



**Fife Health  
& Social Care  
Partnership**



# Annual Report 2019-20

# Contents

<b>A message from our Chair</b>	<b>4</b>
<b>Foreword</b>	<b>6</b>
<b>Introduction &amp; background</b>	<b>7</b>
<b>Fife's Population</b>	<b>8</b>
<b>Our Performance</b>	<b>9</b>
<b>Priority 1 - Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife</b>	<b>10</b>
<b>Priority 2 - Promoting mental health and wellbeing</b>	<b>22</b>
<b>Priority 3 - Working with communities, partners and our workforce to effectively transform, integrate and improve our services</b>	<b>26</b>
<b>Priority 4 - Living well with long term conditions</b>	<b>35</b>
<b>Priority 5 - Managing resources effectively while delivering quality outcomes</b>	<b>37</b>
<b>Inspection of Services</b>	<b>38</b>
<b>Financial Performance and Best Value</b>	<b>38</b>
<b>Glossary of Terms (A-Z)</b>	<b>43</b>
<b>Appendix 1 National Indicators</b>	<b>45</b>
<b>Appendix 2 Financial Information 2017 - 2020</b>	<b>47</b>

# A message from our Chair



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

Over the past several months of 2020 our Health and Social Care Services in Fife have been working in a completely different way and have risen to the very significant challenges posed by the Covid19 pandemic. I wish to congratulate each person working within those services and those working in our Voluntary and Community Service who have gone above and beyond in their efforts at this time.

We are aware that capacity for those needing hospitalisation was made available at short notice so that our Health and Social Care Services could cope with potential worst-case scenarios in the first few weeks of the pandemic.

Staff throughout Fife have shown incredible determination and flexibility, in many cases being deployed into new roles and into new ways of working across our Health and Social Care system. This could not have been achieved without the cooperation and support of a huge range of organisations including staff representatives, professional bodies, clinical networks, and our partners in local authorities, FVA, and amazing community groups and our Social Care staff within FHSCP and the private sector.

Urgent care service, such as for emergency care, cancer care, mental health, maternity, and paediatrics, have been maintained throughout this pandemic and it is now time, cautiously and safely, to begin to restart as many additional services as is possible.

Moving toward remobilisation and delivery of as many of our normal services as possible, as safely as possible, while ensuring we have the capacity that is necessary to deal with the continuing presence of Covid-19 is our main goal. Preparing the Health and Social Care Board for the winter season, including replenishing stockpiles and readying services including the roll out of the Winter Flu Vaccine.

Restoring normal services should not, though, mean losing the gains of the recent period in the swift rollout of new techniques, technology and clinically safe but faster pathways to care and wellbeing for our residents. The rapid introduction of digital means of safe access across our Health and Social Care sector is one of the hallmarks of our response to the current emergency and we want to retain as much of that good practice as possible.

The principles outlined in this statement are a strategy for how our Health and Social Care Board in Fife will move forward with its plans for the coming months and into 2021. These plans will be brought about with local partners and other agencies including our valuable third sector, the continued expansion of the “Wells” at Community level and our roll out of Community Hubs, and the introduction of Social prescribing throughout our localities. The essential advice

from our valuable clinical, scientific, Health and Social Care delivery partners will inform what services can safely resume and by what time frame.

A great many of our services are now slowly resuming:

- Phased resumption of visits to care homes by family members in a managed way where it is clinically safe to do so.
- Expansion of screening services.
- Adult flu vaccinations including in care homes and care at home.
- A full range of Health and Social Care services and greater use of technology such as “Near Me” to provide improved services to citizens in now underway and will be expanded.

Our main aims within Fife Health and Social Care are at the centre of what we do moving forward, and remobilising, and we remain even more focussed on this.

- That people can look after and improve their own health and well-being and live in good health for longer. 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.
- That people who use health and social care services have positive experiences of those services, and have their dignity respected.
- That Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services.
- That Health and Social Care Services contribute to reducing health inequalities.
- That people who provide unpaid care are supported to look after their own health and well-being, including to reduce any negative impact of their caring role on their own health and well-being.
- That people using Health and Social Care services are safe from harm.
- That people who work in Health and Social Care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide
- That Resources are used effectively and efficiently in the provision of our Health and Social care services.

# Foreword

It was a real pinnacle moment for me when I took up the role as Director of Fife's Health and Social Care Partnership. Throughout my career, I have always been passionate about delivering the best possible health and social care to the communities we support and leading this Partnership is not only an honour, it is a privilege.

Our services touch everyone in Fife, and ensuring we deliver services that are person-centred isn't done in isolation. We couldn't do what we do without the support of our committed staff, our partners, NHS Fife and Fife Council, colleagues from the voluntary and third sectors, carers and our communities. It is a real team effort, and it is by working together that we continue to progress with integrating services, ensuring we support the people we serve to live well. I want to thank everyone for making this happen.

This is our fourth annual performance report and each year we have developed more and more integrated working. The report sets out what's been achieved over the last year and what our priorities are for the future. There's a focus on our staff and the amazing work they do to support the health and wellbeing of everyone across Fife and how we are improving and redesigning services that are sustainable now and in the future.

In 2019 we refreshed our strategic plan. By listening to our staff, partners and people using our services we have enhanced our priorities for the coming three years. None of us expected to be living through a Covid-19 pandemic – these are unprecedented times and we have had to look at how we deliver health and social care services that keep our staff and those who use our services safe. The Strategic Plan will be further reviewed to include what we have learned and continue to learn during this time.

A lot has been achieved over the past year. There is more that we can do, and I look forward to the year ahead, continuing with our integrated approach to service delivery and progressing with our priorities.

Again, I want to thank everyone for their support.



**Nicky Connor**  
Director, Fife Health  
and Social Care  
Partnership

# Introduction & Background

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

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

## Our Vision

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

## Our Mission

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

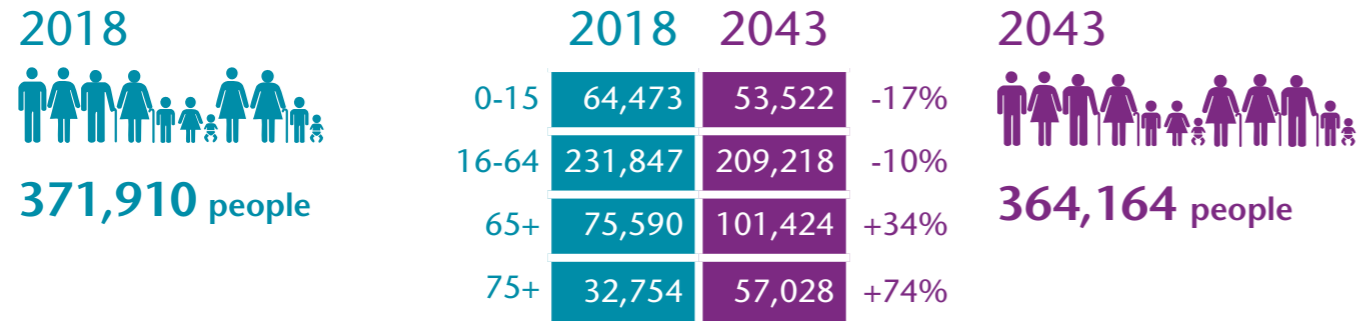
## Our Values

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

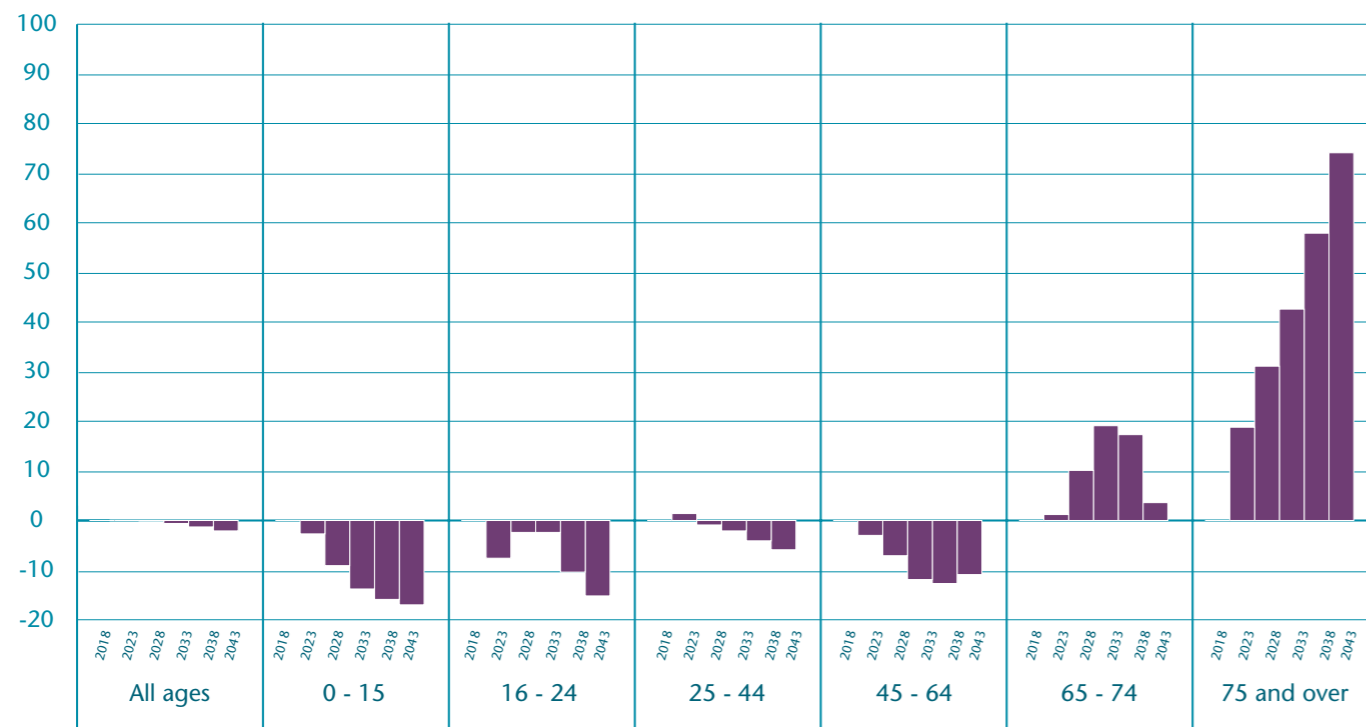


# Fife's Population

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



Projected percentage change in population by age group until 2043



# Our performance

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

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

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

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

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

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

Please note there are a few of the 23 national indicators not available for 2019-20 period owing to the way in which these are collected, verified and released. The data reported are against core indicators and are for the period the most recent data is available. Some indicators may be provisional and subject to change.

# Priority 1 - Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

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

## Locality Planning Progress Update

During 2019 we saw the completion of the second phase of Health & Social Care Locality Planning, with the implementation of Locality Planning Core Groups across the seven areas and delivery of the agreed priorities within each of the localities.

Throughout the year we held wider locality stakeholder events across the seven localities.

In addition, a range of Core Group meetings were held throughout 2019 to drive forward the priorities and the Core Groups have now gone back to their Wider Stakeholder Groups with a purpose of:

- looking back at what people originally told us
- exploring what the refreshed data is telling us
- developing an understanding of the refreshed strategic plan
- showcasing what has been delivered to date
- identifying any challenges
- exploring next steps.

Early 2020 saw us moving into phase three, where the Core Groups refreshed their Locality Plans and priority actions based on Wider Stakeholder Group discussions, highlighting the refreshed strategic plan and refreshed data.

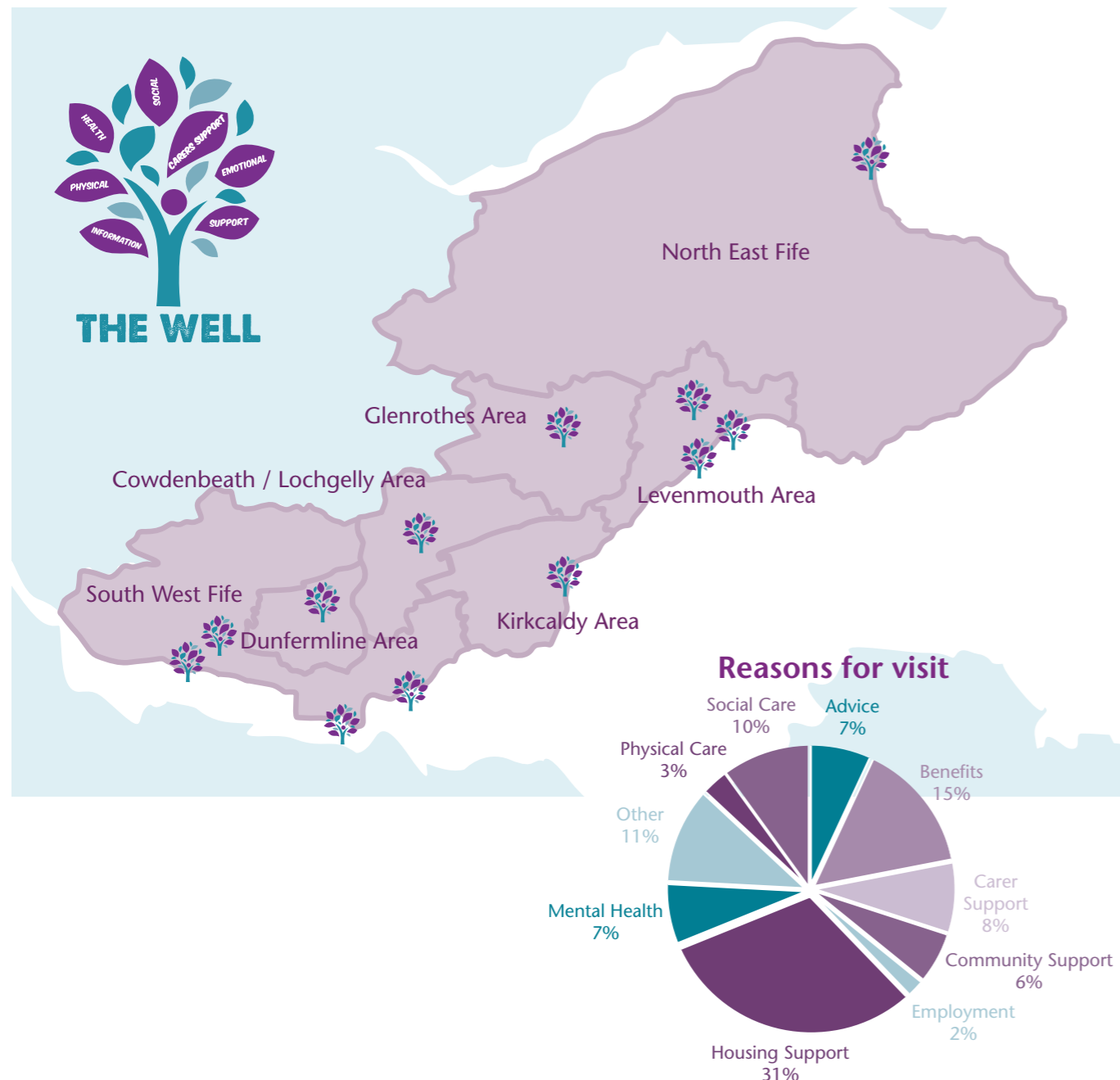
A vertical timeline with four circular nodes, each representing a financial year. Each node is connected to a rectangular box containing a list of key events for that year. The nodes are purple for 2017/18 and 2019, and teal for 2018/19 and 2019/20.

- 2017/18**
  - Legislation implemented
  - Wider Stakeholder Group developed
  - H&SC Locality Data developed and presented
  - H&SC priorities explored, discussed and agreed
- 2018/19**
  - H&SC Locality Data refreshed
  - Agreed H&SC Priority Plans developed, driven and delivered
- 2019**
  - H&SC Locality Data refreshed
  - Refresh of the H&SC Strategic Plan consulted on, finalised and published
- 2019/20**
  - Wider Stakeholder Group explores data and develops H&SC locality priorities for 2019/20
  - Core Group develops, drives and delivers H&SC priorities on behalf of and with the support of the Wider Stakeholder Group for the benefit of the local area

## The Wells (Community Led Support) Update

Within the refreshed locality plans, The Wells will continue to develop across the 7 locality areas. The Wells bring together those who know all about health and social care in your local community such as Local Area Coordinators, Housing Officers, Social Work, Social Security Benefits and a range of other community, health and social care staff. They are established across Fife as places where you can go to be listened to, have a conversation about what's important to you regarding your health and wellbeing and be directed to support that best meets your needs.

The Wells are now established in the following locations and are hosted by local community organisations highlighted on the map below.



## Facts about The Wells

(April 2019 – March 2020)

- 360 people visited a Well
- 12 Well stalls were run in hospital/ GP surgeries
- 39 people visited at these Well stalls.
- 31% visited the Well regarding Housing Issues
- 15% visited the Well regarding Benefits
- 28% of all visitors had more than one enquiry towards the staff
- 30% of the visitors accessed the Well via “drop in”, small numbers have been referred from GP, Statutory services and other organisations.
- 20% were given information regarding their enquiry at the Well.
- 12% contacted other agencies or statutory services from the Well with the support of the staff
- 28% were sign posted to community organisation and 3rd sector
- 5% were referred to statutory services

## A Staff Perspective on being involved in The Well

*“I enjoy working at the well because it gives an opportunity to be more autonomous and contribute towards bottom up change. It's nice to be trusted to just do what we want within reason and be able to quickly make changes if we think they something isn't working.*

*I also enjoy how relaxed it is at the well and that there isn't a clear power dynamic present in the relationship which there so often is ordinarily. I enjoy supporting people to try and come to their own conclusions and complete the task themselves with guidance and support from ourselves. I also love that the well is open to the entire community and not just 'service users', anyone can come down and I think in Glenrothes the space we have isn't stigmatising.*

*I also think it has the potential to make a real difference to how we are practising, reducing waiting lists”.*

## Carer representation update

We are supporting carers to be actively involved in discussions at these localities. This includes taking a place on the locality planning core groups. We have a group of Carers with a member for each locality core group. In order to make sure this is successful, Fife Voluntary Action, our third sector interface support carers on these groups. This independent support includes specific training to become involved in an effective way, as well as ongoing support to participate.

## Glenrothes Market Hall Event - an information sharing event

Glenrothes Health & Social Care Locality Planning and GP Cluster Groups were delighted to work together on their first Glenrothes Market Hall Event held in September 2019, hosted by Fife Voluntary Action, aimed at primary care staff and front-line staff from Health & Social Care Partnership and other partners in the Glenrothes area.

The event was organised to support local front-line staff to increase their knowledge of the organisations/groups working in the Glenrothes area; what they do, where they are in the local community and how you can refer into or use their services.



## Meal Makers

Meal Makers have been busy across Fife in 2019 and now have several volunteer 'Cooks' who are ready to be matched with older neighbour 'Diners' over the age of 55 who would benefit from the provision of home cooked meals and company.

### Achievements for the last financial year (pre COVID-19):

- 32 pairings,
- 778 hours of befriending,
- 782 meals shared

## Newburgh Community Choir

The North East Fife Locality highlight social isolation and access to activities for older people as an area for improvement. The partnership collaborated with a local grown community organisation to support them to continue to offer to all members of the public access to their local community choir. The community group are supported by the partnership commissioning funding for the choir to hire a musician to keep the group going.

Over 70 local people from all backgrounds including people who live in a local care home, people with learning disabilities and general public gather weekly to enjoy this unique activity.

## Health and Wellbeing in Pregnancy Update

As part of the Health and Social Care Partnership locality work, Health Promotion has been working alongside colleagues in the Levenmouth area involved in issues related to pregnancy. Initially a mapping exercise was undertaken to scope the levels of support available in the area. Following on from this exercise a variety of different methods were used to gather information from pregnant women and new mums to find out what their thoughts were on the information and support available to them, what was important to them about their own health and what would make a difference to them with regard to health behaviour change.

The results showed that women were happy with the information they received around their pregnancy but would like more information on available fitness groups and classes they could access pre and post birth. Women were also concerned about their mental health and the impact the birth would have on their mental well-being. When asked what would make a difference the two themes that arose were buggy walks as this would help with social isolation and keeping active and a central point of information where they could find out what classes and groups were available and where and when they were on.

Following on from these two pieces of research, Health Promotion are now progressing work in the Levenmouth locality to start buggy walks and to provide a shared calendar where groups and classes can be advertised.

## Multi-Disciplinary Response Team to reduce unnecessary Hospital Admissions of older people

Closer Working between General Practice and Social Work in Kirkcaldy locality is beginning to reduce unnecessary hospital admissions in the Kirkcaldy locality.

The GP lead and SW older peoples team have direct link with each other avoiding unnecessary service driven processes for health and care staff and people using these services.

Led by Older People's Team Manager and GP Cluster Lead this approach has a very simple but effective focus on enabling community health input and a stable SW team response to older people. This enables a local integrated response where continuity and consistency of care can be provided within the community and the older persons home thereby reducing unnecessary hospital admissions whilst at same time improving outcomes for older people.

The approach allows for relevant health and social care professionals to deal with issues immediately and allows careful planning around any causes for concerns related to health and social care. Things can be dealt with immediately and local H&SC staff have gelled together which produces a joined up integrated response thereby offering continuity and consistency of care to older people at a very high standard.

Partnership working at a local level allows the opportunity to enable older people to retain their independence for as long as possible. This preventative approach is central to reduce unnecessary hospital admissions.



## Children's Health Services

### Promoting the United Nations Convention on the Rights of the Child (UNCRC).

Children's Services has made a commitment to ensure that its responsibility of the United Nations Convention on the Rights of the Child (UNCRC) requirements to the Scottish Government is undertaken effectively and have developed a number of steps to ensure that they are embedded into day to day practice.

Fife's Children's Services has prioritised promoting the needs and rights of children, young people and their parents and carers, recognising that they should be central to all assessments, interventions and planning. Children, young people and their families views are listened to, valued and respected. Best practice recognises and values the importance of working with children and young people and their families in a manner that supports them to feel empowered and meaningfully engaged in any assessments and planning for them.

The following developments have been undertaken:

- Development of Children and Young People's Engagement and Participation Framework - to support services to consider how they can engage children and young people in decision making processes.
- Implementation of Children's Rights and Wellbeing Impact assessment
- Development of Wellbeing / Rights Wheel
- E-learning modules and a 7-minute briefing used to increase awareness of all staff across services.
- Consultation with children and young people to inform new priorities for Children's Services Plan
- Further engagement with young people and families to review services delivery during COVID 19.
- School Nursing, Health Visiting and Family Nurse Partnership undertook test of change to support Excellence in Care developments

### Dental Health

We have piloted a School Nursing Dental Neglect Pathway in partnership with the Public Dental Service. School nurses can refer for supportive intervention to not only address the dental needs of the child, but also wider wellbeing needs through undertaking a Child Wellbeing Assessment with parents. Our next steps are to test the potential for engagement to include the child in order to fully assess the potential for any further areas of neglect, e.g. height and weight, presentation and interaction between parent and child.

### Improving Paediatric Waiting Times

Several changes have been implemented over the past year to improve waiting times for appointments and/or assessment from Paediatric services including:

- Moving patients to different clinic locations for new and review appointments with a Paediatrician to create equity of access to services across Fife
- Community paediatricians clinic locations changed to provide clinics in the areas with most need and referrals
- ADHD Nurses undertaking patient review particularly for ADHD medication
- Caseload review underway in a number of areas to identify patients who can be discharged/ those who can be reviewed by a nurse/patients requiring transition to adult services

Improving waiting times when there are a significant number of medical vacancies continued to be a challenge for the service over the course of the year. However, redesign as outlined above has somewhat mitigated the impact of these vacancies on waiting times within the service.

To improve waiting times further, over the next year we plan to change the service delivery model for community paediatrics to provide condition-specific clinics for both new and review patients, with further redesign to services if medical vacancies are not recruited into. We will also start development of a Neuro-Developmental Pathway (NDP) which will provide a single point of referral and triage assessment of children and young people, ultimately aiming to offer families a shorter wait for diagnosis and more appropriate signposting, and should result in a more robust, targeted support network for these children and a more efficient use of limited resources

### Transitions

In consultation with young people and colleagues across children's services, a Children's Services Transition Guidance Document has been developed for use across all Children's Services. Arrangements have been put in place to add key colleagues from Adult Health and Social Care Services to the short life working group to monitor and support implementation of effective transition arrangements of young people into adult services.

### Supporting Adults with Autism

From January 2019 to December 2019 the One Stop Shop have provided the following support to people affected by autism in Fife;

- 352 Post Diagnostic Meetings, (1:1 session).
- 4 sessions, (supporting 23 individuals) of Understanding My ASD Diagnosis Group, (for people aged 17+ years).
- 3 sessions, (supporting 17 individuals), of Understanding My Loved Ones A.S.D Group, (for people aged 17+ years).
- 4 Siblings Workshop Groups, (supporting 18 siblings).
- 34 Autism Profiling Sessions with 15 individuals.
- 4 sessions of 14+ years Transition Support Sessions, (supporting 4 individuals).
- 10 Introductions to Autism sessions with 89 attendees.
- 2 Information sessions with 22 attendees.

## Keys to Life Action Plan – Further improve the experience of acute hospital admission for a person with a learning disability.

Recommendation 24 of The Keys to Life Framework states that NHS Boards and local authorities across Scotland should work in partnership to ensure that people with learning disabilities receive the appropriate levels of support in general hospitals. This should include appropriately funded support from familiar carers as well as support from specialist learning disability acute care liaison nurses. To meet the above recommendations in Fife, an Acute Liaison Nurse has been in post since 2004. Currently there are two nurses. A system is in place that identifies people who have a learning disability and are frequent attendees as well as the reasons for the frequent attendance at Accident and Emergency. A standardised “hospital passport” has been developed and its use is being encouraged.

## Prevention and Early Intervention

Prevention and Early intervention have been prioritised across Children’s Services. Getting it Right for Every Child [GIRFEC] provides overarching guidance for all professionals in Fife. It sets out the core principles for all professional to be working to improve the health and wellbeing of children and young people, with “wellbeing” defined by eight indicators: safe; healthy; achieving; nurtured; active; respected; responsible and included.

Some examples of our early intervention and prevention work:

**Breast Feeding:** Breastfeeding Support Service, Family Nurse Partnership and Health Visiting services continue to support new mothers to initiate and continue to breast feed their babies. This has resulted in attrition rates decreasing. This is particularly evident within the most deprived areas in Fife [SIMD1]. The breast-feeding work in Fife has been recognised with the achievement of UNICEF Full Baby Friendly Accreditation.

**Looked After Children:** All Health Needs Assessments for Looked After Children (LAC) within the school age population are undertaken by the school nursing service. The service has offered all newly LAC a Health Needs Assessment within the four-week timescale set out by the Scottish Government. Where the four-week period has been breached, it has been identified that this has been outwith the school nursing service influence.

**Emotional Health & Wellbeing:** The school nursing service has provided emotional health and wellbeing interventions as part of the Our Minds Matter Framework. Close partnership working with Primary Mental Health Workers and CAMHS/Psychology has resulted in a reduced level of inappropriate referrals to the CAMHS service. The evidence-based interventions provided by the school nursing service has resulted in improved outcomes for young people.

**Health Zones:** The school nursing service has been able to increase the number of confidential drop-in’s for young people. This holistic model provides opportunity for young people to make informed choice regarding their health and wellbeing. Close partnership working with other agencies and services e.g. Sexual Health Fife, ensures early identification of unmet health needs and prompt onward referral as required. The drop-in facility is now available in 12 of our 19 High Schools across Fife.

**Continence service:** In response to initial audit undertaken May-August 2018, more Enuresis

clinic locations were provided to improve accessibility. The service now provides clinics in 10 locations across Fife. This has resulted in clinic numbers for those receiving support with enuresis/bladder issues to have increased by 62%. A second service audit undertaken between November 2019 and February 2020 confirmed a 99.6% satisfaction rate with the clinic locations.

**Children and Young People Occupational Therapy:** The service has developed a website which provides support and strategies online. Any concerned person is now able to make a request for assistance online. In addition, the service has recently introduced online self-booking for appointments, creating choice, improved engagement and efficiency, reducing those who did not or could not attend and maximising service resources.

**Immunisation Team:** The Immunisation Team delivers vaccination programmes within a variety of community settings Fife wide. The UK immunisation schedule is continually being reviewed and updated and as such the team respond to changes in the schedule and ensure that individuals are provided with opportunities to be vaccinated against preventable disease. The team have been working closely with partner agencies to ensure the best approach to vaccinating the Fife wide population with a real focus on reducing health inequalities.

## Supporting families experiencing poverty

The Poverty Action Working group has contributed to development of the Fife Local Child Poverty Action Report (LCPAR) published in June 2019 which identified key priorities to support families who are experiencing poverty across Fife. It has accessed additional funding to support the development of a financial inclusion service for pregnant women and young families via midwives and health visitors, in partnership with the third sector and discussions are currently underway to expand this work to pilot targeting of those on the Child Protection Register. It has been involved in the development of Public Health Scotland’s Whole Systems Approach (WSA) – Child Poverty as well as the development of a Welfare Reform Poverty Awareness Training Program and a Period Poverty Group. Key next steps for the group are to undertake a review of engagement with children, young people and families experiencing poverty especially in the 6 priority groups in order to help in gather evidence on the “lived experience” of poverty for families. This review will now have to consider experiences during Covid-19. Publication of the next LCPAR is planned for September 2020.

## Carers

Through Fife Carers Centre we have significantly increased the number of carers support workers with five new staff members based across Fife. These locality support workers will help to connect carers with statutory and third sector partnership within their own locality making access to information, advice and support easier and more convenient to carers. This investment means there is at least one carer support worker dedicated to work in each locality in Fife. Once fully mobilised each support worker will be able to work with up to 200 new carers each year offering a wide range of support including specifically Adult Carer Support Plans. Additionally, these locality workers will support the statutory service in their locality, such as local GPs, to understand who carers are and what support is available for them and will

mean GPs will be able to make a direct referral for support to a named person. This should help us to improve our performance in relation to carers feeling their needs/personal outcomes are being met since in our annual carers experience survey only 34% of the 77 respondents said their Adult Carer Support Plan meets their needs, with a further 36% being unsure. This is a significant improvement from the 2018/19 results from 9% positive response but suggests much more work is required to meet carers expectations and needs.

In addition, this year we commissioned Fife Young Carers to provide two additional Young Carers Resource Workers who will link young carers to the services and support that is available to support them to live well as a young carer. Similar to the new support provide through Fife Carers Centre, Fife Young Carers new resources will link to schools in their locality and will be able to support a significantly increased number of young carers once the service has been fully established.

## Sensory Impairment

In 2019/20 there has been a focus on person centred initiatives for both visual and hearing impairment. Joint work across social work, health and the third and voluntary sector has supported the aims of this priority in 2019/20.

Fife's Deaf Communication Service launched a dedicated BSL YouTube Channel which features BSL accessible information on several topics. This is in addition to the teams dedicated Facebook and Twitter accounts to allow accessible information and links to be shared across Fife.

NHS Fife's Access to Psychological Therapies internet site was supported to be fully accessible to visual and hearing impaired individuals using BSL, subtitles, and audio through funding from the See Hear Strategy.

See Hear Kit Bags comprising of audio amplifiers and magnifiers have been distributed to 9 Fife Police Scotland stations and all assessment and care management and OT teams in Fife to support effective engagement with people seeking support who may have a visual or hearing impairment.

Workforce Development, in conjunction with Adult Social Work Services, have developed a dual sensory loss training for all H&SCP staff, delivered by a deafblind trainer through Deafblind Scotland.

Care home staff at Ostler's House were supported by the Deaf Communication Service and NHS Fife Audiology to develop screening skills to enable them to carry out basic hearing care tasks as part of a Fife-wide Residential Care Home Hearing Screening programme whose aim is to support a self-sufficiency model of support to residents.

2019 See Hear funds were used toward joint initiatives such as an Audiology Clinic supported by the Deaf Communication Service and NHS Fife Audiology, support for complex visual and hearing loss screenings between Deaf Communication Service and RNIB, a Cochlear Implant Group, a weekend LinkUp group for people with hearing loss through Hearing Link, and a Sheltered Housing Pop Up Surgery to support information around hearing loss.

Housing, RNIB, and the Deaf Communication Service worked together to support use of sensory supportive materials and equipment in the development of Housing pods to showcase to the community Housing and adaptations that can be provided through Fife Council.

Neatebox have installed devices in 3 Fife buildings to support accessibility for individuals with any additional support need. Through use of an app on a smartphone, the individual can alert the venues of their anticipated arrival and support needs to support accessibility and allow the venue to accommodate and anticipate their arrival.

The Fife Sensory Impairment Subgroup were the Runners Up in the Outstanding Approach to Promoting partnership Working Across All Services for People with a Sensory Loss in a Specific Local Area at the 2019 Scottish Sensory and Equality Awards.

## Housing

### Homelessness

The Rapid Rehousing Transition Plan has been developed and is now in operation with the Public Social Partnership delivering some outcomes. There was a focus in the first year on supporting homeless people resettling in new accommodation by providing practical support e.g. furniture, carpets etc.

The Shelter Hospital project has worked with homeless people in hospital to assist them to access housing services and accommodation.

Work is on-going to develop Housing Options Hubs. The first of these is likely to be in Segal House in Dunfermline and work should start shortly on this location.

### Supporting Independent Living

Housing Adaptations are key to supporting individuals with disabilities to access accommodation. The Housing Service is looking at how adaptations can be accessed easier and quicker. We have developed 6 Room Pods which demonstrate key types of adaptations in a room setting. These are portable and can be put in a range of different locations to allow advice and assistance to the public and potentially could be used for assessment purposes.

A pilot group of Housing staff have been trained on the use of the Smart Life in Fife online assessment tool to help service users identify help that may be required to support independent living. We are now looking at how wider groups of staff can be trained on this to undertake early intervention work in the community.

A review will be undertaken of Housing Support services by the Public Social Partnership to look at how Housing Support services can be best utilised.



## Priority 2 - Promoting mental health and wellbeing

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

### Mental Health Strategy

The new Mental Health Strategy for Fife (2020 – 2024) 'Let's Really Raise the Bar', takes full account of the recommendations of the National Mental Health Strategy, which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds. The new Strategy also takes full account of the extensive feedback gathered through engagement and consultation from across Fife's communities. The Strategy reinforces Fife's commitment to embrace an ethos of recovery; focussing on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. The implementation of the Strategy will ensure an equity of access to support across Fife's localities, tailored to meet local needs, which will be co-ordinated with the person at the centre. The Strategy commits to the principles of personalisation, where people can build a meaningful and satisfying life whether they have ongoing or recurring mental health symptoms.

In line with Fife's HSCP Participation & Engagement Strategy which sets out best practice principles for the way we engage with communities we developed a Communication and Engagement Plan for the consultation and execution of the revised mental health strategy. The Plan provides a framework detailing the process of informing, engaging and consulting on the review of the Fife Mental Health Strategy. In addition, the implementation plan, key to the success of the strategy, has been developed in readiness for the launch of the strategy during 20/21. Through the consultation, seven commitments were identified to support and improve the way in which mental health services are experienced and delivered across Fife. These are:

- Commitment 1: Prevention and Early Intervention
- Commitment 2: Shifting the Balance of Care
- Commitment 3: Workforce



Commitment 4: Access to Treatment and Joined Up Accessible Support and Services

Commitment 5: Technology Enabled Care

Commitment 6: Participation & Engagement

Commitment 7: Rights, Information Use and Planning

### Anti-Stigma Campaign

#### Walk A Mile

Fife's HSCP Walk A Mile 2019 campaign, aimed at raising awareness and tackling stigma in relation to mental health, saw an expansion of the event to three sites. There was significant engagement across all the sites which included:

- Playfield Institute, Stratheden Hospital, Cupar;
- Silverburn Park, Lundin Links, Leven; and
- Queen Margaret Hospital, Dunfermline which was newly added for 2019.

The key aim of the Walk A Mile campaign is to continue to promote and encourage open discussions around mental health challenges as an everyday conversation and to reinforce that mental health affects everyone, to a greater or lesser degree across the lifespan.

This is the third year Fife's HSCP has held the Walk A Mile event, with an increase year on year of people involved in participating in the walk and helping to break down barriers in relation to mental health.

#### SAMH Football Tournament

The annual SAMH Football Tournament in 2019, saw Fife's communities coming together with the common goal of challenging the stigma attached to mental health.

#### SAMH Café

In April 2019 SAM's café, delivered in partnership with the HSCP, SAMH and the Linton Lane Centre, opened its doors for the first time. The community style café is open to everyone 16 and over with no appointment necessary and provides an opportunity to talk in an informal setting with people who have experienced mental health issues, who can help service users look for solutions or additional support.



#### What we plan to do next

- Continue to promote Walk A Mile
- Refresh our participation and engagement group with an anti-stigma working group to lead on anti-stigma events in line with refreshed mental health strategy commitments.
- It's Okay not to be Okay



- Pass the Badge
- National Mental Health week campaign

## Suicide Prevention

- June 2019 - Health Promotion Officer for Suicide Prevention appointed.
- September 2019 - A Fife wide Suicide Prevention event was held with the aim of understanding the key priorities and challenges, sharing good practice and providing the opportunity to network with a wide variety of partners.
- September 2019 - Promoted national Suicide Prevention Awareness week by disseminating campaign materials to a total of 292 outlets across Fife. Promoted the newly developed “Ask, Tell...” animations widely through NHS Fife and Fife HSCP social media platforms with potential reach of 17,000 people across Fife.
- September 2019 - A Mental Health Improvement and Suicide Prevention training tiered approach and briefing paper was developed and shared widely to enable Fife’s workforce to identify and access the most suitable level of training available to support them in their day to day practice. We increased capacity of trainers available and a number of targeted training sessions have been delivered.
- October 2019 - Established a Fife Suicide Prevention Network to support practitioners across Fife through monthly newsletters with the latest local, national and international information and research on suicide prevention. To date 90 practitioners are currently members.
- Developed “Every Life Matters in Fife: Local Suicide Prevention Action Plan” which reflects the actions set out in Scotland’s National Suicide Prevention Action Plan. A refreshed Fife Suicide Prevention Multiagency Core Group responsible for the implementation of the local plan has been completed.
- Established a number of Delivery Groups to drive forward the activity outlined within the Local Suicide Prevention Action Plan.
- Fife Locations of Concern Group: a multi-agency group working in partnership to reduce the risk of suicides at identified locations of concern by implementing the actions outlined in the National Guidance on action to reduce suicides at locations of concern in Scotland (2018).
- Fife Suicide Prevention Young People’s Delivery Group: a multi-agency group who co-ordinates activity across Fife regarding suicide prevention activity for vulnerable young people.
- Fife Suicide Prevention Communications Delivery Group: a multi-agency group who co-ordinates the development and delivery of campaign messaging and resources in relation to suicide prevention and bereavement support for Fife.



- Work is ongoing to gather information to inform a business proposal for establishing a Fife Suicide Review Group. The function of this group will be to review suicides in Fife to determine common factors that have contributed to each suicide. This information would then be used to identify recurring themes which can be used to inform the Fife Local Suicide Prevention Action Plan.

## Improving Physical Health for People with Mental Ill Health

- All patients with extended lengths of hospital stay have anticipatory care plans in place
- Facilitated training to enhance the physical healthcare skills of nursing staff; i.e. subcutaneous fluid administration
- Reviewed Healthcare Support Worker job description (band 2-3) to support physical healthcare
- Increased number of non medical prescribers across the MH and Addictions service
- Supported development of Advanced Nurse Practitioners (module specific to physical healthcare)
- Collaborative working with partners in Acute and Community hospitals regarding safe transfer of patients
- Older Adult wards have established regular audit cycle in relation to Malnutrition Universal Screening Tool screening and hydration
- Recruited a Registered Mental Health Nurse to support physical healthcare screening and staff training
- 3 staff training via NHS Education for Scotland to support the use of the Mobile Skills Unit to support training of staff on site
- Purchase of ECG machines for inpatient sites and specialist community teams – although this incurred an initial spend this will be cost effective in the longer term as:
  - ECGs can be undertaken as part of a person’s mental health assessment
  - Treatment can be initiated faster – ECGs required before commencing some medications
  - Patients do not have to be referred to acute hospital sites – thus will not be adding to waiting lists
- This should result in improved outcomes for patients and will strengthen clinical effectiveness

## Priority 3 - Working with communities, partners and our workforce to effectively transform, integrate and improve our services

### Primary Care

#### Primary Care Improvement Plan

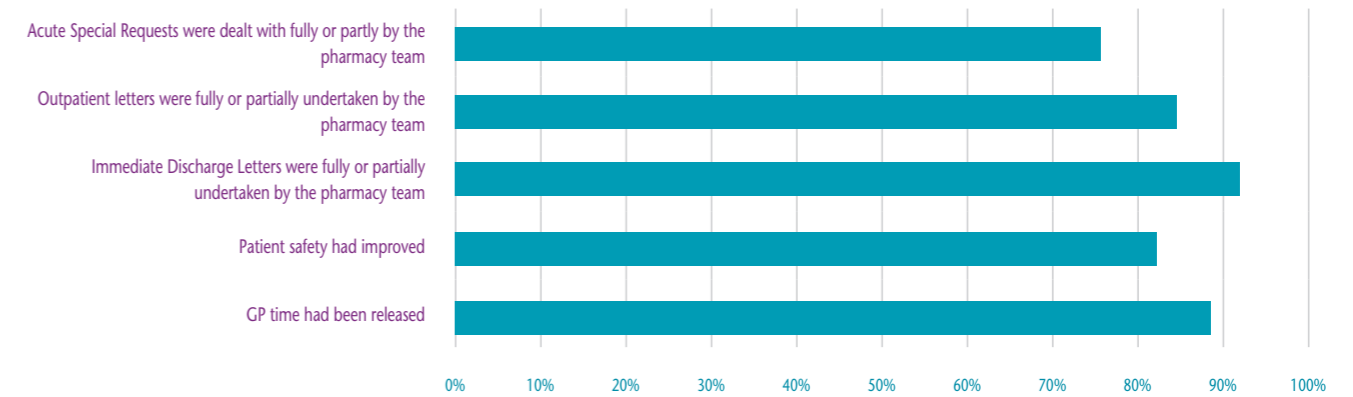
During the period 2019-20, the Primary Care Improvement Plan has delivered:

1. Fife-wide phlebotomy service (MoU priority)
2. Fife-wide pharmacotherapy service (MoU priority).
3. Fife-wide transfer of pre-school/school age/pregnancy immunisations (MoU priority).
4. Various successful tests of change
  - First Response Mental Health Nurse Triage Service
  - First Response Musculoskeletal Physiotherapy Service
  - First Response Advance Paramedic
  - Advance Nurse Practitioner: Care Home Liaison Service.
5. Fife-wide GP Practice IT server upgrade/refresh and wifi access to support multidisciplinary team working.

#### Pharmacotherapy survey results

- 88% of respondents reporting that GP time had been released
- 83% agreed that patient safety had improved
- 93% of respondents reported that Immediate Discharge Letters were fully or partially undertaken by the pharmacy team
- 85% reported Outpatient letters were fully or partially undertaken by the pharmacy team
- 75% reported that Acute Special Requests were dealt with fully or partly by the pharmacy team

Pharmacotherapy Survey of Fife GP Practices - January 2020  
Results - % reporting in agreement

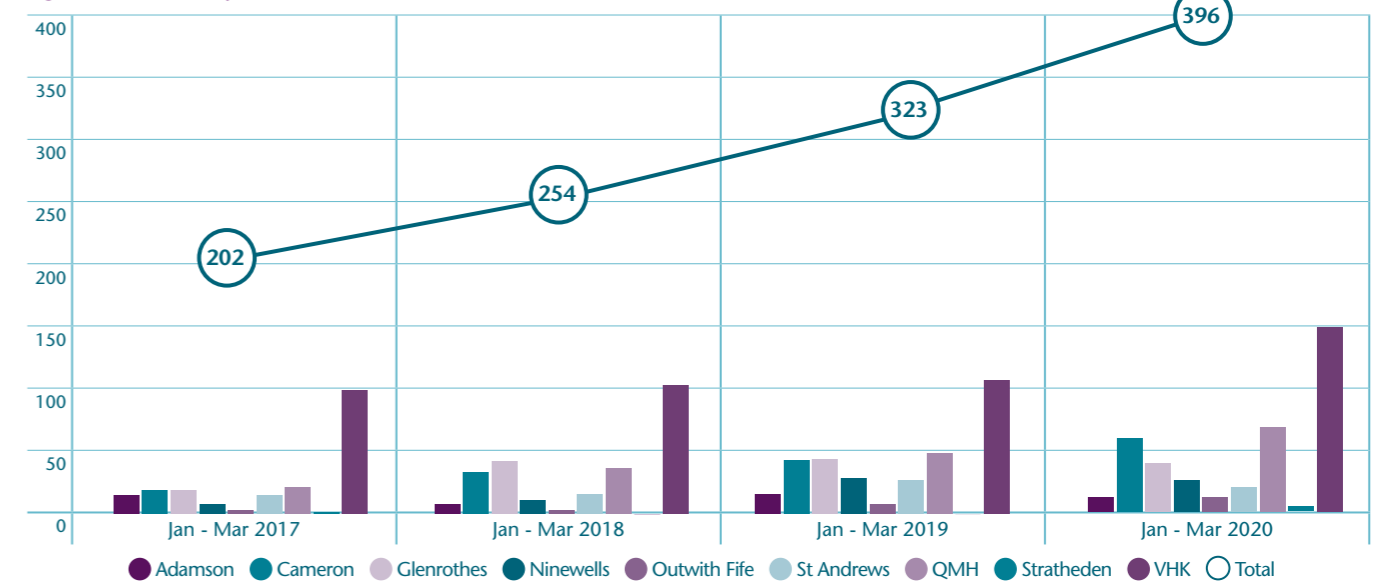


### Short Term Assessment and Reablement Team (START)

National outcomes 1 2 3 4 9

The Short-Term Assessment and Review Team (START) is provided by the Health & Social Care Partnership's Care at Home Service. This reactive Care at Home service is designed to support a person's discharge from hospital and significantly improves discharge planning for people with assessed needs. Residents of Fife with care needs, who wish to return home, are referred to the service from any hospital and these referrals continue to rise.

Figure 1 - Referrals by Month/Year



The service also takes referrals for people in crisis at home and other models of care to deliver the right care, at the right time, in the right place. Between January and March 2020 there were 321 Community (non-hospital) referrals to the team.

In 2019-20 the Service continued to grow with the number of people receiving a START service increasing from 1115 to 1259.

## Care Homes Replacement Programme

### Methil

Planning permission was granted for the Methil Care Village in December 2019 and construction was due to commence in March 2020 however this was suspended due to the Covid-19 pandemic.

We now anticipate construction to commence in Autumn 2020.



### Cupar

The Design Team has continued in the background developing the design for a new care facility in Cupar.

### Anstruther

Following an exhaustive site search in and around the Anstruther area and consultation with local Elected Members and the Community Council it was agreed to investigate the possibility of a joint care home/ extra care housing project on the site of Housing Service's Mayview Court flatted development. An options appraisal study has now been completed and outline plans comprise a 24-bed care home, extra care housing flats and bungalows and shared facilities. Approvals are being sought for use of the site and for the overall project business case.

The Cupar and Anstruther projects will commence following completion of the Methil Care Village.

### Carers

This year focused on embedding the support already available, raising awareness of its availability to unpaid carers and expanding the scale and scope of the support already on offer with additional capacity where appropriate.

The approach to raising the profile of carers focused on two main communication strands.

1. The creation of a dedicated carers website which contains a wide range of information and self-support tools which carers can access at their convenience. These are easy to access supports which also include information on where to get direct support.
2. During Carers Week in June 2019 we included representation by carer organisations at every Well meeting during the week, a social media campaign to raise the profile of the wide variety of support that is available, and the flagstone event of the week was the first annual Carers Gathering. This attracted over 50 carers who were able to access information and support from around 20 different organisations.

During carers week we launched the Carers Income Maximisation support delivered through a partnership with Citizen's Advice and Rights Fife. They provide one-to-one support specifically for carers. In the first six months after launching the service 116 new carer clients received support including helping them to access various benefits, tax and debt advice, and support regarding their housing situation. CARF helped carers, and the persons they care for, to secure over £302,000 of additional benefits during this period.



Carers Week

10<sup>th</sup>–16<sup>th</sup> June 2019

Celebrating Fife's  
Carers Together



Also during Carers Week we launched our partnership with Carers Scotland which provides unpaid carers in Fife with free access to the Carers Scotland digital resource. This helpful online tool provides anytime access for any carer to a wide selection of up-to-date information and advice, as well as learning tools.

All of these services are available on a universal basis, open to any unpaid carers in Fife.

### Dementia Friendly Fife

We have had a great first year working to make Fife dementia friendly, ensuring that those impacted are able to live well with dementia and remain a valued and active part of their community.

We have worked hard to raise awareness and highlight the small changes that can have a huge impact, through the provision of online and face to face training. People have given up their time to get involved and many local businesses have made changes to their premises and signage to become dementia friendly. The project manager has been supported in this work by 3 people who are living with younger onset dementia.

Fife Council's care homes and care villages are all dementia friendly. The standards of care are exceptionally person-centred and the quality of approach of staff is excellent.

In January 2020 the project manager started using the dementia friends kit that Alzheimer Scotland have developed for young people and has so far used this in Leslie and Rimpleton Primary schools and with a group of young adults who are police volunteers.

#### Dementia Friendly Achievements

6000 registered dementia friends

300 local businesses achieved the dementia friendly award.

1000+ people provided with face-to-face training



## Housing

**Older Persons Housing** – Our new Retirement Housing complex in Oakley opened in May 2019. This includes 24 two-bedroom bungalows and a social hub. Our Extra Care Complex in Napier Road, Glenrothes has delivered 30 new flats, a communal lounge and a Café. Both developments are now full. Work has just started on the new Care Village at Methil. We have also delivered a refurbished complex at Den Court, Cardenden providing 16 new properties – a mix of one and two bedrooms.

**Specific Needs Housing** – We have developed a number of sites across Fife which have wheelchair and amenity properties. For example, 4 of the properties at Oakley have been used for service users with specific needs and we have worked closely with Adult Services colleagues to fill these. On all new build sites we are committed to 26% of the properties being adapted. We are also working closely with Health & Social Care to get a picture of the needs of people across Fife who require to be rehoused.

**Housing Options for Young Care Leavers** – We have developed a Test Flat in Kirkcaldy for Young Care Leavers who are ready to move on from their current accommodation. Young People can use the flat for up to 6 weeks. Five Young People have used the property so far to test out their readiness to move on. The Council (Children's Services and Housing Services) has also been successful in getting funding to run the National House Project – this will provide intensive help and support for 8 Young People at a time. The project will work with Young People who are ready to be rehoused and prepare them for their own tenancy.

**Provision of Specialist Housing** – We have used the Web GIS system to get a geographic picture of where Specialist Housing is placed across Fife. This has been used to identify gaps in provision of Older Persons Housing in Dunfermline & West Fife. There is also a shortage of Specialised Housing in some areas in North East Fife. This data is being used to help drive the development of new Affordable Housing.

**Technological Solutions** – Fife Council Housing Service has signed up to the Technology Enabled Care in Housing charter. As part of this we have joined the national TEC Group to look at how we develop technological solutions to support independent living. In 2019 we undertook our CHARM Project with 10 tenants at Dollar Court in Dunfermline – the project was run in partnership with NHS Fife and the TEC company ARMED with funding provided by the Scottish Government. The project involved active health monitoring being undertaken on all tenants via an activity wrist monitor, specialised U-checks (weight, hydration, body mass and muscle mass). All participants showed increased physical activity and reduced weight. Importantly all participants felt their physical and mental wellbeing increased after the project. Additional funding has been given to run a second phase of the project – this will be for 20 new participants across Older Persons Housing to take part.

## Realigning Alcohol and Drug Services

### Alcohol and Drug Partnership (ADP) Strategy Development

Fife ADP commissioned Public Health to complete a Synthesis of Recommendations to analyse

and review current contractual service provision against the national and local strategies for alcohol and drugs. In October 2019 this work was completed, and the findings shared with the ADP Joint Commissioning Group and the Committee. In the main the report indicated three principles for all ADP provision and seven gaps which are not currently met by the service provision commissioned by the ADP. Both categories are listed below:

1. Principles for all - can be implemented across all commissioned services
  - Embedded approaches
  - Client involvement
  - Workforce
2. Service development - areas for new service provision or modifications to existing provision
  - Service access
  - Housing
  - Shared learning
  - The right to health
  - Whole systems approach
  - Assertive outreach
  - Environment

This report in conjunction with the ADP Needs Assessment (completed in November 2018) will inform the ADP strategy due to be submitted to HSCP Partnership in September 2020. The production of this strategy has been a key piece of work during the remainder of 19/20 and a subgroup of the ADP is overseeing its development. It has five key themes and the ADP is working very closely with stakeholders, services and other partners to set the strategic outcomes, actions and key performance indicators over the next five years. This should then inform new service briefs and Service Level Agreements which address the needs of the service users and improve the Recovery Orientated System of Care by ensuring that gaps in provision are addressed, partnership working, referral and care pathways are improved and the services are based and part of localities and communities which need and benefit most from them. An essential part of this work is moving from a consultative approach towards one of coproduction which recognises the rights of service users, their families and their communities to be involved in the redesign of their services.

### Non-Fatal Overdose Project

During the course of the last financial year, the ADP support team with a third sector provider and Scottish Ambulance Service have developed a new service to respond to the longer-term needs of people who are using drugs in Fife. Evidence has proved that those who experience a non-fatal overdose are at greater risk of a Drug Related Death and that interventions such as psychosocial support, medical assisted treatment (methadone, buprenorphine) and support to address their broader needs such as housing can be a protective and preventative factor.

In the year, the project had engaged with approximately 125 clients from 160 referrals, a conversion of 78% with positive outcomes experienced by all clients. The success of the project rests largely with the assertive outreach element. This includes wherever possible making an



in-person approach rather than sending a letter and responding within a 48-hour period to the referral where the service user motivation is likely to be high and engagement will prevent a possible further overdose experience.

Below is an example of the type of support the service has offered or helped the service user access over the last 12 months:

- Harm reduction advice and safer injecting
- Sexual health advice and referral
- Medically Assisted Treatment (MAT)
- Naloxone
- Blood Borne Virus (BBV) referral and support to rapid anti body test and referrals
- Alcohol Brief Interventions and Drug Brief Interventions
- Specialist Midwifery services.
- Injecting Equipment Provision (IEP)
- Housing and homelessness

## REACH

From additional programme for government monies provided by the Scottish Government, a new multi-disciplinary hospital-based team was developed called REACH (Reach Engage and Act in Communities and Hospital).

The service consists of five partners (Addiction Services, Social Work, ADAPT, We Are With You and Pharmacy services) seconded to the team and managed by a Social Work Manager. These partners all possess skills, knowledge and abilities to meet the needs of those who are hard to reach, suffer from serious physical and mental health problems and are not currently engaged with the standard system of recovery and care.

The service model provides an inreach service for those admitted into hospital or presenting at A&E with alcohol and drug problems, meeting their immediate needs whilst they are in hospital but with a larger focus on planning and supporting the individual in the community upon discharge. The emphasis is building a rapport, conducting a thorough assessment, care planning and goal setting with the individual at their pace and respectful of their preferences to improve their life and personal goals with the overall aim of reducing further harm and preventing further unplanned attendances at hospital. The service commenced in February 2020 and early case studies indicating progress in reducing the number of admissions to hospital for clients with alcohol dependency.

## Investment in Young People's Employability and Peer Mentoring Service

This project was developed over 2019/20 between Clued-Up and Phoenix Futures with two main aims: to increase the number of peer mentors and mentees and improve outcomes for both groups; and to increase the employability skills in young people as part of preventative and early intervention work stream.

Phoenix Futures main responsibility is to recruit and train peer mentors and mentees who have lived experience of problems with alcohol and drugs. The aim of this element of the service is to bring individuals together from across communities to reduce loss, isolation and loneliness. Individuals will see their potential through the role of becoming peer mentees and peer mentors as well as being able to help others. The peer mentors work with individuals to help them to reintegrate into the community. They support individuals to keep appointments and accompany them when required ensuring that they are not discharged early from treatment and support. Phoenix Futures has linked in with Clued-Up with the community activities, offering places to the young people where it is appropriate. There will also be the potential for individuals when ready to progress from Clued-Up into Phoenix peer mentor programme if suitable.

Over ten peer mentors with lived experience have now been recruited and support is being offered to adults to improve engagement with services. The service has also launched two recovery drop-in cafes in Lochgelly and Cowdenbeath providing valuable social interaction and meaningful activity for those affected by alcohol and drugs in areas without provision.

Clued-Up works with young people (16-25 years of age) who are affected by substance use. They enable young people to find their own path into education, employment or training depending on the needs of the young person. They work to reduce barriers by working with other employability partners and reducing stigma. They also work closely with Phoenix Futures, and where appropriate will refer individuals from their service into Phoenix Futures for community-based activities or for the role of a peer mentor.

Since the start of the funding in January 2019, Clued Up has worked with 230 young people between the ages of 16-25. The method and approach to engagement includes assertive outreach, home visits, offering drop in provision, and not discharging after a few missed appointments as a result the disengagement rate is 13%. Eight young people have found employment and two additional drop-in services have been established in Glenrothes and Dunfermline increasing our coverage from Kirkcaldy and Levenmouth. These are going well with good attendance and are being run in partnership with Fife Employability and Training Consortium colleagues. Young People are attending without a formal referral from another service causing the self-referral rate to be 65%.

## Development of Recovery Communities in high need localities

In 19/20, Restoration Fife received additional funding from the ADP and the National Lottery to further develop existing provision in establishing a recovery community. A recovery café was established in Leven with attendance numbers varying from 5 to 8 people. The additional funding has allowed Restoration to employ six sessional workers with lived experience of substance use. This ensures that cafes are fully staffed with people who can offer support and make referrals to other agencies if appropriate. In many ways this is the only route into services, provides meaningful activity and reduces loneliness.

## Workforce Development and Transformation

- Inpatient service of the HSCP have completed the annual audit programme of the Safe and Secure Use of Medicine Policy (SSUMP), identifying areas of good practice and areas for improvement, continually using Quality Improvement methodology to implement change and sustain improvement.
- 13 Registered Nurses have completed the Advanced Nursing Practitioners Programme this year working within primary care, Care homes and urgent care services.
- Identification of registered and non-registered staff who could be further developed to ensure there is a sustainable workforce for the transformational redesign occurring within the HSCP, such as the SVQ 3 modern apprentice programme for health care support workers. Transforming nursing roles such as the Community Charge Nurse role. Developing a workforce that is dynamic and responsive to the needs of the population and meeting the ambition of the Future Nurse programme and 2030 vision.
- All Senior Charge Nurses have access to the national Care Assurance and Improvement Resource (CAIR) allowing them to view and understand their key data/quality indicators over time, respond appropriately and plan improvement.

## Priority 4 - Living well with long term conditions

### Short Breaks Service

The personal outcomes approach to assessment and supporting planning continues to be embedded across Health and Social Care and is evidenced in our Short Breaks Service for Adults (65 years and under).

The team provide information to supported individuals and their families/carers to assist them to access creative and innovative short break provisions, using their individual short break budget and their chosen option through self-directed support. The team continue to gather information about short break resources ranging from accessible buildings and caravans, travel agencies specialising in supported breaks as well as accessible activity opportunities for individuals with additional needs.

Details of all short break options gathered are available under the Short Breaks section on "On Your Doorstep Fife"

[www.onyourdoorstepfife.org](http://www.onyourdoorstepfife.org)

### Marketplace Event Feedback

"Variety of breaks and activities available."

"Meeting new people and networking."

"Good variety of organisations."

"Information we received which we didn't know was available."

"Plenty to see, very good to mingle and consider the various services."

"Learning – lots of unexpected information."

"Networking opportunity offers potential."

"Range of service providers present – information readily available."

"Plenty of information from diverse organisations. It's good to know what our options are."

"Lots of information provided in a friendly and informative manner."

As well as providing a valuable source of information for supported individuals and their carers, the team liaise regularly with local and national short break providers. A marketplace event took place in November 2019 which, despite the bad weather, brought together 27 organisations ranging from traditional building-based respite resources to accessible adventure holidays as well as local information and advice organisations. The event was well attended by individuals and their carers.

## Improving the Cancer Journey

The Improving the Cancer Journey Service is offered to people with a cancer diagnosis at various points during their cancer journey. Initially they receive an invitation letter from Public Health Scotland and are then offered the service by NHS Fife.

The ICJ operational plan has been developed and linked to the service aims and objectives. The ICJ service is currently liaising with the post diagnostic dementia service to carry out a test of utilising the concerns check list. The aim of the test of change is to identify

if people with cancer and dementia have similar concerns, building evidence that the ICJ approach is transferable to other long-term conditions. Meetings will take place with Transport and Centre for equalities in November to explore opportunities to collaborate with the "Let's talk about transporting people" initiative. A mapping exercise of local area co-ordination and link worker provision has been completed and the findings will contribute to the ICJ sustainability plan.

**MACMILLAN**  
CANCER SUPPORT  
RIGHT THERE WITH YOU



### Service delivery 1 Apr 19 – 31 Mar 20

771 people engaged with the ICJ service

Youngest person seen was 17yrs and the oldest 99yrs

25% of people who engaged with the ICJ service were receiving palliative care

## Priority 5 - Managing resources effectively while delivering quality outcomes

### Transformational change

An Integrated Transformation Board was created during the year. The terms of reference of that Board include responsibility for transformation across the whole system. This not only includes Community Health and Local Authority but also Acute services. This Board has representation across the whole system and is chaired by both the Local Authority Chief Executive and the NHS Chief Executive. A stage and gate process is used to capture milestone achievements and provides a structured approach to progressing projects through to completion. The HSCP projects that fall within the scope of this board at present are: -

### Joining Up Care

### Primary Care Improvement Plan

### Mental Health

### Transforming Urgent Care Services in Fife

In June 2019 the IJB agreed and approved the recommendation of the NHS Fife and Fife HSCP Transforming Urgent Care programme.

Following this decision by the IJB on 21 June 2019 Urgent Care Services Fife (UCSF), supported by the Urgent Care Project Team (UCPT), has developed and implemented the transport procedure and initiated the revised model for the flexible delivery of Out-of-hours Urgent Care in Fife. However, this model had a 3-phase implementation plan which has been delayed due to Covid, currently awaiting the decision to progress to phase 3. Plans for ongoing communication and engagement have also been developed.

The phase 3 priorities are to:

- Establish an Urgent Care Centre at Queen Margaret Hospital, Dunfermline in the whole 118 out of hours period.
- Ensure a workforce that is sustainable, skilled and will ensure the correct resource to deliver care in the right place at the right time by the right person.
- Deliver an accessible service across the whole of Fife in the whole 118 out of hours period effectively and efficiently within the resources available

### Pharmacotherapy/ Realistic Prescribing and War on Waste.

Successful evaluation of Medicines Management Support Workers in care homes has shown impact on quality and cost of care.

Roll out of Pharmacotherapy progressing with all posts in 2019/20 filled. Plans for 2020/21 recruitment agreed by GMS Board pre COVID.

Positive feedback from GP practice surveys

Medicines efficiencies delivered on budget in 2019-20



## Inspection of Services

All registered Social Care services undergo inspection from the Care Inspectorate.

17 Fife Health & Social Care Partnership registered services were inspected during 2019-20.

For both Adults and Older People, 14 of the 17 services (82%) that were inspected were graded 4 (Good) or above, 2 were graded 3 (Adequate) and one service is still awaiting its grades.

**Fife Registered Services (Local Authority) Inspections 2019-20**



**Fife Registered Services (Private / Voluntary) Inspections 2019-20**



For all registered adult social care services (including Older People) within the Fife Health & Social Care Partnership area, delivered by the Voluntary and Independent Sector, 113 Care Inspectorate inspections were carried out. 78 of the 113 services (69%) that were inspected were graded 4 (Good) or above. Two services were still awaiting publication of their grades.

## Financial Performance and Best Value

The IJB commenced 2019/20 with a challenging financial position, having underlying overspends from prior years and requiring to meet new inflationary and funding pressures. The IJB approved budget was set predicated on implementing an approved saving plan to deliver £8.837m of savings, with a remaining budget gap of £6.553m.

Key pressures within the 2019/20 accounts impacting on out-turn have been:

- The significant increased demand for our services associated with an increasing population, in particular, an increasing ageing population and increased complexity of care needs. Adult packages commissioned increased by 15 during the financial year and the average cost of each package increased by £2,185 (5.46%).
- Inability to recruit staff to the Partnership which created a need to recruit higher cost locum and agency staff to cover services.

The IJB delivered significant success through medicines efficiencies made within the GP prescribing budget during 2019/20, which the Fife Pharmacy service led across NHS Fife. This delivered £1.200m efficiencies in GP prescribing and a breakeven position at year end. Central to delivery has been working with GPs, Consultants, Nursing, Dietetics, Procurement and patients. The three key priorities remain: continue to improve formulary compliance, reduce medicines waste, and realistic prescribing. Achievements during 2019/20 include the launch of a guideline for managing hypertension in frailty and introducing new ordering systems for some nursing and dietetic products.

Within 2019/20, the IJB received further monies from Scottish Government to transform Primary Care Services. Significant projects continue to be undertaken which look at delivery of primary care across Fife and pilot areas of work to deliver more joined-up person-centred care. The funding for this will continue into 2020/21.

The outturn position as at 31 March 2020 for the services delegated to the IJB are:

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	559,950	566,589	6,639	1.2
Set Aside Acute Services	37,821	42,851	5,030	13.3

*A more detailed comparison of the budget over the past 4 years is included in Appendix 2.*

The main areas of overspend within the Delegated and Managed Services are Hospitals and Long-term care £2.358m, Adult Placements £2.780m and Social Care Other £8.774m. These are partially negated by underspends on Children Services £0.467m, Adult Supported Living £1.018m and Community Health Care £5.400m.

The main area of overspend £13.912m relates to the significant financial pressure in Social Care and relates directly to three main factors:

- The agreed budget deficit of £6.553m which consists of various legacy overspends from previous financial years.
- The overspend in relation to Hospitals relates to the additional cost of complex care patients, along with the use of bank and agency nursing to provide safe staffing levels in line with current workforce tool numbers. There is a significant shortage of Medical staffing due to recruitment difficulties within Mental Health and Older People services. This has resulted in high level usage of Medical Locum cover at significant cost.
- Adult packages have increased due to new packages of care in adult services responding to increased demand.



Underspends on children services and community healthcare represented the continuing difficulties in recruiting to vacancies in health visiting, school nursing posts and community nursing.

The Fife Integration Scheme advises how any overspend position for delegated and managed services will be treated. "Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board."

NHS Fife made a further contribution of £4.780m and Fife Council made a further contribution of £1.859m, giving a total of £6.639m which resulted in a break-even position for the Integration Joint Board.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £5.030m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £37.821m and there is a break-even position.

## Financial Outlook

Whilst the situation resulting from Covid-19 needed immediate in-year action, work will continue in relation to financial planning beyond the current financial year. A review of the budget model and all underlying assumptions will be carried out in light of the current situation to ensure relevance and to ensure known risks are considered. The intention is that a budget report will be produced which will outline an assessment of the future financial position and outline the options for managing the HSCP resources going forward.

An assessment of the budget gap will be challenging and uncertain due to the continually changing nature of the situation being managed. It may be the case that some of the costs now being incurred could continue beyond this financial year and possibly even into the longer term. There will undoubtedly be an adverse impact on the level of funding made available to HSCPs due to the economic impact of Covid-19. As the recovery phases evolve it will become clearer what some of these impacts are likely to be.

As the HSCP moves through each of the phases of recovery, it will need to consider all options to reconfigure services and potentially use different operating models to provide services in a more cost-effective way and to ensure best value.

It is clear that without taking immediate action the financial consequences will be significant and as a result, direct and swift action needs to be taken.

The immediate actions are set out below.

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

As a result of the continued closure of facilities and Services, costs in some areas will naturally

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

It is proposed that allocation of the additional resources received from the Scottish Government are used to fund some of the significant pressures. Where this cannot be contained within the overall financial resources, authority must be sought through the Chief Officer and the Chief Finance Officer.

A financial strategy will be developed that addresses the various new and additional pressures that will face the Health and Social Care Partnership over both next financial year 2020/21, and also into future years.

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

- the wider financial environment, which continues to be challenging;
- Covid-19 impact on the economy
- the impact of demographic changes leading to increased demand and increased complexity of demand for services alongside reducing resources;
- difficulties in recruitment leading to use of higher cost locums and agency;
- the cost pressures relating to primary care prescribing;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

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

During 2020/21 an action plan to improve the 6 key features within the Ministerial Strategic Group self-assessment tool will be developed further and progressed. As part of this, the review of the acute set-aside will be progressed and steps made towards transferring this to the Health and Social Care Partnership. We will see the continuation of a whole system approach to delivering services and the Fife pound being utilised to deliver services that best meets the needs of the people of Fife.

## Value for Money

The IJB are committed to delivering Value for Money in all provisioning and this is a key strand identified in the Strategic Plan. This is delivered through mechanisms with our partner bodies and ensuring Value for Money is directly referenced within the Health and Social Care Integration Joint Board Strategic Plan 2019-22. The basis of financial sustainability is for all service redesign, purchasing, procurement and commissioning to comply with the best value and procurement guidance of the relevant bodies. Third Sector Commissioning is key in terms of Value for Money and analysis is undertaken to determine value for money of delivery prior

# Glossary of Terms (A-Z)

to external commissioning. It is extremely important that expenditure is managed within the financial resources available in the future and the IJB are committed to implementing a 3-year financial strategy.

**Care** - Medical, mental, emotional or practical support that is given to groups or individuals including ill health, disability, physical frailty or a learning disability, so they can participate as fully as possible in society.

**Carer** - Someone who looks after family, partners or friends who are ill, frail or have a disability. The support they provide can be paid or unpaid.

**Community Care** - Care for people who are ill, elderly, or disabled, which is provided within the community rather than in hospitals or institutions. The preference is to support people in the community, especially in their own homes, where possible.

**Community engagement** - Community engagement refers to the process of getting communities involved in decisions that affect them. This includes the planning, development and management of services, as well as activities which aim to improve health or reduce health inequalities.

**Day Care** - Extra care at a day centre to help someone who normally lives at home, by providing care, social contact opportunities and, where applicable, respite.

**Family Nurture Approach** - brings together services from NHS Fife, Fife Council and the Third Sector, to work in partnership to support families and give children the best start in life.

**Financial Recovery Plan** - Plan to bring expenditure in line with budget.

**H&SCP** - Health and Social Care Partnership.

**Home Care** - Home care (or home help) involves someone coming into your home to help you with personal care, like dressing or washing.

**ICASS** - Integrated Community Assessment and Support Service is a team of Healthcare Professionals and Support Workers who provide a range of integrated services in your own home, care home or community settings and is made up of two main parts that work very closely together.

**IJB** - Integration Joint Board.

**Independent Sector** - private companies or organisations of varying sizes from single providers, small and medium sized groups to national providers.

**Integration** - Combining. In this case, it means health and social care services working closer together to help achieve better outcomes for individuals and communities in Fife.

**ISD** - Information Services Division is part of NHS National Services Scotland. ISD provides health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and care.

**MCCN** - A Managed Clinical and Care Network enables professionals, public representatives and organisations to work together to promote consistency and quality of service throughout a person's experience of care.

**Partnership** - Way of working where staff at all levels and their representatives are involved in developing and putting into practice the decisions and policies which affect their working lives.

**Pathway** - A way of achieving a specified result; a course of action.

**PDS** - Post Diagnostic Support.

# Appendix 1 National Indicators

**Person Centred** - Person Centred is an approach to working with people which respects and values the uniqueness of the individual and puts the individual's needs and aspirations firmly at the centre of the process.

**Personal Care** - Supporting activities in daily living such as being able to get in and out of bed, prepare a meal, bathe, and move safely around the home.

**Provisional Outturn** - The outturn is the actual net expenditure for the financial year, this is provisional until the external auditors have audited the annual accounts.

**Reablement** - Time-limited support services that aim to help people learn or re-learn the skills necessary for daily living. Can also be referred to as Intermediate care which is used to describe a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living.

**Reduce risk** - Take action to control the risk either by taking actions which lessen the likelihood of the risk occurring or the consequences of occurrence.

**Resources** - People, money, buildings and equipment.

**Risk** - The chance of something happening that will impact on the organisation's ability to achieve its objectives.

**Self Directed Support** - Self Directed Support describes an arrangement where the service user arranges some or all of their support instead of receiving directly provided services from local authority social work or services or equivalent. Self Directed Support allows people more flexibility, choice and control over their support so that they can live at home more independently.

**STAR (Beds)** - Short term Assessment and Reablement.

**START Teams** - Short Term Assessment and Reablement Team.

**Strategic Plan Themes** - What we intend to take forward and how well respond to the issues.

**Telehealth care** - Telehealth care is a term used to describe a range of equipment used to support people in their own homes such as a community alarm, movement sensors, smoke alarms.

**Third Sector** - comprising community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers.

**Voluntary organisations** - includes registered charities, housing associations, credit unions, community interest companies, trusts and local community groups.

Please note National Indicators 1 – 9 are reported Bi-annually.

ID	Indicator	Previous period comparator	Latest period available	Previous period Figure Fife	Latest period Figure Fife	Comparison to Previous Period Fife	Latest period Figure Scotland	Fife - Latest Period Compared to Scotland
NI-1	Percentage of adults able to look after their health very well or quite well	2015/16	2017/18	95.96%	94.35%	↓ 2%	93.00%	↑ 1%
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2015/16	2017/18	87.84%	78.88%	↓ 9%	81.00%	↓ 2%
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	2015/16	2017/18	75.00%	66.32%	↓ 9%	76.00%	↓ 10%
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	2015/16	2017/18	80.08%	63.73%	↓ 16%	74.00%	↓ 10%
NI-5	Total % of adults receiving any care or support who rated it as excellent or good	2015/16	2017/18	79.33%	85.44%	↑ 6%	80.00%	↑ 5%
NI-6	Percentage of people with positive experience of the care provided by their GP practice	2015/16	2017/18	92.24%	87.69%	↓ 5%	83.00%	↑ 5%
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	2015/16	2017/18	91.60%	70.65%	↓ 21%	80.00%	↓ 9%
NI-8	Total combined % carers who feel supported to continue in their caring role	2015/16	2017/18	54.46%	40.54%	↓ 14%	37.00%	↑ 4%
NI-9	Percentage of adults supported at home who agreed they felt safe	2015/16	2017/18	88.94%	85.68%	↓ 3%	83.00%	↑ 3%
NI-11	Premature Mortality Rate per 100,000 population	2018	2019	410	414	↓ 4	426	↓ 12
NI-12	Rate of emergency admissions per 100,000 population for adults	2018/19	2019	13,326	13,500	↑ 175	12,616	↑ 884
NI-13	Rate of emergency bed day per 100,000 population for adults	2018/19	2019	121,552	118,132	↓ 3,420	118,127	↑ 5
NI-14	Readmissions to hospital within 28 days of discharge per 1,000 discharges	2018/19	2019	116	114	↓ 1	105	↑ 9
NI-15	Proportion of last 6 months of life spent at home or in a community setting	2018/19	2019	88.52%	89.37%	↑ 0.84%	88.57%	↑ 0.80%

National indicators continued →

## Appendix 2 Financial Information 2017 - 2020

ID	Indicator	Previous period comparator	Latest period available	Previous period Figure Fife	Latest period Figure Fife	Comparison to Previous Period Fife	Latest period Figure Scotland	Fife - Latest Period Compared to Scotland
NI-16	Falls rate per 1,000 population (65+)	2018/19	2019	26.74	26.47	↓0.26	22.51	↑4
NI-17	Proportion of care and care services rated good or better in Care Inspectorate inspections	2018/19	2019/20	85.93%	82.38%	↓4%	81.80%	↑1%
NI-18	Percentage of adults with intensive care needs receiving care at home	2017	2018	50.30%	55.43%	↑5%	62.08%	↓7%
NI-19	Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	2018/19	2019/20	628	715	↑87	774	↑60
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	2018/19	2019	25.67%	25.38%	↓0.29%	23.73%	↑2%

We are currently unable to report:

NI-10 Percentage of staff who say they would recommend their workplace as a good place to work

NI-21 Percentage of people admitted to hospital from home during the year, who are discharged to a care home

NI-22 Percentage of people who are discharged from hospital within 72 hours of being ready

NI-23 Expenditure on end of life care

### National MSG (Ministerial Strategic Group for Health and Community Care) Indicators

ID	Indicator	Previous period comparator	Latest period available	Previous period Figure Fife	Latest period Figure Fife	Comparison to Previous Period Fife
MSG 1a	Emergency Admissions*	2018/19	2019/20	43,611	43,384	↓ 227
MSG 2a	Number of unscheduled hospital bed days; acute specialties*	2018/19	2019/20	258,514	254,536	↓3,978
MSG 3a	A&E Attendances	2018/19	2019/20	97,447	96,942	↓505
MSG 4	Delayed Discharge bed days	2018/19	2019/20	33,811	41,735	↑7,924
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting*	2017/18	2018/19	88.66%	88.52%	↓0.13%

\* Data completeness for emergency admissions and bed days for Fife is 98% as at March 2020

\*\* 2020 deaths data not complete, previous financial years only

Delegated Services (as at 31 March)	2017			2018		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m
Community Services	87.651	88.965	1.314	93.001	92.237	-0.764
Hospitals and Long-Term Care	52.055	52.617	0.562	49.256	54.51	5.254
GP Prescribing	*	*	*	72.227	75.744	3.517
Family Health Services	156.404	163.865	7.461	86.641	86.627	-0.014
Children's Services	13.994	13.309	-0.685	15.035	13.715	-1.32
Social Care	182.774	183.494	0.72	193.333	195.501	2.168
Housing	1.848	1.739	-0.109	2.078	2.078	0
<b>Total Health &amp; Social Care</b>	<b>494.726</b>	<b>503.989</b>	<b>9.263</b>	<b>511.571</b>	<b>520.412</b>	<b>8.841</b>

\*Combined in 2017 reporting

Delegated Services (as at 31 March)	2019			2020		
	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m
Community Services	97.812	93.586	-4.226	107.695	102.295	-5.400
Hospitals and Long-Term Care	52.867	55.259	2.392	54.839	57.197	2.358
GP Prescribing	72.293	74.448	2.155	73.807	73.799	-0.008
Family Health Services	93.005	92.911	-0.094	99.765	99.749	-0.016
Children's Services	15.37	14.897	-0.473	17.544	17.077	-0.467
Social Care	196.627	206.252	9.625	204.635	214.814	10.179
Housing	1.574	1.432	-0.142	1.665	1.656	-0.009
<b>Total Health &amp; Social Care</b>	<b>529.548</b>	<b>538.785</b>	<b>9.236</b>	<b>559.95</b>	<b>566.589</b>	<b>6.639</b>



## Alternative Formats

The information included in this publication can be made available in large print, Braille, audio CD/tape and British Sign Language interpretation on request by calling 03451 55 55 00.

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Fife Council and NHS Fife are supporting the people of Fife together through Fife's Health and Social Care Partnership. To find out more visit [www.fifehealthandsocialcare.org](http://www.fifehealthandsocialcare.org)

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