 2024, 72% of all Council employees working in the HSCP had completed the module (1,777 out of 2,463 Council employees working in the H&SCP).</p>

9. Status of Actions from Previous Whistleblowing Annual Reports

As this is the first Annual Whistleblowing Report on behalf of the Partnership, there are no previous or outstanding actions. However, for future reporting this will be addressed and set out as below.

To ensure that the Health & Social Care Partnership continues to develop the Whistleblowing Annual Reporting arrangements, detailed below is a list of the actions identified during 2023-24 and reported in previous Whistleblowing Reports. This provides an update on the status of each individual action:

Action Identified	Action Status	Responsible Officer(s)	Target Date	RAG
2023/2024 Actions				



CONFIRMED MINUTES OF MEETING OF THE AUDIT AND ASSURANCE COMMITTEE FRIDAY 13 SEPTEMBER 2024 AT 10.00 AM (TEAMS MEETING)

- Present:** Dave Dempsey (Chair), Fife Council (DD)
Sinead Braiden (Vice Chair), NHS Non-Executive Board Member (SB)
John Kemp, NHS Non-Executive Board Member (JK)
David Alexander, Fife Council (DA)
- Attending:** Audrey Valente, Chief Finance Officer (Fife H&SCP) (AV)
Tracy Hogg, Finance Business Partner (TH)
Vanessa Salmond, Head of Corporate Services (VS)
Jocelyn Lyall, Chief Internal Auditor (NHS Fife)
Avril Sweeney, Risk Compliance Manager (H&SCP) (AS)
Chris Brown, External Auditor
Amy Hughes, External Auditor (AH)
Gillian McNab, Management Support Officer (Minutes)
- Apologies:** Fiona McKay, Interim Director of Health & Social Care Partnership (FM)

		ACTION
1.	WELCOME AND APOLOGIES Dave Dempsey gave thanks to Sam Steele for her time on the Committee and welcomed David Alexander to the meeting. Apologies were noted as above.	
2.	MINUTES OF PREVIOUS MEETING The minutes of the previous meeting were agreed.	
3.	ACTION LOG Dave Dempsey sought clarity around the owner of action point 7, it was confirmed the owner are the authors of any report being remitted to another Committee. The Chair requested the date of the meeting the action is raised should be added into the Original Action Column.	IM
4&5.	ANNUAL ACCOUNTS & FINANCIAL STATEMENT (agenda item 4) & EXTERNAL AUDIT ANNUAL REPORT (agenda item 5) Audrey Valente presented the Annual Accounts and the Financial statement. Thereafter, Chris Brown introduced the External Audit Annual Report advising that the External Audit went very well and the Audit of the Accounts is unqualified. Chris advised the attached report is very comprehensive and includes not only an audit of the financial Statements but also includes the wider scope of public sector audit.	AH

	<p>Chris introduced Amy Hughes who provided an overview of the main areas within the report. Dave Dempsey highlighted that pages 59 onwards of the External Audit Annual Report appear to be missing. Amy agreed to provide an updated report. Amy thanked Audrey Valente, Tracy Hogg and Maria Ayling for preparing a good set of draft accounts, in a timely manner and for their assistance during the audit. A full discussion of the reports was held. Audrey Valente confirmed that the lessons learned report will be covered in the action plan and taken to the Development Session to be discussed in full.</p> <p>Recommendation:- The reports were discussed and agreed to be remitted for final approval and signing.</p>	
<p>6.</p>	<p>INTERNAL AUDIT PROGRESS REPORT</p> <p>Jocelyn Lyall briefed Committee on the Internal Audit Plan and highlighted that an additional 8 NHS internal audit days has been agreed. Fife Council will also provide an additional 8 days.</p> <p>Jocelyn advised the Internal Audit Plan 2024-25 has now been approved by the NHS Fife Audit Committee.</p> <p>John Kemp asked that since additional capacity has been identified is there any possibility of input into lesson learned. Joceyln advised that unfortunately there is no additional capacity at the moment within the plan, however advised there may be potential to move priorities within the plan but would require dialogue with Fife Council.</p> <p>Recommendation:- Members considered and noted the reports</p>	
<p>7.</p>	<p>INTERNAL AUDIT – FOLLOW UP REPORT ON RECOMMENDATIONS</p> <p>Jocelyn Lyall presented this report, noting the positive progress on recommendation actions. Chris Brown commended the progress of actions around Clinical & Care Governance and Quality & Communities Committee, noting the reassurance this provides in terms of audit requirements.</p> <p>Recommendation:- Members noted this current status of recommendations detailed within this report.</p>	
<p>8.</p>	<p>FIFE IJB ANNUAL REPORT 2023/24 (incorporating Report F05/24 – Internal Control Evaluation 2023/24)</p> <p>Jocelyn Lyall presented this report noting members had considered an earlier version of this report in June. Since then key themes have been updated and the report now contains a full narrative and management responses to the recommendations. Jocelyn drew attention to her audit opinion which is detailed in full at paragraph 3.3 of the report. Jocelyn highlighted that she is content with the transparent reporting of reasons of the financial movement in the last quarter. The action plan will be progressed and monitored and the 3-</p>	

	<p>management recommendation were noted. Jocelyn also thanked Audrey Valente, Tracy Hogg, Vanessa Salmond and the whole team for their help and the level of support received.</p> <p>John Kemp asked if a formal response from the Central Legal Office is still awaited. Audrey Valente confirmed that no formal response has yet been received however, verbal discussions confirm that it is a legally binding document. John Kemp also asked if the report would be going to the other 2 partners. Jocelyn confirmed that they have not yet, however a summary would be provided to the NHS Audit Committee. Audrey Valente advised that she is keen to explore this further and would support the report going to partners to help close the reporting loop. It was agreed that we need to support information sharing across Fife and work together.</p> <p>Audrey advised dialogue continues to seek resolution of the £4.1m risk and that it should still happen this year. Audrey confirmed that the A&AC would monitor the Action Plan. Following further discussion around the lesson learned exercise, Audrey reminded members that 70% of the original £10m was due to additional costs at the end of the year and has been reflected in the management response.</p> <p>Audrey advised work is progressing to improve the use of Directions and that a monitoring report on Directions will be brought to Committee twice a year. Chris Brown proposed that Directions are reviewed more frequently than bi-annually and that deadlines should be set. Audrey advised members that the monitoring reports will be added to the Committee workplan at the start of the financial year.</p> <p>Recommendation:- Members considered and noted this report.</p>	
<p>9.</p>	<p>ANNUAL RECORDS MANAGEMENT REPORT</p> <p>Avril Sweeney presented this report, highlighted that the Records Management Plan must be agreed with the National Records Keeper of Scotland and reviewed regularly. Avril advised that all 14 elements of the Plan have been agreed by the Keeper and are complete. Avril advised that Fife IJB have not been invited to submit a report for 2024-25 but may wish to do so on a voluntarily basis by September 2025. John Kemp welcomed this positive report but sought clarity on the benefits of submitting a report. Avril advised that this would be for assurance only and to provide a progress update.</p> <p>Members agreed to keep a focus on this work via the workplan.</p> <p>Dave Dempsey queried page 200 of the A&AC papers which show an amber on the action plan which was re-scheduled to 30th March this year. AS assured him that this is on the Internal Audit report and has been extended until next year.</p> <p>Recommendation:- Members noted the positive report and agreed to defer the decision to submit the report until 2025.</p>	

10.	<p>SCHEME OF DELEGATION UPDATE: Resilience and Business Continuity</p> <p>Vanessa Salmond presented an addition to the Scheme of Delegation noting a full update to the Scheme is not due until 2025 however following an internal audit recommendation to include reference to IJB becoming category 1 responders in terms of resilience, page 237 has 2 paragraphs added which detail this added responsibility.</p> <p>Recommendation:- Members agreed to remit to the IJB for formal approval.</p>	VS
11.	<p>DRAFT 2024 A&AC WORKPLAN</p> <p>Dave Dempsey noted that the yellow colour used on the workplan is very light and would like this to be darker.</p> <p>John Kemp requested that lessons learned be added to the workplan.</p>	IM
12.	<p>ITEMS FOR REFLECTION & HIGHLIGHTING TO IJB</p> <p>John Kemp asked if there would be a paper issued prior to the upcoming Development Session, Audrey confirmed she would endeavour to get the paper out beforehand. Lessons learned and action plan to be shared with the group.</p>	AV
13.	<p>AOCB</p> <p>Dave Dempsey sought clarity from Audrey Valente around responsibilities for overspends in partner organisations. Audrey advised the Integration Scheme stipulates that each partner does not have the authority to overspend. Any overspend results in a risk share. Audrey advised this will be discussed at the upcoming Development Session so all IJB members have a common understanding of this.</p> <p>Dave Dempsey advised he wishes to further explore the governance rather than the money and the flow, noting as an example if the IJB issue a Direction to a partner at the end of March which says you have £x millions and £5m of that is located to supplying X, Dave's understanding of the process is that the Lead Officer of the IJB takes that to the Chief Executive of the partner. How does the IJB enforce the accountability through the partner?</p> <p>Audrey advised that she is in the process of seeking clarity around financial responsibility and accountability and agreed to share the Financial Regulations and bring to the Development Session on Tuesday. John Kemp added that there is huge complexity on who is responsible.</p>	
14.	<p>DATE OF NEXT MEETING</p> <p>Friday 15th November 2024 – 10.00 am – 12.00 noon.</p>	



Fife Health & Social Care Partnership

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MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 11TH SEPTEMBER 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
Cllr David Alexander

Attending: Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Vanessa Salmond, Head of Corporate Services
Lisa Cooper, Head of Primary and Preventative Care Services

In attendance:

Tracy Hogg, Finance Manager HSCP
Avril Sweeney, Manager Risk Compliance
Roy Lawrence, Principal Lead, OD & Culture
Jennifer Rezendes, Professional Social Work Lead
Lesley Gauld, Team Manager – Strategic Planning
Donna Mathieson, Principal Information Analyst
Gemma Reid, Fife HSCP & IJB Co-ordinator
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Fiona McKay, Interim Director of Health & Social Care
Colin Grieve NHS Non-Executive Board Member
Lynn Barker, Director of Nursing
Helen Hellewell, Associate Medical Director
Jillian Torrens, Head of Complex & Critical Care

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p> <p>Alastair Grant also extended the Committee’s congratulations to Lynne Garvey on her recent appointment to Director of Health & Social Care.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 15TH MAY 2024</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are either complete or in progress.</p> <p>An update was requested with regards to the fuller deep dive being undertaken into the Homecare Services overspend and when findings would be presented to Committee. Officers provided assurance that this would be included in November’s Committee papers.</p> <p>Noted correction to date required in the progress notes of this action.</p>	<p>AV</p> <p>GM</p>
5.	<p>FINANCE</p>	
5.1	<p>Finance Update and Recovery Plan</p> <p>Audrey Valente highlighted there were a few items within the papers which were noted as to follow, these had not yet been received, but was hoped the information would be available in advance of the IJB and would be shared when received.</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the current financial position (actuals to July 2024) and noting the financial position for the rest of the financial year remains very challenging.</p> <p>Audrey Valente highlighted the current projection of £21.5m of an overspend was an improved position from that reported in May, an improvement of £2.8m, relating to the delivery of savings. Committee noted that the Partnership have set a stretched target, and it will continue to do all it can to deliver these savings during this financial year.</p> <p>Audrey Valente also highlighted of the £39m approved savings in this financial year, the current position suggests that £28m will be delivered, a 72% delivery success rate.</p> <p>With regards to reserves Committee noted £4m were committed and earmarked for specific national and local priorities such as community living fund and the move from analogue to digital which will allow the Partnership to continue to deliver its services.</p> <p>Committee noted following previous discussions and concerns raised regarding the reporting of the RAG status of each of the savings, particularly those showing amber, these have been looked at again and amended to reflect the fact that some won’t be delivered in year. The updated RAG status was shared with Committee and Audrey Valente sought Committee’s approval to take onto the IJB.</p>	

The discussion was opened to Committee members and considerable discussion was had around the updated document and members thoughts and comments were provided. Committee also asked to see the RAG status reflected for future years not just in year. Discussion was also had around the purpose of the Committee and its limited ability in what it could do.

Officers asked Committee to focus on moving forward the current position and what the Partnership was going to do to bring the budget in line.

Recovery Plan

A recovery plan was presented to Committee totalling just under £11m. Committee noted the confidential nature of the document at this time. Audrey Valente updated members on discussions had with both partners who have advised the Partnership require to come forward with a full £21m recovery plan. Committee noted further work to be carried out on the recovery plan being presented and the difficult decisions that will require to be made.

Officers took Committee through the proposals and provided an overview on each. Committee also provided their views.

Reprovision of Assessment and Rehabilitation Centres to community-based model (ARCs)

No further questions raised. Committee agreed to progress.

Skill mix front door with care at home assessor rather than social worker

Questions raised.

Noted ½ year saving this year and full year affect next year.

Committee agreed to progress.

Ongoing transformation of urgent care services (Primary Care Out of hours and Minor Injury Services) across Fife

Questions raised.

Committee agreed to progress.

OT Amnesty

No further questions. Committee agreed to progress.

Managed Clinical Networks review

No further questions. Committee agreed to progress.

<p><u>Temporary delay in Recruitment in Targeted Services</u></p> <p>Questions raised.</p> <p>Committee also commented if this was going to be pushed further as had been suggested and stop some services, there was not enough detail for them to make a considered decision could fuller detail be given to allow discussion?</p> <p>Agreed further detail to be worked up to allow further discussion and decision.</p>	<p>AV</p>
<p><u>Eligibility Criteria Review</u></p> <p>Questions raised.</p> <p>Committee commented that the narrative around the saving needed to contain further explanation on what the saving is and comparisons with other parts of Scotland.</p> <p>Agreed further detail around narrative would be included.</p> <p>Committee were broadly supportive, although noted difficult decision to do.</p>	<p>AV</p>
<p><u>Additional SG Funding (Pensions, Winter)</u></p> <p>Questions raised.</p> <p>Committee wholly supportive.</p> <p><u>Review of Social Care Packages</u></p> <p>Committee noted the difficult nature of this proposal.</p> <p>Questions raised.</p> <p>Committee agreed it was in support of the saving stating it was a necessary thing to do but noted this was a difficult thing to do which needs to be managed very carefully.</p> <p>Agreed an Extraordinary Finance, Performance & Scrutiny Committee to be arranged for members to further discuss in more detail the proposed recovery plan to allow Committee sign off and progress to IJB for final approval.</p> <p>Vanessa Salmond queried whether Committee wished to escalate anything in relation to this item to the IJB at its meeting in September or was it happy that discussions were taken as actions at this moment in time? Committee confirmed it was content to take as actions and have further discussions at the planned Extraordinary Finance, Performance & Scrutiny Committee.</p>	<p>VS/GM</p>

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31 July 2024 as outlined in Appendices 1-4 of the report. 2. Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1, detailed plan at Appendix 5. 3. Agreed onward submission to IJB for approval of the financial monitoring position as at July 2024. 4. Agreed an Extraordinary Finance, Performance & Scrutiny to be arranged to allow fuller discussion on the recovery plan. 	
<p>5.2</p>	<p>Finance Risk Register Deep Dive Review Report – Strategic Plan</p> <p>The Committee considered a report presented by Avril Sweeny Compliance Manager provided for discussion and assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels. Committee noted this particular risk was assigned to Finance, Performance & Scrutiny Committee only</p> <p>Avril Sweeney drew Committee’s attention to appendix 1 which sets out the risk description and risk scoring, noting the review also highlights the external and internal factors that may impact on this risk. The deep dive also provides relevant assurances, performance measures, benefits and linked risk where possible.</p> <p>Committee noted the key mitigations for this risk which include the delivery of the strategic plan and the supporting strategies particularly workforce strategy and the medium-term financial strategy.</p> <p>Committee also noted that the new performance framework provides additional assurances of control measures and also information on performance and benefits being sought from both a qualitative and quantitative perspective.</p> <p>Avril Sweeney advised that there is confidence that there is a reasonable level of assurance in place to support management of this risk and close scrutiny is being applied to delivery actions and monitoring of performance.</p>	

	<p>Committee noted that an internal audit on the development of the strategic plan also highlighted a reasonable level of assurance in terms of this area of work and two moderate recommendations for improvement. However, it is recognised that there are a number of external factors impacting on this risk which are out with the Partnership's control.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Committee made cognisance of the financial pressures as previously discussed which may have an impact on the Partnership achieving its strategic plan.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the deep dive review and provided comments and suggestions for improvement. 2. Were assured with the reasonable level of assurance but are aware of many external pressures which may change that going forward. 	
6.	PERFORMANCE	
6.1	<p>Performance Report</p> <p>Committee considered a report presented by Lesley Gauld, Team Manager, Strategic Planning highlighting updates from the Partnerships key performance indicators and targets in relation to:</p> <ul style="list-style-type: none"> • National Health and Social Care Outcomes • Health and Social Care – Local Management Information • Health and Social Care – Management Information <p>Committee noted the intent to further change the formatting of the regular performance reports and to update the content, specifically the indicators reported and also noted activity to construct data flows and analytics required to underpin the new approach are ongoing.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included queries regarding smoking cessation; absence levels across NHS and H&SC, low level uptake on telecare and how something can be the best it has been but still be below target?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed and provided suggested changes. 2. Took assurance report progresses to the Integration Joint Board. 	

<p>6.2</p>	<p>Primary Care Improvement Plan</p> <p>The Committee considered a report from Lisa Cooper, Head of Service, Primary & Preventive Care providing an annual progress update on the Primary Care Improvement Plan through 2023/2024.</p> <p>Committee noted that the Primary Care Improvement Plan underpins the General Medical Services component of the Primary Care Strategy and is in alignment with the Memorandum of Understanding 2 (MoU2), together with local key priorities and next steps for delivery of the Primary Care Improvement Plan in Fife.</p> <p>Lisa Cooper provided workstream updates and highlighted the risks around delivery of the Primary Care Improvement Plan which are noted as a corporate risk at IJB level around resources to deliver this predominately finance and the workforce that is needed.</p> <p>Committee were asked to take assurance from the actions being progressed to achieve implementation of the plan and that this is being driven in a collaborative, equitable and beneficial manner to deliver the best possible outcomes for the population of Fife.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. No further questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance of the current position and the commitment to continue to strive to meet the intention of the GMS Contract via the Primary Care Improvement Plan in 2024-2025. 	
<p>6.3</p>	<p>Equality, Diversity & Inclusion Action Plan</p> <p>The Committee considered a report from Roy Lawrence, Principal Lead for OD & Culture for discussion and endorsement of the action plan as a positive approach to the Partnership's work on Equality, Diversity and Inclusion.</p> <p>Committee noted that the Partnership's Strategic Plan aims to promote dignity, equality, and independence for the people of Fife and this commitment includes collaborating with local communities and partners to address inequality and discrimination, fostering equality of opportunity. Achieving this requires a shift in workplace culture to effectively align equality policies and practice with employee's experience of working within the Partnership.</p> <p>Creating a culture of belonging that celebrates workforce diversity is essential, and an Equality, Diversity, and Inclusion Steering Group has been established to support these goals by implementing the Interim Workplan Sep 2023 - June 2024, and was the first step towards a comprehensive action plan for equality, diversity, and inclusion.</p> <p>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.</p>	

	<p>Committee noted that a full list of appendices is available on request.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report.</p> <p>Committee acknowledged the amount of work which had gone into the development of the action plan and praised its format with it being very clear on what is going to happen, the various phases and actions needed to be done.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Discussed the proposal and programme set out to agree that it meets the needs of the Partnership. 2. Endorsed the Action Plan as a positive approach to the Partnership's work on Equality, Diversity & Inclusion. 	
7.	TRANSFORMATION	
7.1	<p>Transformation & PMO Report</p> <p>Due to time constraints the Committee agreed to defer this item for further discussion at the planned Extraordinary Finance, Performance & Scrutiny Committee.</p> <p>Committee requested more detail within Appendix 1 of the report to include subsequent years savings, not just focussing in year to provide an understanding if savings are not going to deliver in year when these would be delivered.</p>	
8	STRATEGIES	
8.1	<p>Prevention & Early Intervention Strategy</p> <p>The Committee considered a report from Lisa Cooper, Head of Service, Primary & Preventive Care for assurance that this has been developed in accordance with identified requirements and stakeholder expectations, for review and advice of any changes.</p> <p>Committee noted that the Prevention and Early Intervention Strategy is identified as one of the nine transformational strategies of the Partnership's Strategic Plan 2023 to 2026 and is also a NHS Corporate Objective and one of the Scottish Governments six key principles for public health reform.</p> <p>Committee also noted that the Partnership's 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.</p>	

	<p>Lisa Cooper drew Committee’s attention to Appendix 2 – Delivery Plan which sets out high level deliverables of which there are ten specific priority outcomes the Partnership is seeking to achieve through delivery of this.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. A query was raised in regards to the targeted readership of the document.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Took assurance that the Partnership’s draft Prevention and Early Intervention Strategy has been developed in accordance with identified requirements and stakeholder expectations. 2. Discussed, reviewed and provided feedback on the draft Strategy and supporting documents. 	
8.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 27th September 2024.</p>	
9.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
10.	<p>DATE OF NEXT MEETING</p> <ul style="list-style-type: none"> • Tuesday 12th November 2024 at 2.00 pm via MS Teams <p>An Extraordinary Finance, Performance & Scrutiny Committee to be arranged to look at the savings proposals in more detail.</p>	



Fife Health & Social Care Partnership

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CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE WEDNESDAY 4TH SEPTEMBER 2024, 1000hrs - MS TEAMS

Present: Sinead Braiden, NHS Board Member (Chair) (SB)
Councillor Rosemary Liewald
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)
Amanda Wong, Director of Allied Health Professionals (AW)

Attending: Dr Helen Hellewell, Deputy Medical Director (HH)
Lynn Barker, Director of Nursing (LB)
Lynne Garvey, Head of Community Care Services (LG)
Lisa Cooper, Head of Primary Care and Preventative Care Services (LC)
Fiona McKay, Interim Director of HSCP (FMcK)
Jennifer Rezendes, Principal Social Work Officer (JR)
Jillian Torrens, Head of Complex and Critical Care (JT)
Vanessa Salmond, Head of Corporate Services (VS)
Cathy Gilvear, Head of Quality, Clinical & Care Governance (CG)
Gemma Reid, Fife HSCP and IJB Co-ordinator (GR)
Leesa Radcliffe, Clinical Service Manager (LR)

In Attendance: Jennifer Cushnie, PA to Deputy Medical Director (Minutes)

Apologies for Absence: Councillor Sam Steele
Councillor Margaret Kennedy
Paul Dundas, Independent Sector Lead
Ian Dall, Service User Rep, Chair of the PEN
Roy Lawrence, Principal Lead for Organisational Development & Culture

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS SB welcomed everyone to the 04 September HSCP Quality & Communities Committee meeting. Warm congratulations were offered to Lynne Garvey on her recent appointment to Director of HSCP.	

2	ACTIVE OR EMERGING ISSUES	
	No emerging issues were Reported.	
3	DECLARATION OF MEMBERS' INTEREST	
	No declarations of interest were received.	
4	APOLOGIES FOR ABSENCE	
	Apologies were noted as above.	
5	MINUTES OF PREVIOUS MEETINGS HELD ON 05 JULY 2024	
	The previous minutes from the Q&CC meeting on 05 JULY 2024 were reviewed and no alterations or corrections were requested. The minutes were taken as an accurate record of the meeting.	
6	ACTION LOG	
	The Action Log from the meeting held on 05 July 2024 was reviewed. There was only one current item on the Action Log which related to the Q&CC ToR. This item was included on the Agenda.	
7	GOVERNANCE & OUTCOMES	
7.1	<p>Quality Matters Assurance</p> <p>This Report was brought to Committee by Lynn Barker for Assurance. LB introduced the Report which was based on the QMAG meeting which took place on 12.07.24, Chaired by Jennifer Rezendes. LB stated there was one escalation which was considered and mitigated at SLT Assurance. The Quality Data information showed a slight rise in medication incidents, however, she spoke of a significant amount of work which is taking place, led by the Deputy Head of Pharmacy.</p> <p>JR added, the QMASH meeting on 12.07.24 was the first meeting where there has been an increase in data coming forward from the Social Work side of the Partnership, which she felt supported thorough discussion. JR will present Papers today which will reflect this.</p> <p>SB wished to thank CG for her work to modify the Report to allow easier reading.</p> <p>It was agreed, SB will attend the next QMAG meeting and will tie in with CG. Mental Health work being of particular interest.</p> <p>JT offered to speak off-line with SB regarding her possible involvement in various MH meetings taking place.</p>	<p>SB / CG</p> <p>SB / JT</p>

	<p>Cllr Liewald queried the Missing Person Update Assurance, she asked if these individuals are patients or does it refer to the public in general. JR stated this is only in-patients (not in community settings) as SW use different data-streams to Health, which she explained.</p> <p>JR referred to the SW and SC Professional Assurance Framework which she is presenting later in the Agenda. She felt the Report will help identify and target data and how it is reported. JR spoke of work which has taken place over the past year.</p> <p>The Committee were Assured by the Paper.</p>	
7.2	<p>Deep Dive Review Report for IJB Risk 10 – Adult and Child Support and Protection</p> <p>The Paper was brought to the meeting by JR. JR thanked Avril Sweeney for her assistance with the Paper. JR advised the Paper demonstrates the Committee can take reasonable confidence at the level of mitigations which are in place to address the risk around meeting the duties of Adult Support and Protection and Child Protection. She added there is a strong governance structure which exists within public protection at a multi-agency level. This covers the two strands of Child and Adult Protection delivered by NHS and FC staff.</p> <p>JR referred to the QMAG governance structure, connecting the IJB into the public protection structure, which she described in some detail. Questions were invited.</p> <p>No questions were asked. SB asked the Committee if they were happy to take Assurance from the Report, this was agreed.</p>	
7.3	<p>Q&CC Terms of Reference</p> <p>HH brought the Terms of Reference to Committee for final approval. HH apologised, she had noted a couple of typos which will be corrected before going to IJB.</p> <p>Given the corrections being made, the Committee were content for the Terms of Reference to progress to the IJB.</p>	
8	STRATEGIC PLANNING & DELIVERY	
8.1	<p>Prevention and Early Intervention Strategy</p> <p>LC presented the Draft Prevention and Early Intervention Strategy to the Committee and advised the Report was brought to seek feedback. She commended the work of the multiple Stakeholders who have been involved in designing the Strategy.</p> <p>LC advised the Strategy is one of the nine key deliverable strategies which underpins the IJB Strategic Plan. She explained, it is one of the</p>	

key objectives of the NHS Fife's Population Health & Wellbeing Strategy and is one of the priority deliverables through Public Health Scotland around Reform of Public Health and Prevention. LC outlined the journey over the past year and a half, through the discovery phase and design of the Strategy. She stated a collaborative approach was taken with Communities, which can be seen within the report and she referred to the Appendices, which she felt are necessary to give the Assurance required. The definition of prevention and early intervention, along with the strategic priority, to improve and support people to lead a good life, is framed within the strategy. LC described in some detail, the delivery of the Strategy with stakeholder involvement and a multi-agency approach.

Cllr Liewald was delighted with the Strategy and welcomed the Report. She referred to page 71, and felt the breakdown of terminology was extremely useful.

MF thanked LC for the Report which she found very interesting. She felt the Strategy was exactly what the Partnership should be about. However, she was worried there may be scepticism from service users.

The expression "care-giving" has been used through the Report. MF advised she has received feedback this phrase is not liked by Carers, they prefer simple 'caring'. Page 72 shows a graphic which is difficult to read due to the colours used.

There was discussion relating to some of the wording within the Report and this will be given further consideration off-line, particularly around Carers.

CG was very supportive of the Strategy and felt prevention is extremely important and early intervention as people go into crisis is key. He felt the challenge going forward will be to still be reactive to people and their needs as we move towards effectively embedding the Strategy.

KM was supportive of the Strategy and was glad to see the work pulled together into a Report, however, acknowledged it was nothing new. He felt the challenge is how to measure effectiveness of the Strategy. He felt better understanding of how this will work in a very complex system. LC agreed, it is multi-factorial and measuring impact and demand is extremely challenging. She referred to Area 10 of Deliverables which evidences the impact and will be taken forward through Year 1, coming back through the Annual Report.

SB stated the Committee was content with the direction of the Strategy and agreed Assurance could be taken from the Report.

8.2

Primary Care Strategy 2023-2026

This Report is brought to Committee by **Lisa Cooper**. It comes for **Assurance**.

LC introduced the Annual Report for Year 1 of delivery of the Strategy. She explained, the ambition of the strategy is recovery, quality and sustainability. She stated, there were 41 separate actions which were agreed to be delivered upon and all actions have been either delivered or are on track. She drew attention to the achievements during Year 1, including completion of the governance and assurance review, sustainability priorities established and delivered upon and refreshment of the Primary Care Improvement Plan, which she gave detail around.

LC confirmed the Strategy is a 3 Year Plan. 25 actions are completed and 16 are on track and will continue within Year 2 of the Plan.

HH felt very good progress has been made with excellent collaborative work with independent contractors. She felt there is greater workforce stability, although there is still complex work to take place. She wished to highlight the work taking place around MDT within General Practice to further improve true parity across Fife.

Cllr Liewald was supportive of the Strategy and thanked LC for the excellent work. She referred to the participation and engagement which has taken place, she queried communication with patients and the “campaign will largely be digitally focused” asking if this refers to reaching out to the public or to partners? She was concerned the public will not always be kept fully aware through digital correspondence. She stressed the importance of non-digital communication being included. LC gave assurance that there is a very robust Communication & Engagement Plan which is all-encompassing. She described and explained this in some detail.

HH added, when signing off the Plan, there was a good deal of discussion around communication and she felt this could be more fully explained and welcomed feedback.

MF felt the graph on page 179 was not clear. LC will take this back for a fuller description to be added. MF queried the HACE survey summary table where there is reference to caring responsibilities – she felt it was unclear. LC explained and advised further descriptors will be added to support the table.

SB commented on the excellent work taking place. LC added, although it is very challenging within Primary Care at the moment, Teams are working hard to shift the balance locally through what can be influenced locally.

The Committee took Assurance from the Strategy.

8.3**Community OT Waiting Times**

This Report is brought to Committee by **Lynne Garvey**. It comes for **Assurance**. LG introduced Leesa Radcliffe, Clinical Service Manager to present the Report. LG explained the initial Paper came to Committee in Sept '23 where several actions were committed to and now comes back for Assurance. She highlighted the changes to the referrals seen by the Services within the 6 months from Sept '23, which shows a 26% increase in the number of Community OT Service referrals. Previously referrals were for those at substantial level of risk, this has now shifted to critical risk, therefore fewer people waiting at substantial and moderate level, however, are waiting longer. She stated, there have been a high number of vacancies and sickness levels have also been high.

For Assurance, LR outlined the actions presented in the previous Paper, ie. working more closely with Housing, SW, and Third Sector, which are at various levels of implementation and tests of change. She highlighted these are not quick fixes and shall take time to embed. Further actions being considered are re-branding/launching Smart Life in Fife. Feedback received was people may not readily recognise Smart Life in Fife as a mechanism to obtain equipment to help their independence.

Committee are asked to recognise COT do not consider the waiting times at present acceptable and are committed to reducing waiting times where possible. Members are asked to take assurance from the initiatives described within the Paper, once these are fully actioned and embedded and COT is targeting those at highest risk.

SB recognised the difficulties being experienced and appreciated the efforts being made to mitigate the problems.

MF appreciated the difficulties being experienced, however, was concerned the earlier intervention can happen, the greater the results will be and the less support required moving forward, thus effecting the work of Carers. She was fully supportive of changes to Smart Life in Fife which she felt was having widespread positive impact.

Cllr Liewald was supportive of the Paper and acknowledged it was a difficult situation to improve and spoke of news from the Housing teams that waiting times are reflected in Housing OT staff as well. She asked if everything possible is being done regarding staffing and bringing employees back to work from sickness. She also gave congratulations to the changes in Smart Life in Fife. Rosewell Clinic is being used with a good percentage of referrals coming through and spoke of work with the pods being successful.

LR gave details around the efforts being made to recruit new staff to the Service. SB asked if there was anything the Committee could do to support. LG asked the Committee to be patient as the changes being implemented bring improvement, whole-time equivalent staff increase and absence issues are addressed.

	<p>The Committee took Assurance from the Paper.</p>	
<p>8.4</p>	<p>Self Directed Support</p> <p>This Report is brought to Committee by Jennifer Rezendes. It comes for Assurance.</p> <p>JR thanked Alison Morrison, Self Directed Support Team Manager, for bringing together the Paper. JR wanted to bring to the Committee's attention, HSCP are meeting their duties around Self Directed Support. She explained the Social Care Self Directed Support (Scotland) Act is the mechanism through which social work assessments are undertaken, giving details.</p> <p>JR explained, Alison's team were asked to identify four different themes from the expectations of Scottish Government of how the National Self Directed Support Plan is to be embedded in practice. These have been identified, and connections made to the existing processes which are currently in place. JR advised the Report will come back to Committee for further Assurance, where the Professional Assurance Framework will be discussed, giving assurance to IJB the workforce is taking this Act forward. Questions were invited.</p> <p>No questions were raised.</p> <p>The Committee took Assurance from the Report.</p>	
<p>8.5</p>	<p>Assessment Rehabilitation Centre (ARC) Transformation SBAR</p> <p>This Report is brought to Committee by Lynn Garvey. It comes for Decision.</p> <p>LG asked the committee to acknowledge the redesign of ARC – Assessment Rehabilitation Centre, previously known as the Day Hospital Model.</p> <p>Leesa Radcliffe gave a summary of the Paper – she advised consideration has been given to the future needs and sustainability of the ARCs with the primary focus to be managing frailty. She outlined the current ARC model of care and gave some detail around the problems currently being encountered. The SBAR sets out the proposed redesign model of care for the Service with the aim to implement a locality based, enhanced model which is in a community setting, sustainable and responsive across Fife. She explained, the current service delivery of ARCs will cease and develop into the enhanced model supported by other teams and services which are already undertaking similar roles. She stated there will be some enhancement of roles, looking at shared competencies which works well within other teams in Fife. A Fife-wide approach will be taken with a shift from a clinical setting to a home-based</p>	

	<p>setting with redeployment of staff within the current ARCs, which will be managed through organisational change. Discussions with Staff Side and Professional Leads have taken place, with full support.</p> <p>It is asked Committee Members approve the proposed service redesign, the communication strategy, the organisational change process and approve commencement of the staff consultations in collaboration with HR and Staff Side. Questions were invited.</p> <p>LG asked Committee to recognise the ARC redesign is one of the savings which has been signed off by IJB and comes to Q&CC to ensure all quality aspects have been considered. She wanted to give assurance this change will make a difference in terms of the equitable service which is not currently seen and is in line with all HSCP Strategies, supporting home-based care. She stated she would value the Committee’s view before she decides whether the Paper will go to IJB.</p> <p>MF asked if this is similar to the changes to Palliative Care, which she would be supportive of. She was pleased to hear staff have been consulted.</p> <p>HH advised, this is not exactly the same as Palliative Care, as the Palliative Care model involved in-patients, however, the non-centralisation, ensuring taking place in localities and communities, is the same.</p> <p>Cllr Liewald was fully supportive and agreed with care taking place in a home setting. She was reassured staff have, and are being consulted with, and was very interested to read the detail.</p> <p>AG suggested the Report does not need to go to IJB as the Committee appeared to be very supportive. He queried when the financial savings will be seen. LR confirmed It was expected part of the financial savings will come forward during this year.</p> <p>LG advised the Paper will be taken to the LPF Committee.</p> <p>SB confirmed the Committee were Assured by the Paper and were content to continue with the model.</p>
<p>8.6</p>	<p>Professional Assurance Framework</p> <p>This Report is brought to Committee by Jennifer Rezendes. It comes for Decision.</p> <p>JR introduced the Paper and gave background. She outlined the work which has taken place with colleagues to develop the Framework over the past year. She explained what Professional Assurance means for Social Work and Social Care and how the Framework will evidence and give Assurance to the IJB through the practices being carried out.</p>

	<p>JR outlined the governance journey the Framework has taken to date and the route it will follow moving forward.</p> <p>The 8 Domains used to capture Assurance across SW and SC services and practices were explained. In particular Service User and Carer Engagement and Feedback through Complaints and Compliments, will be used to identify improvements required and enable analysis of themes.</p> <p>JR spoke of Workforce engagement through various meetings and groups which have been established.</p> <p>LG and LB were very supportive of the Framework and thanked JR for developing, particularly in collaboration with the workforce.</p> <p>CG queried Duty of Candour which JR explained not only relates to Care Home Services but also extends into Children & Families and other Services.</p> <p>SB confirmed the Committee were content to submit the Framework to the IJB.</p>	
8.7	<p>IJB/HSCP Resilience Assurance Group Annual Report</p> <p>This Report is brought to Committee by Lynne Garvey. It comes for Assurance and Discussion.</p> <p>LG highlighted the main points from the report. In March 2021, the IJB became a Category One Responder, under the Civil Contingencies Act, meaning some work took place regarding IJB's preparedness to ensure they were ready to respond as such.</p> <p>LG spoke of the role of Resilience SLT Lead and the learning she has gained whilst in the position. She advised support from Avril Sweeney has been vital and will be important moving forward as the post is taken up by a new SLT member.</p> <p>LG drew on some of the actions from the Resilience Framework and described the work involved. Keeping the framework live and relevant is an important aspect and LG explained how this has been communicated to the workforce, also business continuity plans have been considered and updated to ensure they are relevant and robust.</p> <p>Internal Audit have taken assurance from the work undertaken, with one item identified as moderate risk, which has been addressed. LG asked that members are Assured and advised the report will go to the IJB Committee.</p> <p>Cllr Liewald was happy to support and wanted to congratulate the Teams on their handling of the incident which took place last year where there</p>	

	<p>was a terrible fire at a block of flats in Lochgelly. She stated the immediate response from SW teams ensuring every resident was taken care of overnight and continued over several weeks until every resident was relocated a safe and comfortable home. She felt this was an excellent example of Fife performing as a Category One Responder.</p>	
<p>8.8</p>	<p>Equality, Diversity & Inclusion Action Plan 2024-27</p> <p>This Report is brought to Committee by Roy Lawrence. It comes for Discussion and Decision.</p> <p>In RL’s absence, JR introduced the Paper and thanked LR for her work on it. She advised there was an Equality, Diversity, and Inclusion Steering Group established to consider how HSCP will support a workforce to address EDI issues. The group will also collect workforce data to inform long-term strategies relating to EDI and there is a 3 year Action Plan.</p> <p>JR summarised the background to the report and gave an overview of the work which has taken place from June ’23 to date. She spoke of engagement with the Equality Pathfinders Scheme which acknowledges efforts to make Fife fair and inclusive. The Bronze Level of the Scheme was achieved in August ’24 demonstrating compliance with the Equality Act 2010. The next level of compliance is now being worked towards.</p> <p>JR outlined the overarching principles and gave detail around the objectives within the Plan. She stated, these will guide the implementation of EDI initiatives across HSCP, giving an organised and widespread approach.</p> <p>JR asked the Committee to consider and approve the 16 points of action which the Steering Group would like to take forward with the Workforce.</p> <p>SB acknowledged the degree of work which has taken place and was very supportive of the Paper</p> <p>MF found the paper an interesting read, she however found it disappointing some service users objected to certain members of staff coming into their homes. She asked if this has been addressed within the Partnership or if it was felt to be due to entrenched attitudes. JR gave a full explanation, advising the ethos and principles of the EDI work which has been taken forward is around “what kind of Fife do we want to live in”. She acknowledged it is difficult for policies to impact cultural beliefs. However, she felt continuing to engage and having the difficult conversations, is the only way move forward, demonstrating HSCP value diversity and inclusivity.</p>	

	<p>Cllr Liewald was fully supportive of the Action Plan and spoke of discussions with her Councillor colleagues regarding recent prejudice attitudes shown towards Afghanistan refugees living in Leuchars. She also spoke of anti-racist marches which are taking place in Edinburgh and Glasgow, demonstrating Scottish people are not willing to tolerate racist views.</p> <p>SB asked if the Committee were happy to remit the Action Plan to the IJB. The Committee were supportive.</p>	
<p>9</p>	<p>LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS</p>	
<p>9.1</p>	<p>Primary Care Improvement Plan – MoU2 Annual Progress Update</p> <p>The Report is brought to Committee by Lisa Cooper. It comes for Assurance.</p> <p>LC introduced the report which outlines the progress which has been made through 2023-24, towards delivery of the MoU2 Contract. She highlighted some of the achievements of Pharmacotherapy, Community Treatment in Care and the Vaccination Transfer Programme.</p> <p>LC stated VTP was completed at the end of 2022, Pharmacotherapy is still in absence of National Direction, however, good strides have been taken, of which she gave examples. The Community Treatment in Care has increased from 64% coverage (when paper last came to Committee) to 82% across Fife. She spoke of the changes which have occurred to aid this improvement.</p> <p>LC highlighted, within the Appendices, a Timeline, as agreed with the GMS Implementation Group, which shows an endpoint being worked towards – April 2026, which she gave details of.</p> <p>Through the GMS Group and Office Bearers, there has been successful negotiations around transitional payments, which allows a positive place for finance moving forward.</p> <p>HH wished to add, careful consideration has been given to maximising skill mix, ensuring patients are being seen by the correct professional, ensuring best use of resources. She stated there has been particular consideration given relating to Pharmacotherapy and CTAC.</p> <p>Cllr Liewald commended the work of the Community Link Worker and had heard very positive feedback regarding this piece of work. She queried PC Mental Health Nursing Team – 67% of the intended service is being met, she asked how this is likely to improve and queried the Musculoskeletal physiotherapy teams with 54% of intended service, asking what can be done. LC thanked Cllr Liewald for her comment re Community Link Work and advised, although MH is not a priority within MoU2, explained the work being advanced with the same consideration</p>	

	<p>being given for MSK. HH supported LC's comments and gave further detail around maximising the systems currently in place.</p> <p>Cllr Liewald queried if there is potential to recruit further to these services. LC advised, capacity has been reach for the moment.</p>	
10	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>10.1 Quality Matters Assurance Group Unconfirmed Minute from 12.07.24</p> <p>10.2 Clinical Governance Oversight Group Unconfirmed Minute from 12.07.24</p> <p>10.3 Strategic Planning Group Unconfirmed Minute from 09.07.24</p>	
11	ITEMS FOR ESCALATION No items for escalation.	
12	AOCB No other business requested.	
13	DATE OF NEXT MEETING Friday 08 November 2024, 1000hrs, MS Teams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF) TUESDAY 10 SEPTEMBER 2024 AT 9.00 AM VIA TEAMS

PRESENT: Kenny McCallum, UNISON (**Chair**)
 Audrey Valente, Chief Finance Officer, H&SC
 Ben Morrison, Royal College of Podiatry, NHS Fife
 Billy Nixon, H&S, NHS Fife
 Chris Conroy, Clinical Services Manager, NHS Fife
 Dafydd McIntosh, OD & Culture Specialist, H&SC
 Debbie Fyfe, Joint Trade Union Secretary
 Elizabeth Crighton, Organisational Development and Culture Specialist (Wellbeing)
 Gemma Reid, H&SC Coordinator (**Minutes**)
 Hazel Williamson, Communications Officer, H&SC
 Jennifer Rezendes, Principal Social Work Officer, H&SC
 Jillian Torrens, Head of Complex & Critical Care Services
 Kirsty Cairns, UNISON, NHS Fife
 Lee-Anne French, HR Business Partner, Fife Council
 Lisa Cooper, Head of Primary & Preventative Care Services
 Lynn Barker, Director of Nursing, H&SC
 Lynne Garvey, Head of Community Care Services
 Melanie Jorgensen, HR Team Leader, NHS Fife
 Morag Stenhouse, H&S Adviser, Fife Council
 Paul Hayter, NHS Fife
 Roy Lawrence, Principal Lead Organisation Development & Culture
 Sharon Adamson, RCN
 Steven Michie, H&S, Fife Council
 Vanessa Salmond, Head of Corporate Governance & IJB Secretary
 Vicki Bennett, British Dietetic Association Representative

APOLOGIES: Fiona McKay, Interim Director of Health & Social Care
 Helen Hellewell, Deputy Medical Director, H&SC
 Liam Mackie, UNISON Fife Health Branch
 Wendy McConville, UNISON Fife Health Branch
 Yvonne Batehup, UNISON Welfare Representative

NO	HEADING	ACTION
1	APOLOGIES	
	As above.	
2	PREVIOUS MINUTES / ACTION LOG FROM 2 JULY 2024	

	<p>There was an amendment to the previous minutes from Elizabeth Crighton who confirmed the ask was not to get equality support, but wellbeing support as is reflected in the action plan. Action taken to amend previous minute. Minute accepted thereafter.</p> <p>Action log updates:</p> <p>1. Both Melanie and Lee-Anne advised this action was closed Lee-Anne will clarify and report back to Debbie. Lynne Garvey confirmed a management review is currently ongoing. Audrey advised her request for information on spans & layers was not as yet been forthcoming, Melanie agreed to conversation with Audrey offline to clarify the ask.</p> <p>2. Health, Safety & Wellbeing Update – Jillian Torrens Jillian advised attendance is an issue at this group, often not meeting quorum. Jillian asked all to encourage attendance and for any suggestions to help improve attendance are welcome – email Jillian directly.</p> <p>3. Health & Safety Update – Elizabeth Crighton Violence, Aggression & Threat - raised at last LPF by Fife Council, Unison & Staffside NHS Fife. Following the meeting Elizabeth discussed with Fiona McKay and thereafter hosted 2 meetings to discuss issues with colleagues from Fife Council & NHS, Debbie also involved in meetings. Range of issues identified, Elizabeth provided information from both employers and from Scottish Government website & other local supports for staff – action complete</p> <p>4. Workforce Action Plan Flash Report – Roy Lawrence. Roy met with Debbie out with LPF to discuss and confirmed action complete.</p>	<p>GR</p> <p>LAF</p> <p>AV / MJ</p> <p>AII / JT</p>
3	JOINT CHAIRS UPDATE	
	<p>Debbie highlighted Kenny has stepped in to take over from Eleanor who sadly passed away and confirmed the funeral was held last week. Eleanor's daughter in law was very grateful to those who paid their respects. The Board is awaiting the appointment of a co-chair from NHS Staffside.</p>	NHS
4	HEALTH AND WELLBEING	
	<p>4.1 Attendance</p> <p>Lee-Anne French highlighted as of July 2024, there was a slight reduction in the working days lost due to sickness for the previous rolling year. Current absence level for HSCP remain static but represent an increase since Covid. The top 5 reasons for working days lost in June/July were highlighted as mental health (non-stress related), stress (non-work), other musculoskeletal, injury and fractures and unknown causes.</p>	

The absence reasons based on number of occasions for June/July were coughs/colds, D&V, Covid-19, chest and respiratory, unknown/not specified. The team are currently supporting 122 absence cases (112 long term) across the Partnership as of 27th August 2024.

Chair opened to questions

Debbie requested if more detail can be provided on absences due to mental health. Lynne Garvey confirmed this is pursued at team level and personal stress is a main factor rather than work related stress. Lee-Anne advised the Attendance Support Unit is analysing and working with services to identify a targeted approach to reduce absence within the Partnership.

Jennifer Rezendes advised that the Professional Assurance Framework is available which can support absences.

Melanie Jorgensen presented the sickness absence data for NHS which represents an increase of 7.72% for July 2024, which is higher than 2023. Short term absence decreased while long term increased. NHS Fife have stood up the Attendance Management Oversight group in response to the Government target to improve attendance during 2024-25. Achievements to date include reviewed attendance panels and implementation of neuro-diversity passport. There are a number of other activities planned and the team are also working with Lynn Innes in Spiritual Care to develop additional support tools. Melanie advised that current challenges remain with managers recording absence as code 99 (no reason for absence), which makes it challenging to review data.

The Chair opened to questions from members.

Debbie noted the correlation in absence between NHS Fife & Fife Council and questioned whether it would be possible to temporarily redeploy staff into areas where recruitment is a struggle. Debbie highlighted that there is a specific question on the Return-to-Work document around the impact individual absence has on colleagues and advised, that in her opinion this is not good for individual wellbeing. Debbie highlighted that we need to find out about the barriers to return to work.

Melanie noted teams have reached out to other Board with better performing indicators to find how they apply specific parts of policy or if they have other supports in place. Melanie highlighted an app used by NHS24 called Thrive, to detect early intervention around mental health issues. This is in the early stages of implementation. In regard to redeployment, the team are always considering and encouraging managers to do so. There is a recognition that people do better at work than not at work. Formal redeployment processes can be looked at on a temporary basis. Looking at how we record reasons for absence to see if data can be broken down to help with intervention

programmes to support staff. Lee-Anne French asked for a catch up with Debbie and Melanie offline to look at options.

4.2 Recruitment Update

Fife Council had 112 job requisitions to advertise within the reporting period. Females were the % of applicants and 81% of applicants did not disclose age.

Chair opened to questions from members.

NHS recruitment update (April – June 24) – Nursing & Midwifery job family reports highest level of activity. The average time to hire was approximately 144 days during the period of April-June, which is a decrease of 43 days from previous period Jan-March. There has been a significant decrease in the time from conditional offer to completion of pre-employment checks. Factors influencing this decrease reported to be improved recording, increased capacity within recruitment and occupational health teams, with workforce issues improving. HR will continue to monitor.

Chair opened up to questions from members.

Vicki Bennett questioned if we have data around number of people we lost due to long timescale to recruit into post. Melanie advised she would investigate to ascertain if this data was available. Melanie advised this is also impacted by offers to Newly Qualified Practitioners who withdraw as they may have applied to several Boards and taken their first choice. JobTrain doesn't ask why a candidate is withdrawing. Melanie agreed to raise with East Region however advised JobTrain is a national system so changes need agreed nationally.

4.3 Employee Relations Update

Highlights include 55 grievance cases which is reported to be higher than average. 38 disciplinary, 15 gross misconducts, with 7 cases over 6 months in duration and 4 cases over 12 months. Top 5 reasons reported to be negligence/carelessness, criminal convictions, inappropriate conduct, adult protection and breach of safety regulations. Due to limited resources within the team training has not been taking place, the Disciplinary Development Program previously held is unable to restart due to staffing, also last grievance training session was 27th June, and the team are looking to schedule these again when capacity improves. The team continue to provide investigating managers with support.

Melanie reported a total of 27 Employee Relations cases within NHS, inclusive of 5 from last period. Highest number of cases are represented by criminal convictions and professional issues. 37% of cases reported to be resolved within 3 months of commencement. 15% have been under investigation for over 12 months due to staff participation, sickness absence, requirement for Occupational Health input, and criminal proceedings which can delay

**LAF / DF
/ MJ**

MJ

	<p>investigations. Work is currently progressing to develop and agree KPI in relation to Employee Relations processes – looking to include RAG status as a management tool to keep heads of service informed throughout the investigation timeline. Cases which exceed the 12-month period require Senior Management oversight to support quicker progression of cases. Melanie highlighted supports around workforce policies and referred to TURAS training modules which are available to support.</p> <p>4.4 Staff Health & Wellbeing</p> <p>These papers have been presented to the wellbeing oversight group for awareness prior to being presented to LPF, they provide a summary of work progressing in relation to wellbeing in both organisations.</p> <p>4.5 Wellbeing Action Plan 2024-25</p> <p>Elizabeth provided a brief summary and highlighted page 55 of the report detailing the 5 wellbeing objectives. There is a conference planned for March 2025 for the Partnership with a focus on wellbeing. Mentally healthy workplace training is being offered on regular basis, however there is not always enough uptake in order to run course. This is a Public health Scotland full day course around prevention and understanding the manager role in employee wellbeing. Elizabeth encouraged managers to attend. Elizabeth advised members that she is leading on coordination of a partnership wide learning & induction passport, working with colleagues in independent sector. Debbie is meeting with Elizabeth 11th September and feels clarity of NHS & FC policies is required to ensure no crossover/confusion and ensure managers are referring to the correct policy. Manager capacity to attend training is an issue. Elizabeth thanked Debbie for her questions and confirmed these will be addressed offline.</p> <p>4.6 Equality, Diversity & Inclusion Action Plan 2024-27</p> <p>This action plan originated in 2023 through conversations around whistleblowing. The paper is presented to the LPF for discussion & decision to support. Two full consultation documents are available on request. Roy referred members to Appendix 3 and highlighted that an example of great work is in neuro-diversity newsletter. The Partnership achieved bronze level in equality pathways with an aim to go for gold.</p>	EC / DF
5	HEALTH AND SAFETY	
	<p>5.1 Health, Safety and Wellbeing Assurance Group Update (Inc. Mandatory Training)</p> <p>Jillian Torrens presented and advised members that she has taken over chair of Health, Safety & Wellbeing Assurance group who meet quarterly. Jillian advised there is a plan to review the Terms of Reference. The group are currently receiving quarterly SBARs from all portfolio areas to provide assurance on work ongoing in relation to Health & Social Work. There is a particular focus on developing mandatory training dashboards. There is an aim</p>	

	<p>to achieve 90% compliance rate with mandatory training, with Jillian taking guidance around the potential to roster times for staff to do mandatory training. The Ligature Management Board continues to meet to produce a policy and are hoping to be signed off in the coming weeks. Jillian advised lone working fobs are in use within Fife Council and questioned whether NHS should also receive these – no significant issues for escalation</p> <p>5.2 H&S Updates – NHS and Fife Council (Incl. Violence and Aggression)</p> <p>Billy Nixon presented the report and highlighted RIDDOR with 2 major outcomes of harm and 3 moderate. No trends were identified within the report.</p> <p>Morag Stenhouse reported on the rolling year to end of August. Due to changes within the Partnership, Morag highlighted Oracle is not fully up to date. Main causes reported to be slips, trips, falls and moving & handling. Three RIDDOR reported from June–Aug. Morag highlighted a late RIDDOR from March 2023 which had been put in as no lost time and only came to light when a claim came in. Morag reminded managers to inform Health & Safety if there is a change in reporting from no lost time to over 7days. Violence, Aggression & Threat report reflects an increase in incidents. Morag advised members that slide 4 should not be in report – please ignore.</p> <p>A discussion around risk assessments for moving and handling took place with Morag confirming an environmental risk assessment is carried out before a package of care is confirmed</p> <p>Debbie highlighted the Care at Home SWAY about how we report incidents. Can we put information out to heads of service around reporting & how to obtain support. Lynne Garvey will take action on this to ensure all Service Managers are replicating within their own service.</p> <p>Debbie welcomed replication of Karen’s SWAY in all areas.</p>	<p>LG</p>
<p>6</p>	<p>FINANCE</p>	
	<p>6.1 Finance Update</p> <p>Audrey reported a challenging Financial Year with the actuals to July projecting an overspend of £21.5m, which is an improved position of £3m. Improved position reported in the delivery of savings with a delivery of £28m of the £39m approved in March 2024. Audrey advised a Recovery plan is currently being worked through, thereafter being reported to FPS.</p> <p>6.2 Sustainable Workforce and Supplementary Staffing – Bank and Agency</p> <p>This was presented as a revised version to bank & agency spend, following a previous request. Bank expenditure is projected to spend £16.5m this year compared to £15m in the previous year. Other costs will be included in future report. Agency has a £20.41m prediction against a previous year spend of</p>	

	<p>£22m. Today's report doesn't include VAT saving and a further reduction will be reported at future meeting. Debbie thanked Audrey for the report and confirmed the percentage change is helpful to keep track of spending on external workforce to ensure this is appropriate.</p>	
7	SERVICE PRESSURES & WORKFORCE UPDATE	
	<p>7.1 Scottish Government Workforce Plan Guidance 2025-2028</p> <p>This paper was presented for assurance. Roy highlighted attachments & appendices and offered LPF a development session in December before creating the draft around this. This is a new 3-year plan with the Government requesting a workforce plan and not a strategy. Roy bringing assurance around planned timeline for delivery in October 2025, drafts will be brought to the LPF in various stages. The challenge is recognised around pace with a draft plan needed by February 2025. Year 2 annual report and 3rd year action plan to be provided in November 2024. Roy highlighted page 239 – ask from LPF to submit fit for purpose plan by July 2025, for publishing in Oct 2025. Roy is keen to have LPF engagement in final plan.</p> <p>Debbie agreed that a development session would be useful for some clarity. Lots of topics require addressed to ensure we are not overreaching or stepping on toes which causes Local Government issues around job evaluation and equal pay.</p> <p>7.2 Mpox Update</p> <p>Lynn reported that the World Health Organisation have declared an ongoing outbreak of Mpox within the African region. There is a weekly meeting led by Public Health in Fife to ensure governance around pathways, PPE and advice provided. Mpox has been incorporated into the high consequence infectious disease pathway. No further international cases have been identified outside of Central Africa, with a confirmed case in Sweden and Thailand, but no cases in the UK since WHO announced concern. Public Health leading for Fife with key stakeholders meeting weekly. Dr Hellewell also attends this meeting on a weekly basis.</p>	RL
8	REPORTS	
	<p>8.1 Prevention and Early Intervention Strategy</p> <p>Lisa presented this report for information and discussion by the LPF on its journey through to formal approval by the IJB on 27 September. This strategy has been 2 years in discovery and design. Strategic analysis has been completed, with wide consultation and engagement with stakeholders and communities. Lisa highlighted Appendix 2 which shows 10 high level deliverables which we seek to achieve within 3 years. Workforce is a key enabler to support delivery of strategy, however it is recognised there is no additional financial resource available to support therefore there is a requirement to be innovative. A more detailed action plan is to be created. An annual report will be delivered at end of Year 1 to give assurance.</p>	

Debbie complemented Lisa on the paper and asked how we get there with a shrinking budget, ensuring we have appropriate resources, and that care is fairly distributed. Lisa highlighted the risk log within appendices. Year 1 is a Test of Change; strategies are multi-faceted and complex, but we need to work with what we have. 3 years is ambitious for achieving but need to measure impact which is within the deliverables. Lynne Garvey addressed Debbie's question around care, there is a need to reduce packages and carers coming back to coordinators. There is an increase in coordinators reported with a review of packages happening more frequently and on time which is an improvement. Every person going through "START program", including those with critical needs allowing them to be re-enabled in the community. Debbie highlighted that political buy-in is required to ensure success of the plan. She thanked Lisa and Lynne for clarification. Presentation accepted.

8.2 Workforce Action Plan Flash Report

Dafydd McIntosh presented detail around this report with salient points of activity.

He advised of the development of 3-year workforce plans framed around 5 pillars.

The Princes Trust cohort is underway and due to commence 5th November. This encompasses a 4-week introduction into world of work with 6 out of 8 individuals successful in securing employment following the program. 11 young people applied for the cohort, with some securing employment before taking up the course.

A Fife College HSCP relationship manager has been identified which is positive for the retention of young people within the Partnership following our investment in their training.

Dafydd highlighted Fife Council Life Chances and advised there is information on the Intranet on how to use the service.

The NHS Youth Academy are developing interactive tool. There is a timescale of March 2025 for this to be made available.

Dafydd highlighted that iMatter has reported a 70% response rate with action plans starting to be drafted for submission. A key highlight was a rare 90 score being recorded within the "manager is approachable" section. LPF are asked to continue to support the development of a 3-year plan.

Debbie thanked Dafydd for putting this together for quick overview and confirmed it was encouraging to see Princes Trust applicants securing employment within HSCP. Queried 90 score and would like to ensure that their managers are recognising this. Dafydd confirmed that the results can be filtered down to team level.

8.3 Professional Assurance Framework

	<p>Jennifer highlighted the SBAR and fuller report as a reference guide. Jennifer assured members that feedback has been taken onboard around workforce, specifically around wellbeing and supervision to ensure all feel valued in their roles. It was acknowledged that there is no equivalent paper at a national level. The framework seeks to give reassurance that the 50% of workforce which comes from Fife Council is well supported. Jennifer advised the principles are extended into commissioned services to ensure appropriate values for social care profession are maintained. Jennifer advised that the paper will be taken to IJB for formal approval.</p> <p>Debbie expressed that this this framework will bring comfort to social care staff and welcomes this being put in place. Jennifer confirmed that over this year, the framework has been discussed at various social care/social work meetings as well as at the Mental Health Officer development session. Jennifer also advised that Fife are initiating a MHO audit tool which nowhere else in country has, and is being pushed into NHS Scotland MHO subgroup. The framework has received positive feedback from all areas.</p> <p>8.4 IJB/HSCP Resilience Assurance Group Annual Report</p> <p>Deferred to next meeting due to time.</p> <p>Item to be first on the agenda for next LPF.</p>	
9	ITEMS FOR BRIEFING STAFF	
	No items highlighted.	
10	AOCB	
	Debbie congratulated Lynne on her appointment to Director of Health and Social Care Partnership on behalf of the Joint Trade Unions and Local Government. Lynne confirmed she will commence post on 4 th November; Fiona McKay remains in post until this date. Lynne thanked Kenny for chairing the meeting. Kenny thanked everyone for their collective support in chairing his first meeting.	
15	DATE OF NEXT MEETING	
	Tuesday 12 November 2024 – 09:00-11:00 hours	



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE STRATEGIC PLANNING GROUP HELD VIRTUALLY ON THURSDAY 5TH SEPTEMBER 2024 AT 2.00 PM

Present: Roy Lawrence, Principal Lead for Organisational Development & Culture (Chair)
 Cllr Dave Dempsey
 Cllr Rosemary Liewald
 Cllr Sam Steele
 William Penrice, Service Manager, Performance Management & Quality Assurance
 Tracy Harley, Service Manager, Participation & Engagement
 Morna Fleming, Carer Representative
 Lesley Gauld, Team Manager, Strategic Planning
 Vicki Birrell, Team Manager, Strategic Planning
 Lisa Cooper, Head of Primary & Preventative Care
 Tom McCarthy-Wilson, Portfolio Manager, Planning & Performance Team NHS Fife
 Nicola Broad, Team Manager, Strategic Planning
 Claire Dobson, Director of Acute Services
 Rishma Maini, Consultant in Public Health

Apologies for Fiona McKay, Interim Director of Health & Social Care
 Lynne Garvey, Head of Community Care Services

Absence: Ben Hannan, Director of Pharmacy and Medicines
 Helen Hellewell, Associate Medical Director
 Paul Short, Service Manager, Housing Services
 Lynn Barker, Associate Director of Nursing
 Audrey Valente, Chief Finance Officer
 Paul Dundas, Independent Sector Representative
 Jacquie Stringer, Service Manager, Locality/Community Led Support
 Jillian Torrens, Head of Complex & Critical Care
 Ian Dall, Service User Representative
 Kenny Murphy, Third Sector Representative

In Attendance: Alan Adamson, Service Manager, Quality Assurance
 Lynda-Reid Fowler, Policy Co-ordinator, Fife Alcohol & Drug Partnership
 Gillian Muir, Management Support Officer (Minutes)

NO.	TITLE	ACTION
1.	WELCOME AND INTRODUCTIONS Roy Lawrence welcomed everyone to the meeting and apologies were noted as above.	

NO.	TITLE	ACTION
1.	<p>WELCOME AND INTRODUCTIONS (continued)</p> <p>It was noted that Roy will continue to chair these meetings until such time a new chair is appointed.</p> <p>Congratulations were extended to Lynne Garvey on her appointment to Director of Health & Social Care.</p>	
2.	<p>MINUTE OF LAST MEETING – 9TH JULY 2024 AND ACTION LOG</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p> <p>All actions noted have been completed with the exception of the Local Housing Strategy and the Strategy Working Groups which will be carried forward to November’s agenda.</p>	LG
3.	<p>STRATEGIES</p> <p>a. <u>Prevention and Early Intervention Strategy (2024-2027)</u></p> <p>Lisa Cooper presented the draft Prevention and Early Intervention Strategy for assurance that this has been developed in accordance with identified requirements and stakeholder expectations, for review and advice of any changes.</p> <p>The Strategic Planning Group noted the Prevention and Early Intervention Strategy is identified as one of the nine transformational strategies of the Partnership’s Strategic Plan 2023 to 2026 and is also a NHS Corporate Objective.</p> <p>The Strategic Planning Group also noted that the Partnership’s ambition is to deliver the Prevention and Early Intervention Strategy in a way 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.</p> <p>Lisa Cooper highlighted the three strategic priorities which have been agreed through the engagement process and provided feedback on the consultation and engagement with communities. Lisa also drew the Strategic Planning Groups attention to Appendix 2 – Delivery Plan which sets out high level deliverables of which there are ten specific priority outcomes the Partnership is seeking to achieve.</p> <p>It was also noted as the strategy moves into year one of delivery there will be a more detailed action plan which will underpin this work and give assurance around delivery of the Partnership ambition to shift the balance of care to enable a move from a crisis intervention approach to a prevention and early intervention approach to support people to live good lives.</p> <p>Lisa Cooper thanked the Strategic Planning Group for being instrumental in supporting the strategy.</p>	
NO.	TITLE	ACTION
3.	STRATEGIES	

a	<p><u>Prevention and Early Intervention Strategy (2024-2027)</u> (continued)</p> <p>The discussion was opened to members who provided their comments and feedback on the report.</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> • Considered and discussed the draft Prevention and Early Intervention Strategy and supporting documents • Took assurance the strategy had been developed in accordance with identified requirements and stakeholder expectations 	
4. a	<p>ANNUAL REPORTS</p> <p><u>Primary Care Strategy</u></p> <p>Lisa Cooper presented the Year One Report 2023-2024 of the Primary Care Strategy which had been compiled to provide moderate assurance on the significant amount of work delivered by the Partnership and NHS Fife in delivering Fife’s Primary Care Strategy, whilst recognising that there are continued pressures across Primary Care.</p> <p>The Strategic Planning Group noted the Annual Report 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 and noted the summary of progress.</p> <p>Lisa Cooper highlighted the ongoing risk around resources and demands which have resulted in the moderate level of assurance provided but noted focus and priority continues to be the delivery of the strategy around recovery, sustainability and quality for Primary Care Services.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included the Child Smile campaign, whether the deliverables were always intended to reach over into year two and whether nurses in independently contracted GP practices had access to the GP Nursing Forums?</p> <p><u>Decision</u></p> <p>The Strategic Planning Group</p> <ul style="list-style-type: none"> • Took note of the moderate level of assurance provided on the significant amount of work delivered by the Partnership and NHS Fife in delivering Fife’s Primary Care Strategy, recognising that there are continued pressures across Primary Care. 	

NO.	TITLE	ACTION
5.	STRATEGY FLASH REPORTS	

<p>a</p>	<p><u>Advocacy Strategy</u></p> <p>Alan Adamson provided an overview of the flash report submitted and progress of work undertaken to date.</p> <p>Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • The Independent Advocacy Contract tender closed on 10th May 2024 with three bids received. The evaluation panel evaluated the bids and consensus scoring undertaken. The contract award was issued to VoiceAbility who will be the new independent advocacy provider for Fife. Transition meetings with the current supplier and the new provider are taking place bi-weekly to ensure a smooth transition is achieved and that there is no disruption to the service and no impact for service users. Commencement of the new Contract is hoped to be 1st September 2024 and communications have been issued to all service users, social work teams and through locality networks. • A Joint Advocacy Planning Group (JAPG) has now been re-established with the first meeting held on 22nd August. The terms of reference for the group have been discussed and agreed, quarterly meetings have been arranged and work on the development of the Delivery Plan has commenced. <p>The Strategic Planning Group noted that all is on track for year one and now start to move into year two.</p> <p>Completed actions and planned actions were noted.</p> <p>The discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included whether the independent advocacy stretched over to those looking for advocacy within Corporate Parenting Board, TUPE and whether nurses working with clients with learning difficulties in patient services can refer to advocacy services on behalf of clients.</p> <p>A link to the online referral form to request a service was shared for information. www.voiceability.org/in-scotland/advocacy-in-fife</p> <p><u>Alcohol & Drug Partnership Strategy</u></p>	
<p>b</p>	<p>Linda Reid-Fowler provided an overview of the flash report submitted and progress of work undertaken to date.</p> <p>Areas highlighted within the report included:</p>	

NO.	TITLE	ACTION
5.	STRATEGY FLASH REPORTS (continued)	
b	<u>Alcohol & Drug Partnership Strategy (continued)</u>	

	<ul style="list-style-type: none"> • The Alcohol and Drug Partnership (ADP) has now finalised its Strategy for 2024 to 2027 with the vision “to enable all the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”. The new strategy has been approved by the HSCP Integration Board and the NHS Population Health and Wellbeing Committee. • The ADP Strategy is supported with a Delivery Plan for the first year centred around the five themes from the national strategy Drug Mission Priorities 2022-26 and includes the HSCP Strategic Plan 2023 – 2026 themes of local, sustainable, wellbeing, outcomes and integration. • The Delivery Plan has been adapted to reflect milestones over quarters and will be assessed using RAG (Red/Amber/Green) Status and reported to the ADP Joint Commissioning Group and the ADP Committee. This will support a fuller oversight and scrutiny over the year for assurance, reassurance and redirection purposes. <p>The Strategic Planning Group noted the ADP Delivery Plan for each strategic theme focused on the ADP priorities for the first year of the delivery plan 2024/35 and Linda Reid-Fowler highlighted some of these areas.</p> <p>Discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included a query regarding drug death figures – these are quoted up to 2023 is there any sign of any down turn in 2024, how does Scotland / Fife compare with other areas in the UK after you take account of social factors such as deprivation – is there a specifically Scottish aspect as to why figures are so high?</p> <p><u>Participation and Engagement Strategy</u></p> <p>c Tracy Harley provided an overview of the flash report submitted and progress of work undertaken to date.</p> <p>The Strategic Planning Group noted that there are a range of engagement projects that are currently live or are in development across the portfolio of work since the previous reporting period.</p> <p>Areas highlighted within the report included:</p> <ul style="list-style-type: none"> • The Participation and Engagement Team continue to develop engagement projects across a range of stakeholders within communities, partners across NHS, Fife Council, third and independent sectors, community groups and organisations. 	
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NO.	TITLE	ACTION
5. c	<p>STRATEGY FLASH REPORTS (continued)</p> <p><u>Participation and Engagement Strategy (continued)</u></p> <ul style="list-style-type: none"> • Working on developing various platforms and mechanisms that will aim to strengthen the voice of those in the IJB and examples of work underway were given. 	

	<p>Discussion was opened to members who provided their comments and feedback on the report. Items raised for discussion included: whether the Fife Wide Public Engagement Forum was similar to the People's Panel, whether third sector supporting charities would be involved and the size of the Forum.</p>	
<p>6.</p>	<p>PMO OVERSIGHT GROUP</p> <p><u>Minute of last Meeting 2nd July 2024</u></p> <p>The minute of the last meeting was submitted to the Strategic Planning Group for its information only and for members to note its contents.</p> <p>The Strategic Planning Group raised queries in relation to the list of risks noted with particular reference to those high-risk scores (Transforming Overnight Care) and whether the five new risks highlighted in the minute reflect concerns that are 'in year' or across the full timescale of the programme?</p> <p>Agreed Lesley Gauld would raise the queries with Rachel Heagney, Head of Improvement, Transformation & PMO and provide feedback to the Strategic Planning Group (*see note below).</p> <p>The Strategic Planning Group also noted that there is a planned IJB Development Session on finance on 17th September where updates on the programmes will be given.</p> <p><u>*Update from Rachel Heagney 13th September 2024:</u></p> <p>5 New Risks</p> <p><u>Overnight Care</u></p> <p><i>Risk ID5 is about both in year and the full timescale of the project. The risk has recently reduced in score to 15 (high) as the resource needed to undertake the caseload review was found. The first round of assessments is now complete, 50% of clients on the caseload have been identified as out of scope.</i></p> <p><i>Risk ID9, this is about the full timescale of the project and remains at 16 (high). The project has exhausted exploration of the wider scope introduced about 'alternative models of care'. This will be pursued in the longer term because we don't currently have the technical or workforce infrastructure that would be required to support Technology Enabled Care (TEC). In the meantime, the project will focus on the original scope of increasing the use of just checking/just roaming.</i></p> <p><u>Primary Care</u></p> <p><i>Risk ID24, this relates to the full timescale of the programme and has reduced in score this period as SLT Strategic feel assured it is being managed.</i></p> <p><u>Home First</u></p> <p><i>Risk ID33, this relates to in year savings.</i></p>	<p>LG</p>

	<p><u>Bairns Hoose</u></p> <p><i>Risk ID5, this relates to continued funding across the timescale of the project.</i></p>	
7.	<p>ANY OTHER BUSINESS</p> <p>No other business was offered.</p>	
8.	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Thursday 7th November at 2.00 pm via MS Teams 	