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Fife Health & Social Care Partnership

Annual Performance Report 2022-23

NHS Fife

Supporting the people of Fife together

Fife Council

Contents

A message from our Chair

As new Chair for Fife's Integration Joint Board, I'm delighted to share with you an update on how we have performed against our strategic priorities during the financial year 2022 to 2023. Building on the good work achieved in previous years we have progressed activities from the Strategic Plan 2019 to 2022 and also started to implement some of our aims in the new Strategic Plan 2023 to 2026 which was approved earlier this year.

You will see from this year's Annual Performance Report, we have made good progress in a number of areas, whilst balancing opportunities and challenges along the way.

Over the last few years people working in health and social care and those receiving health and social services have had to adapt to the rapidly changing environment including a pandemic and living with covid and a cost-of-living crisis – these have had significant impacts on all of us and I want to thank our dedicated staff and people living in our communities who have been flexible and adapted to delivering and receiving services differently.

Having been in the post for only a short time I'm encouraged to see how colleagues in NHS Fife, Fife Council and third and independent sectors have progressed with integration and a 'Team Fife' approach with the common purpose of enabling the people of Fife to live independent and healthier lives. It is by all of us working together, listening to what matters to our staff and those receiving health and social care services, and looking for solutions and different ways of working, that we continue to improve on what we do and work towards our Mission 25 vision.

I want to thank my colleagues on the Board for making me feel welcome and working with me to make board improvements and their commitment to delivering improved outcomes for Fifers. Over the past year the Board has approved the Strategic Plan for the next three years and the year one delivery action plan, new policies and strategies, invested in growth across a range of services and carers support all within a sustainable budget.

Within this year's Annual Performance Report 2022 to 2023, you will see the outcomes, opportunities and challenges over the past year and the progress that has been made on outcomes.

Arlene Wood
Chair, Fife Integration Joint Board

Foreword

It has been another challenging year as we continue to recover from the pandemic and deal with the cost-of-living crisis however, the Fife Health and Social Care Partnership has continued on an improvement journey supporting a range of priorities, quality improvement actions and outcomes. This Annual Performance Report provides an update on our progress in accordance with the final year of our Strategic Plan 2019 to 2022, and includes activities from our new Strategic Plan 2023 to 2026. These activities are summarised below, and described in fuller detail throughout the report.

Our staff, that's everyone across the whole health and social care sector, who work as Team Fife, make a real difference to those we care and support in our communities and are the backbone of everything we do. Thanks to all for supporting our working and enabling improved services and outcomes for the people of Fife.

Leadership	Organisational Change	Staff Wellbeing
Developed leadership programmes to support integration and systems leadership and continue to work with an Extended Leadership Team which enables and reflects our commitment to integrated leadership.	Our services continue to work well under the new organisational structure and progressing with integrated working and common pathways and purpose.	Ensuring our workforce is supported is a priority and continue to look at ways to do this linking in closely with partners and local and national resources. The Local Partnership Forum meet every two months to ensure staff are at the forefront in discussions and decisions with regular communications and engagement.
Performance Improvement	**Whole System Working**	**Performance Priorities for 2022/23**
This year we have invested in a performance programme and have commenced a redraft of the performance framework to insure we meet our statutory requirements and also highlight areas of progress and areas for improvement.	Ensuring people flow from hospital to a home or homely setting remains a priority and we continue to embed the home first principles and to reduce standard delays in Fife.	Over the next year we will focus on progressing our prevention and early intervention strategy, home first, mental health, addiction, learning disabilities and improve carer's experiences.
Integration Joint Board	**Finance**	**Coronavirus pandemic and cost-of-living crisis**
There has been a number of Board changes including a new Chair and Vice-Chair. The Board has approved the Strategic Plan 2023-26 and year one delivery action plan.	The Partnership is facing significant financial pressures, including budget cuts and an increase in expenditure for energy, resources, and supplies. We continue to seek efficiencies and reduce costs, for example through better coordination of services or providing alternative delivery models.	The HSCP has continued to support the people of Fife throughout the pandemic recovery period and the cost-of-living crisis.

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

Introduction and Background

Welcome to the sixth Annual Performance Report from Fife Health and Social Care Partnership. Our Strategic Plan 2019 to 2022 was refreshed and updated during 2022, and the new Strategic Plan for Fife 2023 to 2026 was approved by Fife Integration Joint Board in January 2023. This means that the Partnership's Annual Performance Report 2022 to 2023 includes elements from both Strategic Plans.

The purpose of the Strategic Plan is to set out the vision and future direction of health and social care services in Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally. The national outcomes provide a framework for the planning and delivery of health and social care services, this helps to improve how services are provided, as well as supporting better outcomes for individuals, their families and carers, and for local communities.

The Scottish Government has also created a set of five national Health and Social Care Standards which set out what people should expect when using health, social work, or social care services in Scotland. The Standards ensure that everyone receiving health and social care services is treated with dignity and respect, and that everyone gets the care and support that is right for them.

Fife Health and Social Care Partnership collaborates with partners in Fife Council, NHS Fife, the third sector and the independent sector, to deliver thousands of health and social care services across Fife every day. By working together, and making best use of our finances and resources, we will improve our systems and processes, increase the support that we can provide, and achieve our vision to:

'Enable the people of Fife to live independent and healthier lives.'

Our current 'Strategic Plan for Fife 2023 to 2026', and copies of the Partnership's previous Annual Performance Reports, and Equality Impact Assessments to support these documents, are available on our website: **www.fifehealthandsocialcare.org/publications**.

Details of the national outcomes and standards are included in Appendix 1.

Strategic Plan for Fife 2019 to 2022

Building on the achievements of our Strategic Plan 2016 to 2019, our Strategic Plan for 2019 to 2022 set out the changes and improvements we planned to deliver for Fife. Our five strategic priorities were:

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.

Previous Annual Performance Reports have provided updates on the developments and innovations we have delivered. However, a number of unexpected external factors, including the coronavirus pandemic, and recent cost-of-living crisis, have impacted on the outcomes we planned to achieve. This means that some activities have evolved, to better match current and future requirements, and others have been carried forward into the next Strategic Plan 2023 to 2026.

There is a summary of the improvements we have delivered on page 15 of this Report.

The Strategic Plan for Fife 2019 to 2022 is available on our website:

www.fifehealthandsocialcare.org/publications.

Strategic Plan for Fife 2023 to 2026

Our Strategic Plan for Fife 2023 to 2026 includes five key priorities:

- Local
- Sustainable
- Wellbeing
- Outcomes
- Integration

Over the next three years these themes and priorities provide a framework for continuous improvement through our supporting strategies, delivery plans, and transformational programmes. All of this work supports the implementation of our Strategic Plan and provides purpose and direction for our partners.

This Annual Performance Report is structured around these five strategic priorities, providing an assessment of our performance over the last year in relation to these key themes. Some activities have been completed within the reporting timescale 2022 to 2023, others, perhaps larger programmes, will be concluded over several years. This Report provides a selection of key activities, it is not a complete list of our achievements over the last year – unfortunately there is not enough room to include everything here!

Further information about the Strategic Plan, and the work of the Partnership, including opportunities to get involved, is available on our website: **www.fifehealthandsocialcare.org**

A refreshed performance framework will be introduced over the coming year as a key part of our improvement drive. This will consolidate many of the improvements to our performance system which have already been put in place while setting out how we will build on this to further support improvement. The framework will focus on making better and more efficient use of our significant data assets to underpin service improvement. We will also more clearly link strategies to actions and the required impact, regularly reporting on progress.

Demographics

Fife has a population of

374,000

(National Records of Scotland, 2020),
this is an increase of 11,500 people (3.2%) since 2010.

64,152
children aged 0-15 years (17%)

231,809
adults aged 16-64 years (62%)

78,169
older people aged 65 and over (21%)

By 2043 Fife's population is expected to decrease to 364,164. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers.

2020

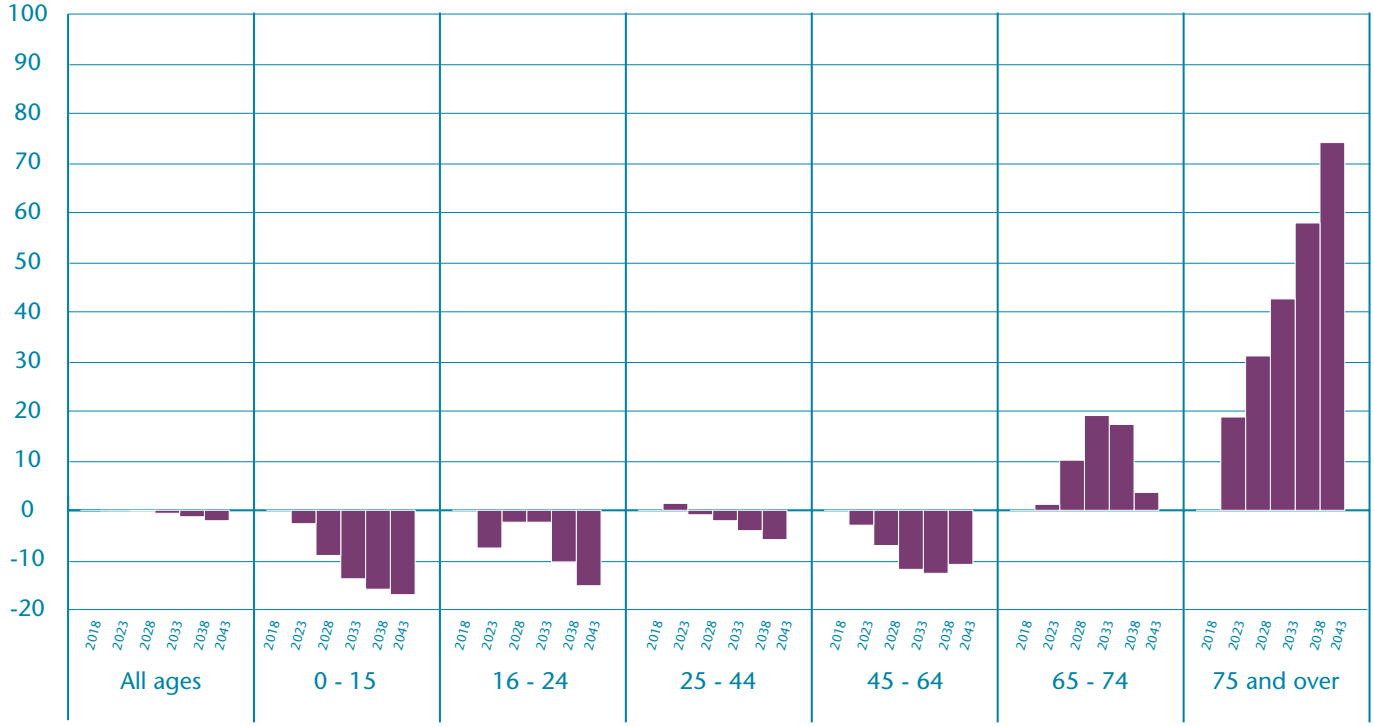
374,000 people

	2020	2043	
0-15	64,152	53,522	-17%
16-64	231,809	209,218	-10%
65+	78,169	101,424	+30%

2043

364,164 people

Projected percentage change in population by age group until 2043



Integration Joint Board

Fife is one of the largest Health and Social Care Partnerships in Scotland, next to Edinburgh and Glasgow, with over 6,000 staff, who are employed by NHS Fife or Fife Council, and an annual budget of around £600 million.

The Integration Joint Board (IJB) is the decision-making body for the Partnership. The Board includes representatives from NHS Fife, Fife Council, partners agencies, including the third and independent sectors, and members of the public.

The Chair of the IJB is Arlene Wood, and the Vice-Chair is David Graham.

Voting Members	Professional Advisors (Non-Voting)	Other Stakeholders (Non-Voting)
Arlene Wood (Chair) David Graham (Vice Chair) Alastair Grant Alastair Morris Dr Chris McKenna David Alexander Dave Dempsey Graeme Downie Janette Keenan John Kemp Lynn Mowatt Margaret Kennedy Rosemary Liewald Sam Steele Sinead Braiden Wilma Brown	Nicky Connor (Chief Officer of IJB, Director of Fife Health and Social Care Partnership) Audrey Valente (Chief Finance Officer) Dr Helen Hellewell (Deputy Medical Director/GP Rep) Kathy Henwood) (Chief Social Work Officer) Lynn Barker (Associate Nurse Director/Nurse Rep)	Amanda Wong (Associate Director, Allied Health Professionals) Debbie Fyfe (Joint TU Secretary) Eleanor Haggett (Staff FC Rep) Ian Dall (Public Rep) Kenny Murphy (Third Sector Rep) Morna Fleming (Carers Rep) Simon Fevre (Staff NHS Fife Rep) Paul Dundas (Independent Sector Rep)

In responding to the Public Bodies (Joint Working) (Scotland) Act 2014, Fife Council and NHS Fife agreed to integrate services and functions as required within the Act, delegating these to Fife Integration Joint Board. The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in the Integration Scheme. More information on the health and social care services and functions delegated to the IJB are set out within Fife's Integration Scheme which is available on our website: **www.fifehealthandsocialcare.org**

Senior Leadership Team

Senior Leadership Team

Nicky Connor
Chief Officer and Director of Health & Social Care

Operational Service Delivery

SLT leads for orperational management delivery and business outcomes for a portfolio of services

Lisa Cooper
Head of Integrated Primary & Preventive Care Services

Lynne Garvey
Head of Integrated Community Care Services

Rona Laskowski
Head of Integrated Complex & Critical Care Services

Business Enabling

SLT leads for Corporate Services and functions inc. financial governance, strategic planning, performance, transformational change and organisational development

Audrey Valente
Chief Finance Officer and Head of Transformation & Corporate Services

Fiona Mckay
Head of Strategic Planning, Performancee & Commissioning

Roy Lawrence
Principal Lead Organisational Development & Culture

Professional & Quality Services

SLT leads for quality, safety, experience, clinical and care governancee, professional regulation and standards

Lynn Barker
Associate Director for Nursing

Helen Hellewell
Associate Medical Director

Jennifer Rezendes
Principal Social Work Officer

Organisational Development and Culture

2022/23 saw the Partnership establish the Organisational Development and Culture Team to promote, support and drive forward our Mission 25 ambition. The aim of the OD and Culture Team is to provide support to operational services as a key part of our Business Enabling Service, through providing advice, support, design and delivery of work to improve our culture with a focus on behaviours and leadership, workforce strategy and supporting the transformation of our services, leading our Partnership iMatter activities, supporting the development of locality working, and ensuring that our Integration Joint Board can direct cultural improvement across the Partnership.

Some key pieces of work over the past year include:

Continuing to develop our Senior Leadership Team (SLT) and Extended Leadership Team (ELT) development spaces to embed our Systems Leadership approach across the Partnership. In 2022 we were able to come back together face to face for our sessions, which has provided a fantastic platform to build our relationships across all services. We have worked on a wide range of areas over the year: co-producing our Strategic Plan and associated strategies, developing Innovation Hubs to develop new ways of working, thinking together and collaborating on locality working, our Getting It Right For Everyone (GIRFE) pathfinder project with Scottish Government, our Joint Inspection amongst other areas.

Leading the delivery of our Workforce Strategy 2022 to 25 and associated Year 1 Action Plan 2022 to 23. The Strategy was endorsed by our Integration Joint Board in November 2022 after receiving very positive feedback from Scottish Government. Our SMART Year 1 Action Plan is delivering a range of actions across the whole Partnership to support services to Plan for, Attract, Employ, Train and Nurture our workforce.

> Our Inspection Report highlighted 'The Partnership's senior leadership team and extended leadership team had developed a strong collaborative culture…. and was already improving its approach to integration.'

Designing and beginning delivery of our first Health and Social Care Partnership (HSCP) Systems Leadership Programme, which has participants from all HSCP Portfolios, the third and independent sectors and our partners in Acute Services, Pharmacy Services and Public Health. The programme aims to improve integrated collaborative leadership within health and social care and support our leaders to think about how we address the challenges we face to be sustainable in the future.

Delivering a range of wellbeing supports including Hull University's Stress Risk Assessment Project, which provided a voice for our workforce to describe the challenges they are facing in the workplace.

For 2023/24 we have many initiatives planned to continue to innovate and improve within our approach 'Organisational Development and Culture:

Leadership Development': We will design and deliver a Leadership Programme aimed at our Team Managers and Supervisors across the whole Partnership, beginning in September 2023. We are also now delivering regular 'Coach Approach' training, which is a two-day course to support improved leadership and management of staff and compliments all our leadership work.

We will lead the design and delivery of our new 'Integrated Leadership Team' (ILT) across the whole Partnership. Learning from the success of our SLT and ELT development work, this ILT will connect managers from across all Partnership services and the third and independent sector to build a strong collaborative culture further into the HSCP to improve our leadership and support our workforce.

We have a range of supports being put in place to promote the importance of iMatter as a crucial way of hearing our staff voice over 2023, which will include 'pop-up booths', 'Natter about iMatter'

roadshows and action plan supports for managers amongst many other activities.

We will also be working with colleagues to drive locality working across all seven localities in Fife, extending our reach further into the Partnership to raise awareness of the importance of a positive culture on staff wellbeing and improved service delivery, developing a Partnership wide online Induction support for new and existing staff and reviewing our Workforce Strategy 2022 to 25 to set the context for our Year 2 Workforce Action Plan for 2023 to 24.

Localities

The Public Bodies (Joint Working) (Scotland) Act 2014 puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established seven locality groups which are aligned to the Fife Council local area committees.

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

The overarching goals of localities are to:

- Promote healthy lifestyle choices and self-management of long-term conditions.
- Support people to live healthy well independent lives while living in their own home for as long as possible.
- Reduce the number of avoidable emergency admissions to hospital and minimise the time people are delayed in hospital.
- Efficiently and effectively manage resources available to deliver Best Value.
- Support staff to continuously improve information and support and care that they deliver.
- Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing.

Fife's Locality Core Groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of the Partnership's Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector, and community planning partners. The groups met in May, September and a wider stakeholder event took place in November 2022. The purpose of the wider stakeholder events is to review and discuss the area profiles and engage with stakeholders to understand their experience and knowledge of people who use services and staff working in the local area.

Equality Outcomes

The Equality Act 2010 includes a public sector equality duty (Section 149) which requires public bodies, including Fife Integration Joint Board, in the exercise of its functions, to consider ('have due regard') to the need to:

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

In addition, the Fairer Scotland Duty, Part 1 of the Equality Act 2010, came into force in Scotland in April 2018. It places a legal responsibility on public bodies to actively consider how they can reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.

Fife Health and Social Care Partnership is committed to promoting dignity, equality and independence for the people of Fife. As part of the development work for our Strategic Plan we reviewed and updated our equality outcomes. These are our equality outcomes for 2023 to 2026:

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

Further information on equalities is available on our website:

www.fifehealthandsocialcare.org/publications

Our Performance

This Annual Performance Report summarises Fife Health and Social Care Partnership's performance and progress against the national outcomes and our strategic priorities and commissioning intentions.

The national indicators that we report on are presented in Appendix 2.

Strategic Plan 2019 to 2022

Our Strategic Plan 2019 to 2022 included the five strategic priorities listed below. This table links these priorities to each of the case studies that are included in this Annual Performance Report. Some activities and improvements will actually link to two or more priorities, however for clarity the case studies are listed under the primary priority.

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.	**Links to Case Studies:** **1, 2, 5, 10, 12, 13, 15, 28, 34, 39, 42.**
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	**Links to Case Studies:** **8, 22, 25, 26, 27, 30, 36, 44, 45**
Priority 3 **Working with communities, partners and our workforce to effectively transform, integrate and improve our services.** Delivery of effective and lasting transformation of health and social care services is central to the vision of Fife Integration Joint Board. Significant change on how services are planned and delivered with a range of stakeholders which includes carers, patients/service users who experience services is paramount to delivering changes	**Links to Case Studies:** **3, 4, 7, 14, 19, 24, 32, 37, 40, 47.**
Priority 4 **Living well with long term conditions** We are committed to building on the work already started in Fife to support adults and older people with complex care needs, who are accessing both primary and secondary care services most frequently. We are developing and supporting a more integrated and earlier approach focussing support pro-actively with patients who would benefit from this which includes early identification and comprehensive assessment in case co-ordination.	**Links to Case Studies:** **11, 16, 18, 21, 23, 29, 33, 47**
Priority 5 **Managing resources effectively while delivering quality outcomes** The financial position for public services continues to be challenging and the Integration Joint Board must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan.	**Links to Case Studies:** **6, 9, 17, 20, 31, 35, 38, 41, 43, 46**

Strategic Priorities

Local - A Fife where we will enable people and communities to thrive.

We will work with individuals, local communities, staff, and partners to provide personalised care, by the right person, in the right place, and at the right time.

We will engage and listen to individuals, local communities, and provide support to more people enabling them to live well at home, or in a homely setting.

We will maximise opportunities to provide safe, sustainable, and appropriate housing.

1. Adult Services Resources - Accommodation with Care and Support.

Adult Services Resources – Accommodation with Care and Support provides a service to 188 adults with learning disability, physical disability, mental health issues living across Fife. With a staff team of 647, support is provided over 60 Core and Cluster, Housing Support, Group Homes, Single Tenancies and Respite Services. Support can range from a few hours a week to 24 hours a day.

Established in the early nineties, the service delivers a person-centred, outcomes focused provision of care and support. Centred on helping people to maintain or improve their independence and quality of life we:

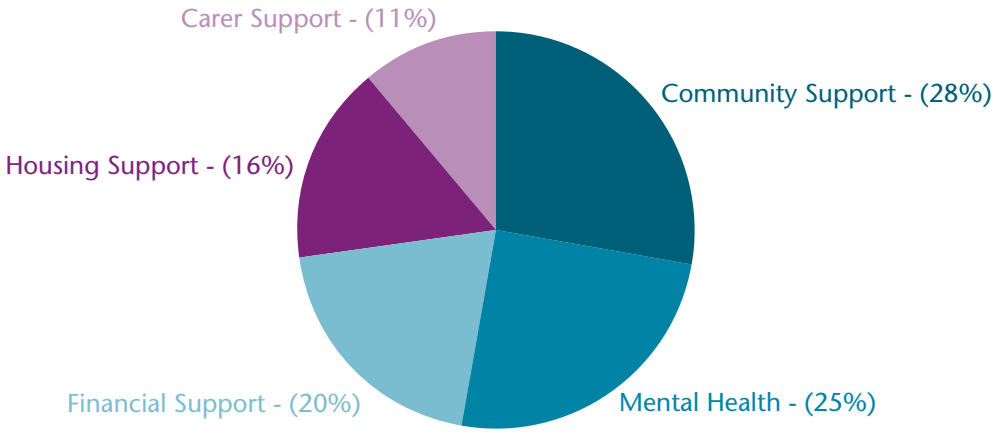
a. **Support people to live independently and at home in their community.**
b. **Maximise independence using an active support approach, to ensure that people are engaged in a life that is purposeful and meaningful to them.**
c. **Work in partnership with Health Services to promote physical and mental wellbeing so that people are able to look after and improve their own health and well-being and live in good health for longer.**
d. **Support people to access a wide, varied range of social, leisure, employment and education opportunities while having a valued role in their local community.**
e. **Build a sense of safety, security and belonging, by supporting people to maintain and build local networks and family connections.**
f. **Keep people safe from harm within legislative frameworks.**




2. Community Led Support

The Well is a place where you can drop-in, both in your community and online and find out information and receive general advice to help you stay well and independent within your local community. During 2022/23 1192 individuals engaged with The Well. There are currently nine physical wells throughout Fife (18hrs per week). The top three enquiries for The Well have been "Mental Health", "Community Support" and "Financial Support".

Main reasons for visiting The Wells



Interactions

	Apr 2021 – Mar 2022*	Apr – Jun 22 - Q1**	Jul – Sep 22 - Q2***	Oct – Dec 22 - Q3	Jan – Mar 22 - Q4	Apr 2022 – Mar 2023
Conversation Records	283	277	325	394	428	1424
Follow up calls	76	82	81	93	107	363

* Impact of coronavirus pandemic

** Remobilisation for face-to-face Well began

*** Fully remobilised in all seven localities

NB! The Well operated on average 16 hours a week during Apr 22- Mar 2023

The Well - Fiona's Story

Fiona is a 64-year old woman who has worked all her life within the care sector. Due to physical health issues she was no longer able to do her job and had become unemployed.

When Fiona attended The Well she felt very emotional and upset with her current situation. The Well staff helped Fiona to go over all her income and outgoings and established that she would qualify for discretionary housing payment and Council Tax reduction.

"If it wasn't for the staff at the Well. I doubt I would have received the benefits I was eligible for or even been aware of them".

Fiona felt overwhelmed with the information and health appointments she had to attend which was having an impact on her mental health.

The Well staff helped Fiona navigate information and resources in regards to foodbanks and community support. Fiona was referred to Citizen Advice and Rights Fife (CARF) for support with her Personal Independence Payment (PIP) application.

"The Well made sure I was given all the information and support I needed at the time".

Fiona also noticed a poster about befriending during her visit to the Well, after contacting the organisation Fiona signed up to be a volunteer.

"Volunteering will be good for me: I care about people".

Fiona received the support she needed and has managed to tackle the difficulties she faced. She feels much better about her situation and her mental health is improving.

"If other people just know to go and ask for help, it will really help take the pressure off and relieve the stress so I would recommend anyone in a similar situation to just step forward and ask for help. The Well can offer you the support you need".

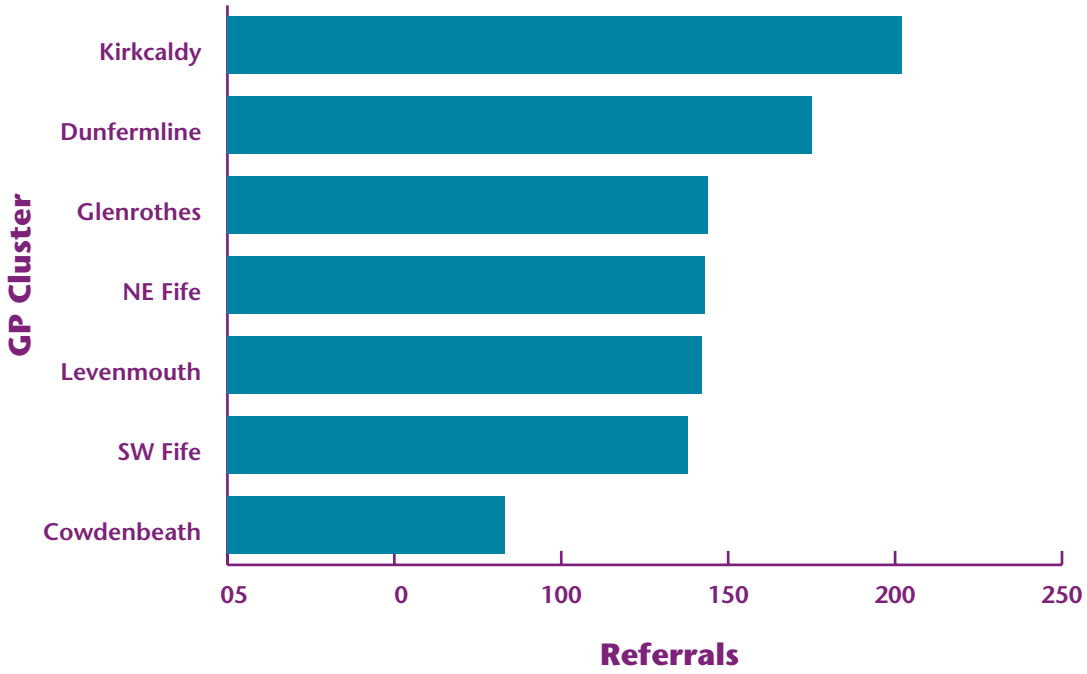
Link Life Fife (LLF) is a non-clinical community led support service provided by the Partnership for anyone aged 18 and over in Fife who is reaching out to their GP or other health professional within Primary Care for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being.

LLF received 1045 referrals in 2022/23 with an overall engagement rate of 72%. The majority of support provided by a combination of telephone and face-to-face contact. Support given by Link Workers include referring/signposting/connecting people to self-directed support; mental health support; social community groups; befriending, foodbanks; welfare support (benefits/form filling); family groups.

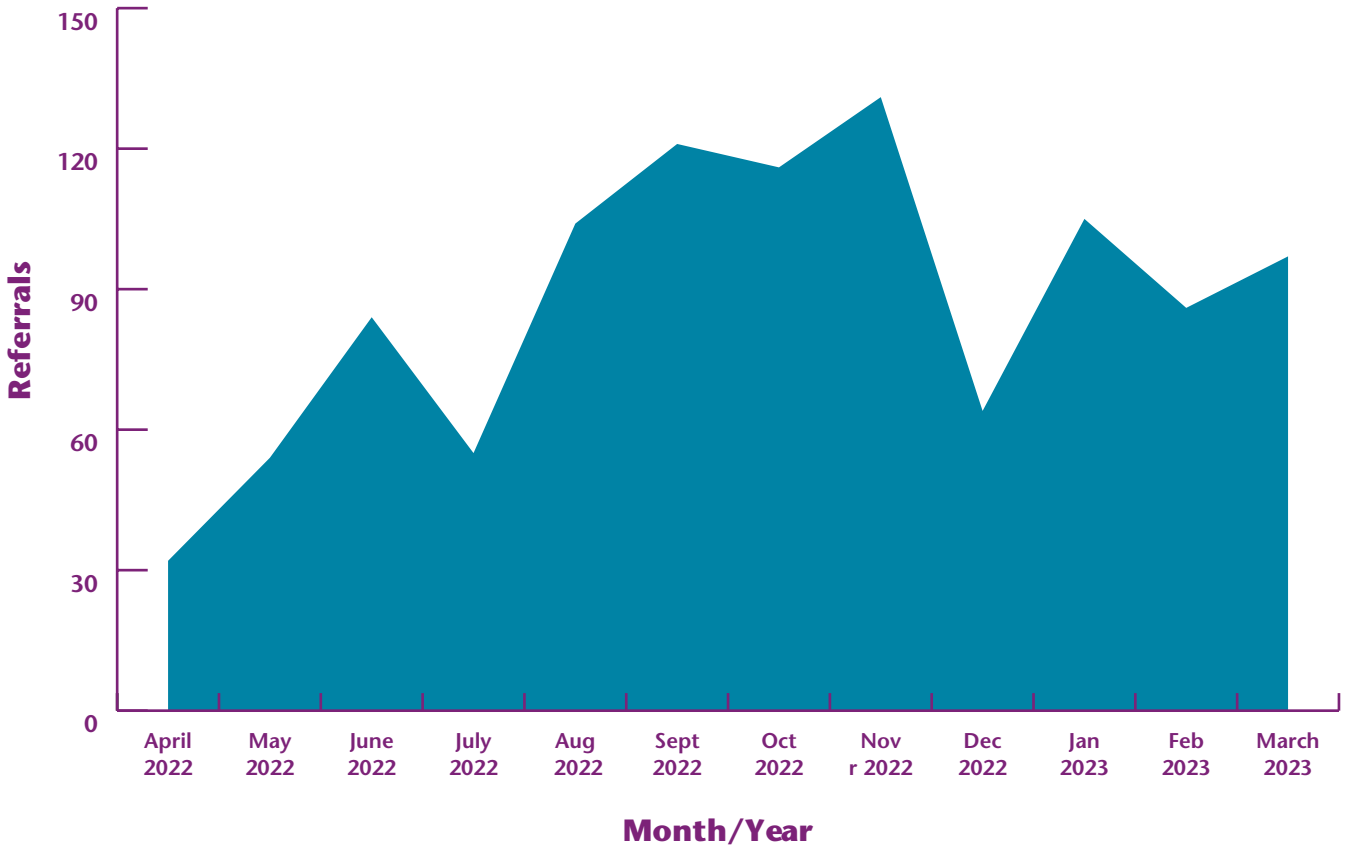
Link Life Fife = April 2022 – March 2023

Total referrals: 1045

Clients by GP Cluster



Referrals Over Time



Link Fife Case Study

Alexander was referred to Link life Fife by a Primary Care Mental Health Nurse. As he was new to the area and moved into a new residence, Alexander felt isolated and anxious as he had to leave his previous mental health support behind. Alexander was looking to connect to support in his new community.

A Link Worker contacted Alexander within two days of receiving his referral. Through the Good Conversations approach, Alexander was able to identify that he would like to join some social activities in his area.

The Link Worker sourced and provided Alexander with the information, so he could make an informed choice on what mattered to him.

After Alexander completed his sessions with Better Than Well, he then engaged with Link Life Fife and a meeting was arranged at his home, as he felt comfortable there. The Link Worker discussed Alexander's positive attitude to engage in activities with GallaTown Hub and a visit was set to see what social groups were available.

On arriving, Alexander met with the Link Worker and spoke with several staff and volunteers about social groups (Bike Hub, Reiki, and Gardening Project). Alexander was confident to attend by himself next time and enrolled on the Reiki sessions. Volunteering opportunities have since been offered for all three groups and Alexander is now attending the Bike Hub and Gardening Project regularly.

Alexander's feedback about the service: "Without the support from Link Life Fife I would never have known about half of the supports or activity groups in my local area. I have appreciated the helping hand the Link Worker has provided me as I do not think I would have been able to get my foot in the door. There are now so many opportunities available for me and I cannot wait to see what the future holds. Thanks again for everything".

Improving the Cancer Journey (ICJ) provides a one stop shop for all people affected by cancer support needs. Cancer doesn't just affect your physical wellbeing; it can impact on every aspect of your life and the lives of those around you. Knowing where to turn for support isn't always easy. Fife Health and Social Care Partnership and Macmillan Cancer Support work in partnership to provide this service to people affected by cancer throughout Fife. In 2022/23 ICJ received over 1200 referrals, the majority of referrals received were from NHS Fife secondary care teams.

3. Community Flow, Delayed Discharge and Integrated Discharge Hub

Ensuring people flow from hospital to a homely setting remains a priority; in 2023 we continue to embed Home First principles and the Planned Date of Discharge without Delay (DWD) outcomes across Fife. Discharge without Delay Programme aims to improve the patient journey, from the initial point of a hospital stay preventing any delays through early and effective planning. A key outcome is to reduce prolonged hospital stay to what is clinically and functionally essential, getting patients to return home or to a homely setting at the earliest and crucially safest opportunity. This initiative is based on an improved system of working, with smoother, more seamless integrated working between NHS and Social Care Teams. DWD puts the patients at the centre of planning for discharge, preventing delay where at all possible.

The data from Public Health Scotland shows the national target of 5% 'Hospital Bed Days Lost to Standard Delays' has been met during the months of December 2022 and January 2023. Bed Days Lost remains below average and has significantly fallen in 2022, compared to 2021 and continues

on this trend into 2023.

In benchmarking terms, NHS Fife lies in the middle ground of mainland Health Boards for the second two quarters of financial year 2021-22, having been in the lowest quartile in the first two quarters, this continues to remain low for the first two quarters in 2022/23. This is for both Standard Delays and All Delays

4. Easy Read - Making Information Accessible

Easy Read - Making Information Accessible Training was refreshed and relaunched in January 2023. A refresh of the training was identified just as the pandemic took hold and work around this was on pause until mid-2022.

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

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

In the three months since relaunch, the video has been watched over 100 times. In comparison, we trained 43 staff members from health, social care and third and independent sector in 2018. Some people have used the video as a refresher, but others have been new to the content. Initial feedback has been positive however any suggestions will be considered and acted on where possible.

5. Education/Training for staff working with children and young people who have specific additional healthcare needs

The Children and Young People's Community Nursing Service (CYPCNS) Education Team continues to provide robust clinical skills training, which is based on best practice, to all staff working with children and young people who have specific additional healthcare needs. We are also responsible for the delivery of Emergency Medication Practical Training Sessions to education staff for the administration of midazolam, EpiPen's and inhalers.

We returned to delivering Emergency Medication sessions to large groups of staff in October 2022 following prior coronavirus pandemic restrictions. These sessions are organised. Presentations were distributed by CYPCNS staff prior to each session, however through excellent communication and collaborative working with Fife Education staff we have successfully set up a booking process which

enables staff to book a session via Oracle Cloud where the pre practical presentation is automatically loaded for completion. Resulting in less queries/requests from staff to both CYPCNS staff and Fife Education colleagues.

Staff trained for Emergency Medication from April 2022 – March 2023.

Epilepsy – 561

Asthma – 486

Allergy - 507

We have kept accurate records of staff attendance for all sessions and informed education of who attended them. For Healthcare Needs Training the sign off certificate is sent as record of completion and stored by Fife Education.

6. Fife Hospital at Home (H@H).

Nurse Practitioner (NPs) "In-Reach" Test of Change

Fife H@H (Hospital at Home) Service have been successful in securing short term funding from HIS (Health Improvement Scotland) that will enable the Service to undertake an "in-reach" test of change. Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including the complex planning and assessment these do not always happen. This can result in inefficiencies due to these places being held therefore some admissions to H@H are being declined. The test of change facilitates the implementation of in-reach Nurse Practitioner's to commence H@H step down assessments within the acute setting. By testing this model of care, H@H Service aims to:

- Facilitate timely and safe discharge to H@H and support the front door model.
- Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans.
- Commencing H@H assessments for step down patients in the acute environment and supporting the Front Door Team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:
- Identifying appropriate referrals for step-down for H@H.
- Increase capacity and caseloads as a result of more streamlined and efficient triage and assessment process, specific to H@H.
- Aim to offer seven day a week in reach.
- Accepting later step-down admissions i.e., move from a 5pm cut off to an 8pm cut off as assessment and documentation will already have been completed. If no treatment is required admission at any time with review the following day.
- Improving patient experience.
- Supporting the front door model.

The funding has also enabled essential pieces of additional equipment to be purchased that will allow appropriate activity to be carried out on one visit by an individual clinician.

The roll out of this initiative commenced at the end of 2022.

Scottish Ambulance Service (SAS) Direct Access Referral Process

To support being able to accept Care Home out of hours Scottish Ambulance Service (SAS) direct referrals, a test of change was carried out over a period of two months to determine demand and implement defined processes and pathways. Following this test of change, further enhancements and improvements to process were made and now the Fife Flow and Navigation Centre receive and triage the referral, check H@H capacity and refer direct to the applicable H@H team. This has supported redirection of treatment away from the acute hospital site and assisted with the reduction of emergency admissions from care homes.

FIFE - Total number of all referrals received since Hospital at Home Service Inception	April 2012 – February 2023	18,450
FIFE - Total number of all referrals accepted in the 10 months	April 2022 – February 2023	1,260
FIFE – Average number of all referrals accepted per week	April 2022 – February 2023	27
FIFE – Average comparison of Hospital at Home caseload	April 2022 – February 2023	GP – 62% Step-down – 38%

For the 2021-2022 Annual Performance Report, Fife H@H provided an update on the work that had been undertaken to implement processes that support the Service to measure and report our capacity, namely the Acuity and Dependency Tool. The success of the work has gained national attention via our collaborative work with Health Improvement Scotland (HIS). Fife H@H presented their tool to other H@H teams across Scotland at a HIS shared learning event in 2022 and this has led to the service being invited to present at the Scottish Healthcare Virtual Capacity National Conference hosted by the Scottish Government in March 2023.

7. Fife Intermediate Care Teams (ICT)

Intermediate Care Definition and Guiding Principles

As part of the Home First Strategy, the Intermediate Care work-stream group reviewed Fife's definition of Intermediate Care and updated this to:

"Intermediate Care is a short-term, focused intervention supporting medically stable people in maximising recovery and promoting independent living in their own home or home environment. It supports the ethos of delivering rehabilitation and re-ablement to the right person, at the right time, in the right place with the right intensity. Care is delivered by a spectrum of multi-professional Services, working collaboratively with the patient/carer in a responsive, co-ordinated, and flexible way. The aim is to prevent unnecessary admission to acute hospital/long term residential care, promote faster recovery from illness, and support timely discharge from hospital to optimise a return of confidence and independence to avoid making premature decisions about future long-term care".

In addition to the revised definition, the Intermediate Care work-stream group also developed guiding principles to support the Service, these are:

- Medically stable people who are able to be looked after at home/home environment.
- Delivery of care within own home, homely environment or community hospitals.
- Right person, right time, right place, right intensity.
- Short term focused intervention with clear outcomes agreed with the service user.
- Delivered in a co-ordinated way by multi-professional and multi-agency Services.
- Responsive and flexible.
- Promoting self-management.
- Prevention of unnecessary admission to acute or long-term residential care.
- Supporting timely discharge from hospital and optimise to as independent living as possible.
- Involvement and collaboration with the patient's family/carers/support network(s).
- Intermediate Care is a spectrum of intervention that maximises recovery and promotes independence – including Services that provide rehabilitation and re-ablement from both statutory and third sector organisations.

Collaborative Working Between Acute and Intermediate Care Team

Work has commenced between therapy staff in Victoria Hospital Kirkcaldy (VHK) and the Intermediate Care Teams to -

- Identify collaborative opportunities that can facilitate and/or support the most effective utilisation of resources.
- Explore opportunities where collaborative working can facilitate and/or support managing therapy priorities across Fife.

To date the following activities have been undertaken –

- Streamlined the referral process between services to support increasing clinical capacity.
- Established therapy discharge principles.
- Trialling of community teams virtually in-reaching to VHK Ward 6 and 31 ward rounds twice per week.

Fife Voluntary Action Empty Homes Initiative

Intermediate Care Teams (ICT), Fife Equipment Loan Store (FELS) and Fife Voluntary Action (FVA) collaborated on a project to develop and implement a protocol for FVA to use for undertaking the delivery of equipment when a home is empty/no-one is available to accept the delivery. This initiative was launched successfully in February 2023 and the main aims of this work are to:

- Support timely discharge from hospital.
- Streamline discharge from hospital.
- Release time to care for acute therapy staff.
- Support timely delivery of equipment.
- Enhance collaborative working between Services.

Fife Intermediate Care Team continues to provide a significant service within the community and

maintain high caseloads throughout the months/year.

Fife Intermediate Care Team receives a high proportion of their referrals from Victoria Hospital Kirkcaldy (VHK). To support patient's being discharged from hospital to their home/community setting in a timely manner and to facilitate patient's not remaining in hospital for longer than is required, the Service has set a target of 72 hours from receiving referral from VHK to discharge from VHK to Intermediate Care Team.

FIFE ICT DATA - JANUARY 2022 TO FEBRUARY 2023

Fife ICT: VHK 72 Hour Referral Data		FIFE ICT: Average Caseloads	
Month	% of Target Achieved	Month	Average Caseload
Jan-22	54%	Jan-22	79
Feb-22	46%	Feb-22	90
Mar-22	63%	Mar-22	73
Apr-22	69%	Apr-22	69
May-22	51%	May-22	83
Jun-22	60%	Jun-22	79
Jul-22	52%	Jul-22	79
Aug-22	77%	Aug-22	81
Sep-22	69%	Sep-22	87
Oct-22	65%	Oct-22	96
Nov-22	62%	Nov-22	89
Dec-22	65%	Dec-22	87
Jan-23	94%	Jan-23	88
Feb-23	82%	Feb-23	81

8. GCP2

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses, and this indicates the need for both support and protection (National Guidance for Child Protection in Scotland 2021). Neglect can occur pre- and post-natally. It may involve a caregiver failing to;

- Provide adequate food, clothing, or shelter.
- Protect the child from physical/emotional harm or danger.
- Respond to essential emotional needs.
- Seek consistent access to appropriate medical care, and
- Ensure the child receives an education (GIRFEC Statutory Guidance Assessment of Wellbeing 2022).

Neglect was identified as a common concern in most Initial Case Reviews in Scotland (Care Inspectorate, 2021).

Graded Care Profile 2 (GCP2) is a tool that supports professionals by providing a consistent and objective process for assessing the quality of care being given to a child. This process helps identify when sub-optimal care is putting a child at risk of harm/neglect. It brings focus to the areas that require support and enables professionals to intervene in an informed way. It can reflect improvement, or lack of it, in the level of care delivered and can evidence the care-givers capacity to change.

GCP2 is built on the concept of 'instinctive parenting' as described by Clutton-Brock (1991) and is underpinned by models such as Maslow's Human Needs Theory (1954). GCP2 focusses on specific components of care offered within four domains: safety, emotional care, developmental care, and physical care. The objective of the GCP2 tool is to improve outcomes for children by facilitating early interventions. It does this by supporting the service to move from a reactive 'identify and resolve' mode of operation to a proactive 'anticipate and prevent'.

GCP2 is deployed by a licenced practitioner, such as a Health Visitor or a Community Nurse, who works in a licenced area. Ideally the implementation of the tool is best done using a multi-agency approach.

The next phase of the implementation comprises an audit of practitioners' use of the GCP2 tool and of families' experiences of the tool. This audit aims to ensure that the tool is being used properly by practitioners and is being well received by the client group. Ultimately the audit data will indicate if GCP2 is useful in the practitioner's decision-making and helpful in improving the family's caregiving. In addition, to support understanding in the wider community in relation to the integration of the GCP2 within practice, an awareness event is planned for Scottish Children's Reporter Administration Panel Members. This is critical to the long-term success of the GCP2 as all participants within the community must understand what GCP2 is and how to interpret its outputs.

The implementation of GCP2 is progressing well, and the next stage is evidencing the quality of the ongoing use of the tool, this will be done by monitoring the outputs, outcomes and impact. Further it suggests that to ensure ongoing success, management support is required particularly around the supervision of practitioners, and all stakeholders within the community are aware of the GCP2.

9. Health Promotion Service - Good Conversations Training - Workforce Development.

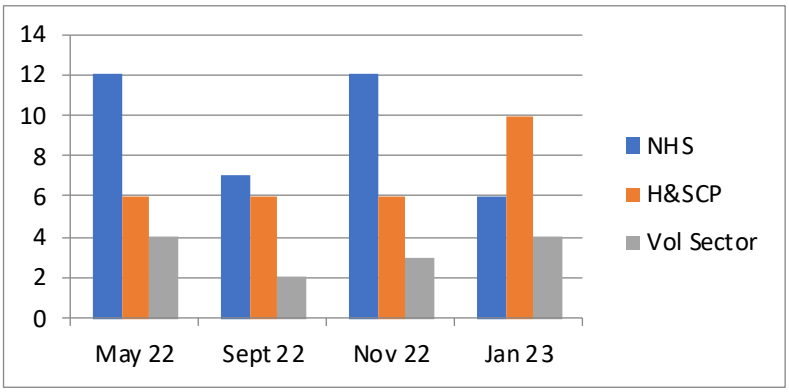
For a number of years, the Personal Outcomes Programme has been working with staff across health and social care and the voluntary sector. It has helped to create a shift in encounters between staff and the people they work with, from: "What's wrong with you?" to "What matters to you?" and supports people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

Due to the coronavirus pandemic, and to continue these changes within the culture of care, the Good Conversations training had to move online. This involved having to rethink the delivery and adapting the content for a digital platform. However, these changes ensured staff were still able to attend training and continue to develop their practice and now it is possible to offer both online and face to face training to Partnership staff, which offers increased flexibility and enables more people to attend these valuable sessions.

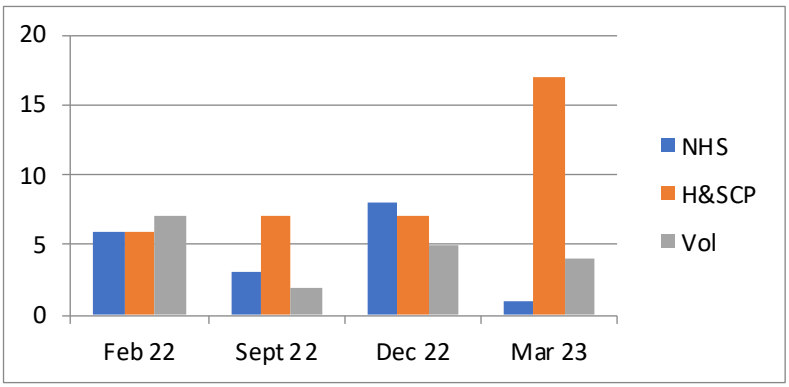
To encourage the spread and embedding of the approach in practice there are also peer support

and refreshers sessions being held regularly with groups such as Local Area Coordinators and Link Workers, volunteers and befrienders, and Specialist Cancer Care Nurses. There are also champions meetings where people who use the approach get together to share good practice.

3 Day Course Attendees 22/23



½ Day Introduction Attendees 22/23



10. Health Promotion Service - Health in Pregnancy Levenmouth Locality

With the aim of new mums and mums-to-be to have increased social interaction, improved mental wellbeing and being able to access more support and activities in the Levenmouth Area, the Fife Health and Social Care Partnership's Health Promotion Service worked with partners in the Levenmouth locality including Health Visiting and Midwifery (NHS), Homestart Levenmouth, Fife Gingerbread, Woodlands Family Nurture Centre, ON Fife and Active Fife – Bums off Seats to design, implement and promote a shared Google calendar used to advertise groups, classes and

events aimed at new and young families.

This calendar is now available for new mums and mums-to-be to download to their phone and provides them with information around the free activities they can access on a daily basis.

To advertise the calendar, cards were designed and printed, which contained a Quick Response (QR) code and the URL (webpage address) of the calendar, and these were given out at a launch held at Woodlands Family Nurture Centre in August 2022. The cards have been distributed throughout the Levenmouth Area and Home Visiting (NHS) also add one to each red book that is given out to pregnant women to help monitor their pregnancy. This means every new mum in the area has the details of the calendar.

The calendar is being updated regularly by partners and agencies report having an increase in footfall due to their events being seen on the calendar.

11. Interface Care in the Community

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

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

Respiratory Team SAS Referral Pathway

12. Locality Planning

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires integration authorities to work within localities and in Fife we have established 7 locality groups which are aligned to the Fife Council local area committees.

The purpose of locality planning is for relevant service providers across different sectors, at all levels (clinical and non-clinical) to come together with people and communities who use services to improve health and wellbeing outcomes.

The locality core groups were remobilised in May 2022. To ensure the quality of localities' they must function with the direct involvement and leadership of health and social care Senior Leadership Team, health and social care professionals, housing sector, representatives of the third and independent sector and community planning partners. The groups met in May, September and wider stakeholder event took place in November 2022. The purpose of the wider stakeholder events is to review and discuss the area profiles and engage with stakeholders to understand their experience and knowledge of people who use services and staff working in the local area.

The seven locality group meetings took place between 13th March and 31st March to finalise and agree the priorities for 2023. Each locality has identified short life working groups to take forward the thematic priorities which include:

- Supporting unpaid carers
- Improving mental health & wellbeing
- Supporting people affected by Drug / Alcohol Harm and Death
- Home First
- Living well with long term conditions

Tests of change were identified by locality core groups in 2022 and will be tested from May/June 2023.

Levenmouth Locality "Public Health Policing" - Police Scotland raised a concern at the Levenmouth Locality group meeting in June 2022 regarding the number mental health (non-criminal) calls received. Subsequently a short life working group was created with representation from Fife Council, NHS Fife (A&E), Community Mental Health, Scottish Ambulance Service, Alcohol and Drugs Partnership and Scottish Association of Mental Health. A number of tasks were undertaken; data collection from NHS Fife and Police Scotland and further presentation from Scottish Ambulance Service (Dundee) to scope activity in other areas. The next step is to submit a report to the Area Committee (May 23) to request funding to test a mental health triage car in Levenmouth locality. The aims of the test of change are to provide enhanced experience for individuals who contact services with a mental health need through timely access to specialist mental health care and assessment in the community, avoiding unnecessary conveyance to Accident and Emergency (A&E) where appropriate and identify potential benefits. To identify the limitations, of a mental health triage car service to inform future recommendations.

A priority for North East Fife Locality is to develop a single point of access for community led support in North East Fife for people living with long term conditions, working collaboratively with the Psychology Service and The Well to test the change within North East Fife with the aim to help people experiencing long-term conditions, and those important to them, access the physical, psychological, social and practical supports that are available in their local community. Test of change will commence in May 2023.

13. MAT (Medication Assisted Treatment) Standards Implementation Plan 2022/23

The MAT Standards are part of the National Drug Mission policy to address health and social inequalities with and for people, their families and communities severely impacted by substance use. The standards provide a framework to ensure that the system and services responsible for MAT delivery are sufficiently safe, effective, accessible and protect human rights and dignity to enable people to benefit from treatment and support for as long as they need. Fife Alcohol and Drug Partnership and its commissioned services (including NHS Addictions, NHS Pharmacy Services and NHS Addictions Psychology and Therapies Services) have completed the second year of a five-year nationally funded programme to implement and embed the standards into operational delivery and comply with assessment measures based on evidencing impact.

Embedding of MAT (Medication Assisted Treatment) Standards 1 to 5 implementation plan has been progressed well over the year and monitored by two Alcohol and Drug (ADP) subgroups and the Alcohol and Drug Partnership (ADP) Committee. Submission of quarterly reports to the Scottish Government has aided this process. Compliance with the Public Health Scotland assessment process for the Red, Amber, Green, Blue (RAGB) status has also been a focus to ensure Fife's performance for 2022/23 is accurately reflected. This has involved building processes, protocols, guidelines, referral pathways and agreements between services based on improving the system of care and creating seamless transitions for people. Developing mechanisms for capturing numerical data and most importantly having qualitative conversations with people, family members and staff to evaluate how the care and support feels both for those accessing support and those yet to do so.

Standard	Update
MAT 1	Same day prescribing through rapid access clinics (MAT 1) is available across all the sites and has been maintained at the Methil Community Centre.
MAT 2	LAIB (Long-acting injectable buprenorphine) is now available across the full service at initial titration or after medical review and provides additional choice (MAT 2) for those accessing opiate replacement therapy.
MAT 3	Assertive Outreach is available in localities with ADAPT clinics, recovery cafes but also in key areas such as prisons, custody suites and hospital wards provided both by commissioned third sector and statutory services providing anticipatory care to people with lived and living experience. The drop-in support at the Methil Community Centre is key service acting as an access point to treatment as too is the living experience group now operating in Dunfermline.
MAT 4	Harm Reduction (MAT 4), including IEP, wound care and THN) is to be embedded further within NHS Addiction Services and third sector with support from a specialist trainer in third sector. Adopting a new database will allow NHS Addictions Service to record distribution and develop service-based targets and improvements. The hospital liaison service, the non-fatal overdose service and third sector teams within prison and custody suites are providing assertive outreach and anticipatory care, supporting people not engaged with the system of care.
MAT 5	Rapid access clinics and a third sector retention service (MAT 5) also provide additional support to those at risk of early unplanned discharge.

MAT 6 and MAT 10	The MAT 6 and 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice including supervision, coaching and group support. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its current implementation plan.
MAT 7	embedding a MAT Standards compliant approach with primary care - implementation group is in the planning phase and will commence next financial year. This is likely to encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest.
MAT 8	advocacy service has been commissioned and is in place with people with lived experience as part of the service workforce.
MAT 9	Review and improvement work for MAT Standards 9 aimed at enhancing pathways, protocol, treatment and care for those affected by dual diagnosis and/or other mental health difficulties has commenced with the establishment of a dual diagnosis working group. Work is currently underway to develop the 2023/24 plan and performance framework.

14. Ongoing Development of Fife Speech and Language Therapy Laryngectomy Valve Clinic

In partnership with Ear, Nose and Throat (ENT) colleagues, Fife Speech and Language Therapy Service developed a specialist clinic for laryngectomees who use Surgical Voice Restoration (voice prostheses). The clinic started in March 2021 and is delivered on a weekly basis on the ENT ward at Victoria Hospital; this development ensures patients benefit from a locally delivered service where previously they had to attend St John's Hospital, Livingston. The clinic provides specialist Speech and Language Therapy input to:

- Assess voice prosthesis function and patients' voice quality.
- Carryout valve changes and valve maintenance.
- Enable access to 'problem solving' for complex issues for individual patients.

The clinic has become established during 2022/23 with one therapist fully completing the SCAN Competency Framework and supporting two other Speech and Language Therapists to achieve their competencies.

58 people in Fife, living with laryngectomy, benefited from local access to the Fife Speech and Language Therapy led Valve Clinic, rather than have to attend St John's Hospital in Livingstone, between June 2022 and March 2023. Of these:

- 31 received a valve change (53%)
- 17 had valve status reviewed (29%)
- 5 received troubleshooting for valve issues (9%)
- 4 received stoma management (7%)
- 1 trialled HME (Heat, Moisture, Exchange (system)) (2%)

15. Peace of Mind

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

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

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

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

During 2022, Peace of Mind, in conjunction with Fife HSCP, organised their first Celebration Event - to which all the groups were invited. The day started with a bowling competition then following a bite to eat, had a disco and karaoke at the CISWO (Coal Industry Social Welfare Organisation) in Glenrothes. At the event, people were asked what they liked about Peace of Mind - this is some of the answers given:

"trying different things"

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

"Having a laugh"

"Things we do with the group".

16. Self Directed Support in Fife

Fife has a dedicated Self Directed Support (SDS) Team who provide support to operational colleagues through e-learning, daily duty system, on-line information sessions and team talks. Through this dedicated resource, operational colleagues have an easily accessible source of advice and information which helps to ensure they feel informed whilst supporting individuals through the assessment and review process. This in turn ensures that the supported individuals and their carers feel involved in the process, enabling them to feel confident in any decisions they make concerning their support.

Over the last year we have been reviewing our processes and procedures, taking into consideration the new Self Directed Support Statutory Guidance (published October 2022), the National Framework of Standards as well as the proposed Scottish Government Self Directed Support Improvement Plan. Staff from the SDS team have been involved in the consultation with SDS Scotland.

As part of our ongoing support to operational colleagues, we have been delivering on-line, lunch time sessions covering topics such as:

- An Introduction to SDS.
- SDS Legal Duties.
- An Introduction to Prepaid Cards.
- SDS for Carers.
- Short Breaks for Adults.

The sessions provide an opportunity for information sharing as well as question and answer time.

Over the last year we have been working closely with colleagues in Contracts/Quality Assurance to implement prepaid cards in Fife, with an external partner allpay Ltd. This is our new method of issuing personal care budgets to individuals choosing SDS Option 1 (direct payment). For individuals who have made the transfer to the new system, they are still afforded the same flexibility to use their social care budget as before, however, no longer have to submit paper bank statements and receipts to comply with our quarterly monitoring, unless specifically requested. The monitoring can be carried out by Partnership staff through an on-line system. This allows for the monitoring to be carried out more efficiently. For anyone new to direct payments, they no longer have to open up their own, separate bank account - the account is provided to them.

The continued implementation of SDS is mainly measured through individual's personal outcomes support review.

As well as a conversation about how any arranged supports are impacting on the individual's life to help them achieve their personal outcomes and goals, practitioners gather information on whether the individual felt listened to, felt involved in the process of assessment and review, felt included in any decision making etc. Through capturing this information at the point of review and recording electronically performance can be measured from one review to the next. In addition, information can be extracted from our Social Work recording system to identify levels of satisfaction across the service.

17. Small Sparks (SDS Community Grants Project)

Small Sparks which originated in Seattle is an internationally tried and tested community grants

programme that helps local people to do new and exciting things in their community. It creates opportunities for citizens to become involved in time limited, small-scale projects that benefit the local community.

The Small Sparks Project, facilitated by the Self-Directed Support Team, was postponed due to the pandemic. The project entered its third phase in April 2022, having successfully funded 18 projects in the NE Fife locality in 2017 and 14 projects in the Levenmouth locality in 2019. As communities began to remobilise a decision was taken to extend the project to all seven Fife localities. The upper grant limit per project was increased from £250 to £500 in recognition of the UK cost-of-living crisis.

The Small Sparks Panel

Five people were invited to join the Small Sparks panel and met on a four to six weekly basis to consider the applications. Each of the members live or work in Fife and brought a diverse range of local knowledge, viewpoints, and community connections to the table.

- The Chair of Glenrothes Men's Shed.
- A Health Promotion Officer.
- A Social Work Assistant from the SDS Team.
- A supported individual who uses Direct Payments to arrange her care and support.
- A Local Area Co-ordinator from the MacMillan Cancer Journey Team.

Indicators of success were established at the outset of the project, namely:

- Developing new community connections.
- Overcoming loneliness and social isolation.
- Creating more opportunities for all citizens to make a valued contribution in their local community, including those who require care and support.
- Improving general health and well-being.
- Building on the strengths and sense of community that already exist.

The projects were supported by staff from the SDS Team these are a few examples of the feedback provided by the participants.

"Fife is a great place for local activities, amazing energy and creativity."

"The projects today showed how much goodwill and diversity there is in local communities."

"Meeting like-minded people who just want to make their communities more inclusive and a better place to live and are happy to share and learn from each other."

"We enjoyed the event. There was a real feel- good factor and feeling of togetherness, with good news stories and diversity of experiences and ideas which you don't usually hear about unless you are seeking specific information."

"Togetherness. Inspiration. What is achievable when working together. Community belonging. Compassion."

"I learned how many kind and committed people there are out there."

Sustainable - A Fife where we will ensure services are inclusive and viable.

We will work together to identify unpaid carers within our communities. We will offer, and increase the support available for all carers, including enabling regular breaks for carers, and supporting all models of care.

We will work with our partners in the third and independent sector to deliver services that are collaborative.

We will ensure our financial viability is considered in any transformation work identified.

18. Development of Targeted Level Speech and Language Therapy Resources to Support Early Self-Management for People Living with Parkinson's Disease

In June 2022 the Speech and Language Therapy Service (SLT) launched a test of change to allow individuals living with Parkinson 's Disease (PD) to access targeted level information at the point of contact with the PD Nurse Specialist. This initiative enables support to early self-management of speech, swallowing and saliva without the need to wait for up to 12 weeks to access Speech and Language Therapy.

During the first six months of this initiative (June to December 2022) access to targeted level information to support early self-management was considered by the PD Specialist Nurses for 49 individuals living with Parkinson's Disease. Of these:

- 27 were issued with resources and not referred to SLT (55%), i.e., targeted level resources were sufficient to meet patient need at that point.
- 3 were issued with resources and referred to SLT (6%), i.e., individualised SLT was required but resources were issued to support self-management in the interim period.
- 19 were referred to SLT without being issued with resources (39%), i.e., required individualised Speech and Language Therapy input.

Next steps include ongoing liaison with Parkinson's Disease Multi-Disciplinary Team (PD MDT) to increase levels of early access to targeted resources, and development of online resources to increase access routes to self-management information.

19. Patient Engagement and Feedback on Speech and Language Therapy Targeted Level Resources to Support Self-Management of Voice Difficulties

During 2022 we engaged with individuals to gather patient feedback on Speech and Language Therapy (SLT) targeted level resources for voice disorders, (dysphonia). This bank of online resources was developed to allow access to supported self-management information immediately following Ear, Nose and Throat (ENT) diagnosis of dysphonia for advice and signposting at the point of need, enabling timelier, more efficient and equitable service delivery.

Patient engagement to gather feedback on this aspect of service development identified that:

- 100% of respondents accessed the resources, (89% of respondents were directed to the resource by an ENT Consultant and 11% by SLT).

- 89% reported that they liked having access to early self-management resources.
- All respondents reported that the resources are clear and easy to navigate and 78% felt they were relevant to them.
- Having accessed the resources for a period of 6 weeks, 73% reported improved understanding of their voice and 56% felt better about their voice.
- 17% of respondents contacted the SLT Service for direct input after accessing self-management resources.

20. Recruitment of Social Care Staff for Care at Home

Fife's Health and Social Care Partnership has recognised given the difficulties in recruiting Care at Home carers that a different approach was required to attract more people into the care services.

A television campaign was launched in July 2022 to be broadcast throughout STV's East of Scotland locality and ran again in November 2022. The campaign did provide interest across multiple areas of social care including Care at Home.

Along with the television campaign, for the first time the Service is also running localised poster campaigns. Posters are placed in local shops, community centres, and GP surgery's so those living in that area are aware there is work in that area – local recruitment for local people. Offering flexible shift times and reduction in travel time within their own area this then fits in with the locality planning model.

These initiatives have helped reduce the vacancy rate from 10% in Summer 2022 to 8% in Spring 2023.

21. Short Breaks for Adults

The Short Break Team for adults provide information to supported individuals and their families/ carers to assist them to access creative and innovative short break provisions or, where this is their choice (and depending on availability), building based resources, using their individual short break budget and chosen option through self-directed support.

Through an outcome focussed approach, the Team work with adults under the age of 65 and their families to facilitate mutually beneficial short breaks, giving both the individual and their unpaid carer a break.

Due to the lack of building based resources, the team have been working hard to identify creative options for individuals and their families.

Some examples are included, the names of the individuals have been changed to provide anonymity.

Creative Break (Option 1 – direct payment)

Andy is a 33-year-old young man with a diagnosis of cerebral palsy resulting in increased tone is his muscles. He also experiences trochanteric bursitis (inflammation) in his hip joints.

Andy was quite clear in how he wishes to spend the budget – he wanted to take a trip to London with his support worker and visit the Harry Potter Experience. Through conversation with mum and Andy, it was clear he knew what his short break budget was for and was able to understand our Easy Read Service Level Agreement.

The break is now booked and scheduled to take place. Andy is very excited about the flexibility he can have with the short break budget which allows him to choose the break that suits him, rather than having to go to a building-based resource, which he would not enjoy. Knowing that her son is being supported by his known carer whilst away from home will provide mum with reassurance as well as providing her with a break from her caring role. The flexible, creative break provides the opportunity for Andy to experience something he may not otherwise have managed.

Moving forward, the Short Break Team will continue to take time to identify new resources and facilities which offer both creative and building based support. We will continue to work with individuals and their families to identify if alternative models of service delivery can be explored which will allow the individual to benefit from the break as well as providing their family member with a break from their caring role. We will continue to work closely with colleagues in our commissioning team to explore solutions to address the gaps in service provision.

To improve on our performance recording, we will implement the post break questionnaire; allowing individuals and their families to share their views and experiences, evidencing the difference the break has made. Using the collated feedback and shared stories and experiences, it is hoped that reassurance can be provided to families who are apprehensive about trying something different.

Following the success of our Short Breaks Marketplace Event in 2019, we plan to arrange a follow up event in 2024. We shall extend invitations to groups, organisations and providers giving them the opportunity to share information about the facilities they have available. Individuals, their families and carers will be invited to not only meet the organisations but also to meet other carers. It is hoped through facilitating initial discussions, some families may choose to explore pooling of budgets, where this is appropriate.

We will liaise with colleagues in the Partnership's Communications Team to explore the development of a closed Facebook page to allow individuals to share stories of their creative breaks as well as opportunities to highlight last minute breaks, which often come into the Short Breaks Team.

22. Special Schools

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

Additional activities include starting a PSN lead Sleep Clinic in Special Schools in response to an identified need in this cohort. Staff completed the Sleep Scotland Training to be able to facilitate this clinic and improvement in our service. Since initiating the programme in April 2022 eight young people and their families have been assisted with poor sleep. The plan moving forward is to support two or three new sleep referrals each school term.

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

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

Looking ahead to the next year, the PSN Team will continue to:

- Support education to meet the health needs of the pupils in Special Schools.
- Increase our PSN lead Sleep clinics in Special Schools.
- Encourage the education of the PSN Team to enable them to address bowel and bladder health of the pupils in Special Schools.

Wellbeing - A Fife where we will support early intervention and prevention.

We will support people to develop and maintain the knowledge to manage their own health conditions, make positive choices, and lead healthier lives.

We will actively promote opportunities and knowledge in our citizens and staff that support reducing the risk of harms, and give individuals confidence to look after their health, to the best of their abilities.

We will promote prevention, early intervention, and harm reduction.

23. Continence Service

The Children and Young People's Continence Service are a nurse led team who support children and young people with bladder and bowel dysfunction. The service has continued to grow and develop since its introduction in May 2018. We offer clinics in eight different areas within Fife which helps to make our service more accessible to all children and young people requiring continence support.

Paediatric Continence Scotland produced a National Service Review of Continence Services in July 2022 which highlighted NHS Fife for their dedication and commitment to investing in the development of a designated Children and Young Peoples Continence Service.

The past year has allowed us to continue to develop our service with the recent introduction of integrated clinics to help support children and young people with both bladder and bowel dysfunction in one clinic setting. A co-ordinated approach to the management of these problems together helps to engage the child/young person and their families to improve effective outcomes.

Since the coronavirus pandemic, we continue to offer a combination of both face-to-face clinic and telephone consultations. We recognise the importance of offering face-to-face appointments for initial assessments and based on individual need to help develop patient centred care plans. Parents/carers, children and young people are now given the option of attending clinic or receiving ongoing telephone support. We continue to receive positive feedback and outcomes after adapting our service to meet families' individual needs.

Children and young people who experience bedwetting are offered the option of using alarm therapy as part of their treatment plan. Alarm therapy assists children and young people to become dry independently without taking medication. Alarms are now posted to families via Royal Mail using our alarm loan agreement service. Our Health Care Support Worker has helped to improve the alarm lending and retrieval process to help reduce the number of alarms not returned on completion of treatment. This allows alarms to be used again to help support other patients, helping to make the service more cost effective.

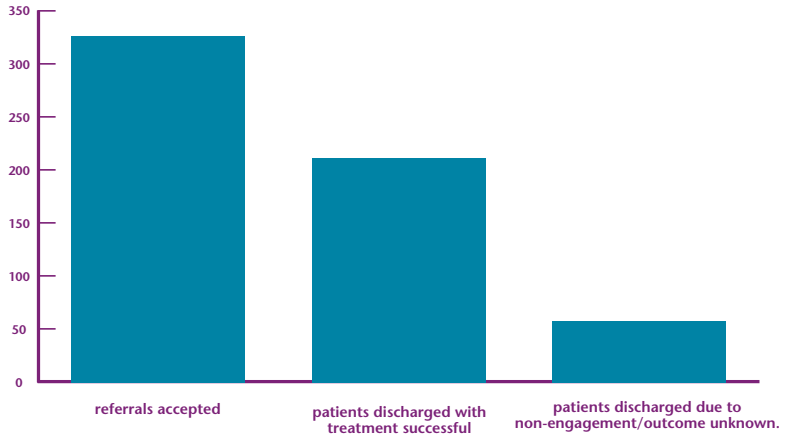
Parents are now offered regular telephone support which is reportedly helping to increase the number of children and young people becoming dry overnight during the 12-week treatment programme. This increased support has helped to improve positive outcomes and reduced the number of families failing to complete the programme.

We continue to strive to reduce the stigma which is often associated with continence problems.

Statistics suggest that only a third of parents/carers seek help for their child's continence problem. This may be due to lack of knowledge on specific problems, lack of information on support available locally and social stigma. The private nature of toileting can result in families being too embarrassed to request support. Over the past year we continue to raise the profile of our service across Fife by utilising our contacts in education, health and social care. Our service is now featured on the NHS Fife website providing further information for staff and colleagues. We believe it is essential to ensure that children and young people with continence problems are supported on their patient journey to promote access to local clinics delivered by our dedicated nursing team. We continue to promote early intervention to help reduce the risk of children and young people developing long term continence problems and to help improve their quality of life and physical and emotional wellbeing while reducing their vulnerability to harm and discrimination.

Paediatric Continence Scotland produced a National Service Review of Continence Services in July 2022 which highlighted NHS Fife for their dedication and commitment to investing in the development of a designated Children and Young Peoples Continence Service.

During period June 2022 to May 2023:



24. Chat Health Text Service for Young People aged 12 - 19 years.

Following extensive engagement with young people, the School Nursing Service identified three key priorities:

1. To increase access to School Nursing Service.
2. To increase awareness of the school nursing role.
3. To provide early intervention and prevention for children and young people.

These priorities informed new service developments including the introduction of a text messaging service. This was launched in November 2022 and enables young people aged 12 - 19 years who are enrolled in a secondary school in Fife to have direct access to the School Nursing Service. The text service is hosted by Chat Health and allows professionals and service users to communicate using safe and secure messaging. It is a confidential service although service users can be identified if there are safeguarding issues.

The text messaging service enables young people to seek direct support for any self-identified health and wellbeing concerns they may have. This reduces a young person having to recount

their concerns to several people before accessing our service. In alignment with the United Nations Convention on the Rights of the Child (UNCRC), this model allows young people access to a health service, to be heard and to be taken seriously, with their voice being at the forefront.

The introduction of the text service using Chat Health software was the first in Scotland. The Service worked closely with the Digital Information Team to ensure that all data protection and information governance policies were observed and adhered to.

Early data indicates a positive response to this model, 70% of contacts have indicated that they found the intervention helpful.

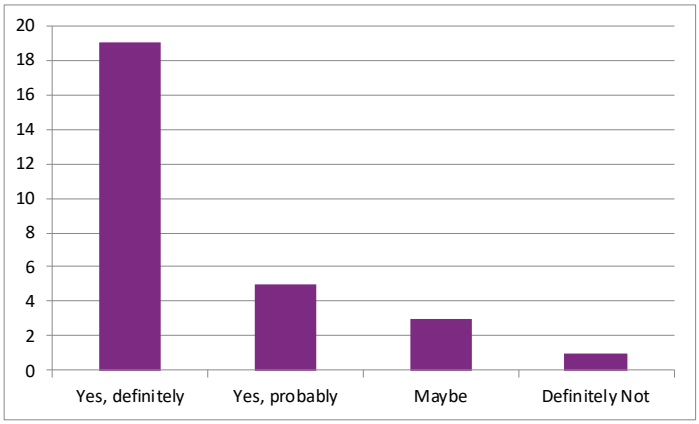
We have also identified that the marketing and promotion of the text messaging service is key to the ongoing success of the text messaging service.

25. Embracing Difference Programme.

The Embracing Difference online programme has been developed and piloted and is now available for self-referral via Access Therapies Fife for parents/ carers of children who present with developmental divergence. It is a six-session programme and draws from current research and evidence-based practice to provide information on how to support children who are neuro-divergent. Each week focuses on a different area and provides strategies and information for parents to use with their child, in order to support them to flourish. It also focuses on strategies to support parental self-care and wellbeing.

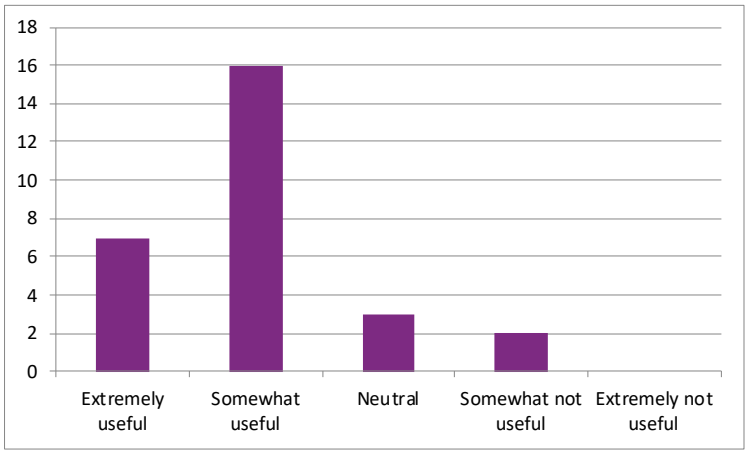
Parents were asked to provide feedback at the end of the course.

1. **Would you recommend the workshops to a friend with a child who may be neuro-developmentally diverse?**



Parents also receive a Child Portfolio, which is a supporting document for them to think about how to tailor the strategies they learn in the group specifically for their child's needs.

2. **How useful did you find the Child Portfolio?**



Some of parent's positive comments about attending the programme:

"All just really useful. I liked how you can pick points out that you feel will help with your family".

"It was presented in a really accessible way, this is an incredibly complicated topic, and really complex issues and concepts were shared in a way that was both easy to understand, and very relevant".

"To feel I wasn't the only parent going through these struggles, was nice to see other people are going through the same".

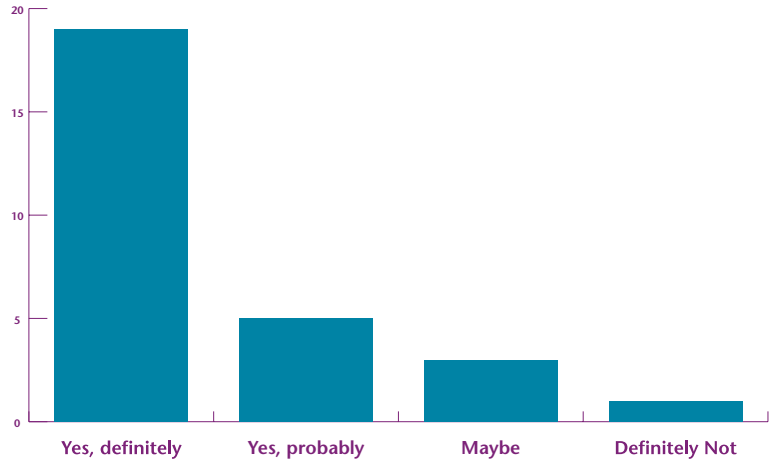
"To hear from other parents / carers who actually understand how it feels".

"I am so glad I enrolled for these sessions; they have been so helpful and have made me understand my son so much better".

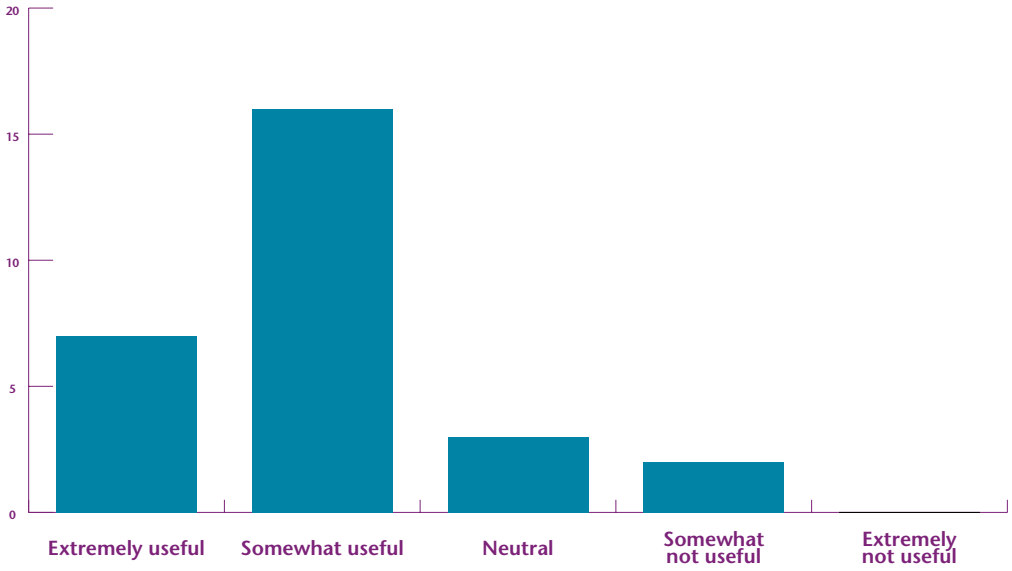
"It was great and every parent with a neurodiverse child should go on it".

The programme is now available on the Access Therapies Fife website and parents/carers can book a place via self-referral. The evaluation and ongoing development of the programme will continue in line with participant's feedback. Embracing Difference is part of a suite of therapeutic interventions available via Access Therapies Fife, delivered by the Child and Family Psychology Service

1. Would you recommend the workshops to a friend with a child who may be neurodevelopmentally diverse?



2. How useful did you find the Child Portfolio?



26. Fife Loves Life App

NHS Fife Child Healthy Weight (CHW) Team created a free health and wellbeing app for families across Fife. Patient participation and engagement identified the need for a choice of digital resources alongside face-to-face input. The Fife Loves Life App (FLL) forms part of the redesigned CHW Pathway, enabling families to access the most relevant and up to date information on nutrition and physical activity as an adjunct to the input they receive from the Team. The App also offers an alternative option (sign posting) for families who do not want to engage with the Team or

are not ready to fully engage, to enable self-management of lifestyle changes.

The App is highlighted as a resource as part of the CHW Team's Toolkit which is intended for use by health professionals and people who work with children, young people and families, when there are concerns around diet, overweight or obesity. The Toolkit enables professionals to offer guidance and support to children and their families to develop healthy eating and lifestyle habits for life. Training on the use of the Toolkit and App has been rolled out to stakeholders across Fife.

A marketing campaign to raise the profile of the Fife Loves Life intervention programme was undertaken via social media. All School Nurses and Health Visitors have been provided with a contact slip with details of the CHW Team and how to access the app, this slip can be given to families.

27. Health Promotion Service - Creating Hope Together, Creating Hope for Fife Suicide Prevention Event

Scotland's new Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022 and sets out how it will continue the work of the previous strategy, 'Every Life Matters'. Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy 2020-2024 and is represented in the Plan for Fife – Recovery and Renewal 2021-2024. To assist with the development of a new Suicide Prevention Action Plan for Fife, and to provide a forum for a wide range of stakeholders and partners involved in the delivery of suicide prevention activity to engage with the process, Fife Health and Social Care Partnership Health Promotion Service organised a Suicide Prevention Event which took place in February 2023.

The aim of the half-day event was to celebrate the work delivered in Fife against the previous strategy 'Every Life Matters', showcase key resources, provide the opportunity to network with a wide variety of partners and colleagues involved in suicide prevention activity across Fife, and crucially, provide the opportunity to influence the development of the new Suicide Prevention Action Plan for Fife. Approximately 110 participants attended on the day representing approximately 50 organisations from across Fife.

Following the event, a survey monkey evaluation questionnaire was circulated to delegates. 27 responses were received, and the feedback was overwhelmingly positive:

- All respondents agreed the event delivered on its aim.
- 96% of respondents citing improved awareness.
- 81% of respondents cited networking/new contacts.
- 81% of respondents cited improved knowledge as the main benefits from attending the event.

The event successfully brought together a range of public, statutory, charity and voluntary organisations and provided a platform to reflect on and influence the suicide prevention agenda for Fife. The information gathered on the day and the contents from this report will be used to inform the development of the next Fife Suicide Prevention Action Plan. The planned timescale is for the new Action Plan to be finalised summer 2023.

28. Health Promotion Service - Food Champions

With food insecurity on the rise, it is now even more crucial that we work with vulnerable/low-income families to help them maximise their budgets and encourage them to eat better to help improve their health and wellbeing. In 2022 the training of Food Champions was remobilised to increase capacity within communities and is a partnership project between NHS Fife's Health Promotion Food and Health Team and Fife Council Community Food Team.

The three-day training programme consists of Royal Elementary Health Institute of Scotland (REHIS) Food Hygiene, REHIS Elementary Food and Health and REHIS How to Cook with Groups. Once participants have completed the three days training, they then deliver cooking sessions of which two are assessed and if successful they will become a Fife Food Champion and be able to access support from the Fife Food Champion network.

Since September 2022, 38 individuals have attended all three days of the Food Champion Training with six individuals having fully completed the necessary assessments to become a Fife Food Champion.

29. Parent / Carer Advice line - Test of Change.

In May 2022 the Partnership launched the Parent/Carer Advice Line, the aim was to reduce waiting times for children and young people who require occupational therapy from an average of 44 days to 20 days.

Key achievements this year include:

- During May to November 2022 the average waiting time for families requiring universal and targeted outcomes has dropped from 44 days to 5 days.
- From May to October 2002 there were 92 calls to the Advice Line.

- 94% of caller's concerns have been supported at a universal level.
- Training has commenced to bring more occupational therapist onto to support lines.
- 83% of callers rated the service as 5/5 with the remaining 17% rating 4/5.

Comments from families include:

"So relieved, feels good to talk to someone" - Grandparent.

'I wasn't calling thinking I'd get a diagnosis, but you've given me things to try and that's exactly what I wanted" - Parent.

"Thank you so much I feel so much better for talking to you" - Parent.

"Thank you so much I feel so much better for talking to you" - Parent.

30. Specialist Palliative Care Counselling and Bereavement Service.

Fife Specialist Palliative Care Adult Counselling Service provides support to patients, relatives or close friends who are struggling to come to terms with the impact of advanced or life limiting disease, prepare for loss and offers bereavement support, advice and counselling after death.

Counselling allows people to explore conscious and unconscious thoughts to help process issues causing concern or distress during a life limiting illness and pre-bereavement phase. Counselling essentially creates an opportunity for people to gain insight into their feelings, normalize their reactions and develop strategies for coping with the changes an illness brings to people and their families.

We have inducted a new person into the Team and continue to establish patterns of working which provide service delivery for the whole of Fife. Having moved back to the Hospice in Kirkcaldy we are able to offer move face-to-face sessions, which people have been asking for, and this is working well. We have also established a regular counselling clinic in Queen Margaret Hospital, Dunfermline for people in the West of Fife so people do not have to travel so far. We continue to offer Near Me online sessions and house visits for those who cannot travel. The Team also supports trainee GPs around their awareness of psychological/emotional impact of life limiting illness as part of their academic enquiry.

The first table demonstrates the breakdown of clients discharged over the year. However, what this does not show is the number of assessment calls or one-off conversations that have been had throughout the year. Neither does this demonstrate the amount of support given to staff.

Patients *(55)*

Relative *(66)*

Bereaved Clients *(89)*

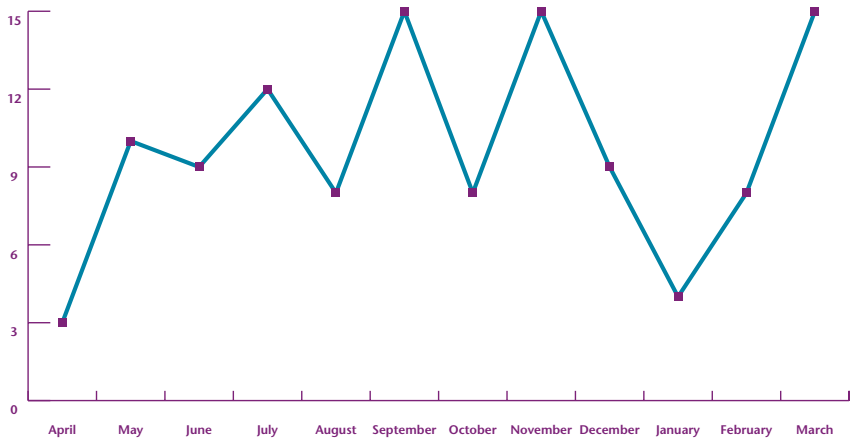
This table demonstrates the number of sessions delivered per month, this does not include the ad-hoc/ individual calls or conversations with relatives in the passing, or staff support that have been given over the year.

Year	Month	Number of Sessions
2022	April	74
2022	May	87
2022	June	59
2022	July	66
2022	August	71
2022	September	58
2022	October	70
2022	November	73
2022	December	60
2023	January	71
2023	February	80
2023	March	83

31. Podiatry and Radiology.

The Podiatry Service worked with the Radiology Department to develop a direct referral pathway for community podiatrists to refer people for x-ray investigation without the need for a GP referral. All podiatrists completed online training and a referral pathway was agreed. This is now part of core service delivery and assist podiatrists in the identification of osteomyelitis, accelerating treatment interventions for people. This prevents further foot complications including toe or foot amputation which has a lasting impact on quality of life. Since the introduction of the pathway many patients have been referred for investigation

Number of X-Ray referrals by podiatrists



Outcomes - A Fife where we will promote dignity, equality and independence.

We will work with partners, staff, local communities, and individuals, to challenge sources and biases towards inequality.

We will, as appropriate, target specific actions to support communities and individuals most at risk of harm from inequalities.

We will actively work to improve health and wellbeing outcomes across Fife.

32. Adult Support and Protection Biennial Report 2020-22

Fife Adult Support & Protection

The purpose of the Biennial Report was to provide assurance to provide assurance in relation to the Adult Support and Protection Committee's work towards supporting the application of the Adult Support and Protection (Scotland) Act 2007 (the Act) and our shared vision to ensure that all adults at risk feel safe, supported, and protected from harm.

The Biennial report provides a degree of statistical data in respect of the characteristics of adults at risk of harm. The report contains a summary of local activity over 2020 - 2022 and how the functions of the Adult Support and Protection Committee were maintained during the coronavirus pandemic, the challenges faced, our response to these and sets out priorities for the future.

Fife Adult Support and Protection Committee (ASPC) has a shared vision that all adults at risk feel safe, supported and protected from harm. The Committee is a statutory body established under section 42 of the Act.

The ASPC is the primary strategic planning mechanism for inter-agency adult support and protection work in Fife. The Committee is made up of senior representatives of key agencies who work together to effectively discharge its obligations in respect of policy and practice in adult support and protection matters. Fife's ASPC reports on its work and progress and is accountable to the Chief Officer Public Safety Group.

The report outlines the ASPC's response to the pandemic. Fife Adult Support and Protection Committee, alongside all ASPC's across Scotland, is required to quickly adapt to the unknown and regularly changing circumstances surrounding the pandemic. New ways of working were developed and virtual communication through Microsoft Teams became the established medium for all meetings of the Committee and it's working groups. A Public Protection Group was set up to ensure oversight of the safe and effective delivery of service across all areas of Public Protection. The group were tasked with ensuring that risks or spikes during the pandemic were identified early and addressed, trends monitored through relevant data analysis, and implications for staff welfare were considered.

Despite these unprecedented changes to our ways of working, the strategic work of the ASPC and its sub-committee groups continued. The report covers this in more detail within a specific section

dedicated to our response to the pandemic.

The report highlights our Communication and Engagement Strategy which builds on already impressive work to listen to the voices of those with lived experience and involve those we aim to protect in service design and delivery.

The strategy has seen an intensive media campaign aimed at increasing awareness of the types of harm that adults can be at risk from and encouraging reporting. Working in partnership with Kingdom FM the ASPC has initiated quarterly radio campaigns supported by Kingdom FM's social media pages. Whilst the overall impact of such campaigns is hard to assess the hard data of follow up social media hits indicate that the results are on a par with any major local commercial camp.

The report contains a range of statistics which the ASPC use as part of their evaluation of trends and to validate our improvement journey.

The report looks forward to the current reporting period and the ASPC has recently signed-off the committee improvement plan for 2023 -2025. The plan looks to build on previous achievements with a particular focus on:

- Engagement with all stakeholders.
- Workforce Development.
- Review of policy and procedures.
- Audit and improvement monitoring to evidence improved outcomes.
- Continued recovery from the coronavirus pandemic.

The ASP Biennial Report 2020-2022 is available here: https://www.fife.gov.uk/__data/assets/pdf_file/0033/449871/9.-Biennial-Report-2020-22-FINAL-DRAFT.pdf

33. Fampridine Clinic

The Multiple Sclerosis (MS) Service in partnership with the Lead Pharmacist for Community developed a clinical guideline for use of Fampridine (Fampyra) for patients with MS which was approved and has been in use since August 2022. Fampridine is a newly licensed symptom relief medication aimed at MS patients who have walking difficulties and who fit a specific assessment criterion. Fampridine is not available via GP practice due to its specialist assessment requirement.

The Fampridine Team involves the prescribing clinician, the MS Nurse, associate physician, pharmacist, homecare pharmacy department and the patient. Patients are screened by the MS Nurse Team and if suitable, will attend an appointment for a 25ft timed walking test within Fife Rehab Service as well as screening bloods and routine testing. If there are no contra-indications, patients are given the opportunity to receive fampridine for a three-week period and must return for a repeat timed walking test. If there has been an improvement in there walking speed of more than 20% then the patient is able to continue with Fampridine if this outcome provides a benefit to the patient's wellbeing.

The data from the clinic after one year will be reported later in 2023. So far, preliminary results show that the majority of patients screened and prescribed have experienced a walking improvement within the first three weeks however not all patients maintained this at six months due to various reasons.

Our next steps will be to continue with the clinic and complete the first-year report of Fampridine

results in practice from the data being collated. Another aim would be to add in the added outcome measure of videoing patients in addition to the evidence from the timed walk.

One of our patients has produced a poem about his own personal journey with Fampridine and the benefit this has provided to him.

A wee poem I wrote:

Looking in the mirror it's clear to me
That I'm a shadow of the man I used to be
But this is not a plea to cry for me
For every day I strive for Victory

Why sit and worry about what I can't do?
Setting daily goals, I push on through
Pent up inside I'm still like you
That's why I do the things that I do

I have my dark days as we all do
The birth of my granddaughters helps me pull through
Respite at Leuchie and meeting the crew
All of these things I look forward to

I could have days in bed
Where I live in my head
But I get up instead
As I have MS, I'm not dead

Since starting Fampyra things are improving.

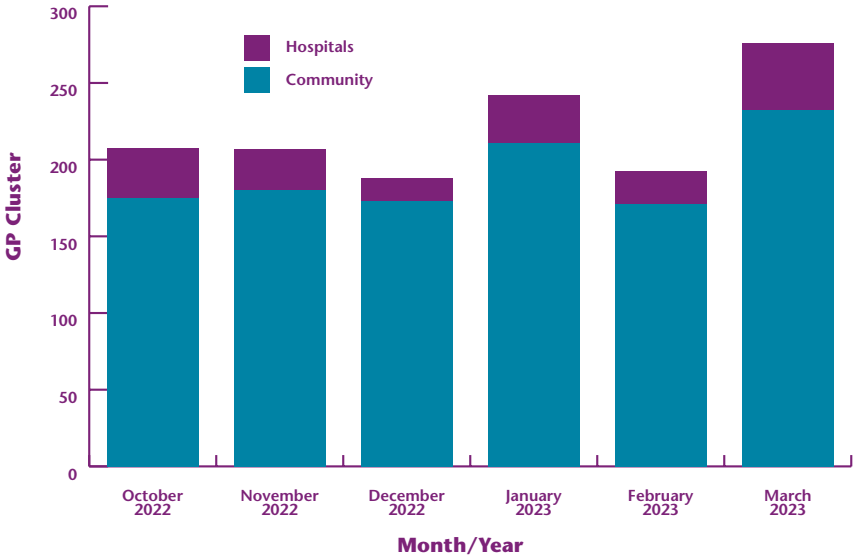
34. Home First – update as within last year's Performance Plan

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

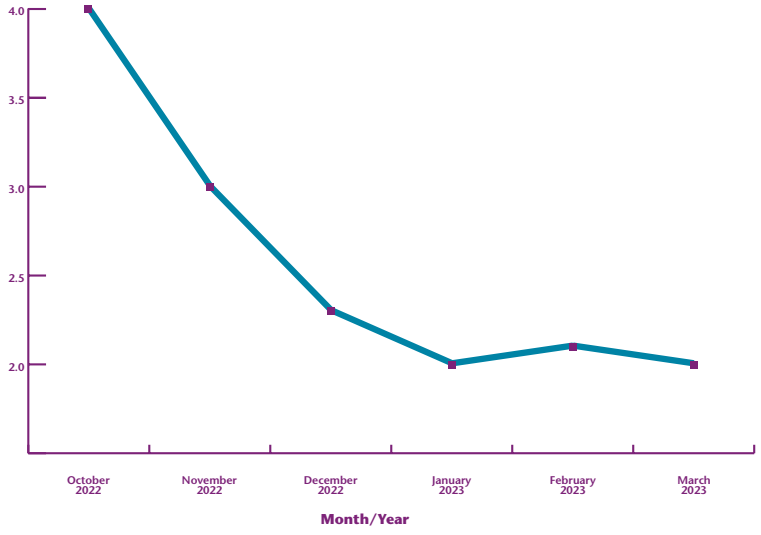
Their progression with the patient will ensure that PDD's are being met for those whose pathway is to return to their own home setting. Providing initial data information to the Care at Home's Reablement Team who upon discharge at PDD will fully assess the patient within their own homely environment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

Reductions of delayed discharges within the acute setting for care packages is being seen already. Short Term Assessment Review Team (START) receive an average of 50 referrals per week with an average response time (referral to discharge date) of two days. Although the number of referrals has increased over the past months the discharge delays have not increased.

Referrals to START



Number of days, Referral to Discharge (VHK)



35. Investment in Social Work

The Fife Health and Social Care Partnership Workforce Strategy will drive integration by ensuring we have staff who have the right skills, knowledge and experience, who feel valued and have a career pathway which ensures they stay in the partnership as their career ambitions develop.

Frontline staff and managers in Social Work Services within the Partnership identified the role of the senior practitioner as a key role which required to be reviewed and refreshed, so we have posts which:

- Provide robust support to frontline staff.

- Increase options for career development.
- Ensure that HSCP Social Work Services have the appropriate level of professional leadership.
- Assist the service with continuity planning.

The senior practitioner role was created to support the team manager by providing expert advice, guidance and support to registered social workers and social work assistants.

There are 12 locality social work teams, (six in Adult Social Work Service and six in Older People Social Work Service) and each team has budget for two senior practitioners. This reflected the needs of team managers to be able to delegate certain responsibilities to enable them to focus on the range of activities required to support service development. The current HSCP senior practitioner post was designed to offer opportunity for gaining experience as a team manager. The HSCP Senor Leadership Team listened to these views and agreed investment which will increase the establishment of senior practitioners by twelve, one for each locality team.

Managers in Social Work Services recognised the value in creating two distinct senior practitioner posts; the current operational post which provides opportunity to progress within the area of operational management and a second subject expert post, which provides opportunity to progress within the area of professional governance and leadership. The new investment provided the opportunity to bring this vision to life.

Further consultation with frontline staff and managers identified the subject experts the Social Work Service needs most and from there the appropriate work has been done to ensure we can start recruitment to these new posts soon, meaning that each locality team will have three senior practitioners – two supervising seniors and one subject expert. The subject expert (for example, transitions, hoarding, forensic practice) will offer advice and guidance across all Adult and Older People Teams.

This is an exciting development for Fife HSCP Social Work Service and compliments the appointment of the Social Work Professional Lead.

36. Near Me Video Consultation

Following on from the pilot project which was completed early 2022, a commitment was made to enable all teams across Fife Social Work Services (Adults, Older People, Hospital Discharge and Mental Health) to make use of the Near Me video consultation technology.

Joint funding for 12 months was agreed with the Scottish Government and the project team was formed in September 2022. The project board was formed over October/ November with representation drawn from several of the key operational service teams.

Governance arrangements and a high-level plan then followed. The recent focus has been working with the local teams to train practitioners and build a network of champions. We are also working with the

with care home and hospital discharge teams to ensure they also have the capability to make and receive Near Me video calls as required.

By March 2023, the total number of practitioners who have received Near Me training is 157. During the rollout phase our key indicator relates to the percentage trained within each operational team. We have set a target of at least 70% to be trained by mid-April and this is on target to be achieved. At the time of writing most teams have already exceeded the 70% target and we are working closely with the remaining teams.

Once we are fully operational the indicators will focus on adoption levels (usage), savings from avoided travel, discharge timescales and improved outcomes from situations where family members, or other colleagues such as care providers, advocates or health practitioners, have joined the video call for a more rounded discussion.

This is a very good example of delivering change within the Partnership and identifying the range of stakeholders across operational service teams and supporting functions, such as technology.

"I recently utilised Near Me to have a discussion with a carer about a matter in relation to welfare guardianship which required a long conversation. The added benefit of face to face over telephone was that I could see how he reacted to certain suggestions, and he could see me and therefore I think this made the conversation more useful and helpful to us both.

An actual visit was difficult to arrange due to the distance involved 100-mile round trip for one of us and his shifts.

I also think he was / may have been more comfortable with the remote camera rather than inviting me to his home.

The technology worked well, and he used a smart phone."

Mental Health Officer

37. Reimagining the Third Sector

The reimagining project was launched in October 2021, and represented a clear commitment from the partnership to strengthening our approach to commissioning and monitoring third sector

services. The project sought to work with third sector partners to identify key changes which would strengthen collaboration and a culture of learning, reflection, and support, ultimately improving health and wellbeing outcomes for the people if Fife.

During 2022 to 2023, the Health and Social Care Partnership spent over £11.3 million on grant funded services in Fife. These services are vital to the achievement of our strategic plan, enabling people to live independent and healthier lives. To ensure that resources are used effectively, it is imperative that we spend money where it is needed most, in line with our strategic priorities and identified local needs.

The Reimagining Third Sector Commissioning Project was prompted due to a growing recognition within the partnership that we need to review our approach to grant funding to ensure that:

- We continue to build on and strengthen our partnership with the third sector, creating conditions which support the third sector to thrive, collaborate, and to respond flexibly and creatively to enable people to achieve the best outcomes
- The services we fund, both now and in the future, are aligned to our strategic plan and its underpinning strategies, providing best value
- Service Level Agreements (SLAs) are clear and outcome focused.
- There is improved information available to strategic and locality planning groups, on the range, quality and impact of services provided by the third sector.
- We routinely involve a range of people including people with lived experience, unpaid carers, communities, providers, and professionals in codesign and monitoring of services.

It is understood that achieving this is an evolving process however the project is an opportunity to lay the foundations and create the conditions for positive change

To date we have actively been engaging with 72 organisations who deliver over 124 different services to support people in Fife to achieve the following outcomes:

Connect: Reducing social isolation and loneliness by providing social clubs and befriending services.

Mental Wellbeing: Building emotional and mental resilience through counselling, psychotherapy, cognitive behavioural control, and crisis support.

Choice & Control: Enabling people to have choice and control over decisions that affect them by providing advocacy services and opportunities for participation

Achieve: Enabling people to achieve their goals and reach potential through skills building and access to supported learning, volunteering and employment opportunities.

Practical help: Enabling people to live safe, independent, healthier lives at home through access to digital solutions, adaptations, condition specific/post diagnostic support and carer respite.

Information: To provide quality support and information about local services, housing, benefits, carer support, or keeping well, to enable people to have the knowledge, confidence, and skills, to make positive, informed choices.

Building Capacity: Increasing workforce skills, awareness of support, and building community capacity.

Progress and Activities in 2022 to 2023

Key achievements to date include:

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

Delivery Plan 2023 to 2024

Over the next 12 months a Delivery Plan will be created to implement the learning from the project to date. This will be themed around five key priorities:

1. **We will ensure that all grant funded organisations have a clear, outcome focussed Service Level Agreement on the new template by September 2023**
2. **We will ensure that our workforce has access to clear information about the range of grant funded services and the outcomes that they support by developing and promoting the use of Power BI dashboard.**
3. **We will undertake a series of 'deep dives' to explore some of the themes raised by providers and to ensure equity across funded services**
4. **We will develop a refreshed approach for grant funding decision making, strengthening the voice of lived experience and providing clarity over the decision-making process.**
5. **We will implement a revised approach to monitoring and evaluating grant funded services**

38. Student Support and Placement feedback

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

Throughout the past year in Ward 7 Queen Margaret Hospital, Dunfermline we have noted an ongoing increase in positive student feedback both directly to our staff and on the electronic feedback system Quimple. Our student nurses seem from the outset very keen and excited to come work with us in Inpatient Stroke Rehabilitation and highlight their positive experiences and well-rounded education at all years of training. We recently had two student nurses who provided written feedback to our Lead Nurse and Senior Team highlighting the positive experiences they had that they wanted to share.

39. Veterans First Point (V1P)

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

psychologists, a clinical associate and an assistant psychologist) for veterans who need this.

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

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

We are sad to say that our Grow Your Mind partnership with Fife Employment Action Trust came to an end during this period. However, the Service was able to form a new partnership with the Workers Educational Association (WEA) to provide online art and creative writing workshops for veterans. We were pleased to have been able to offer the Rosewell Centre as a base for The Well.

The last year has seen many veteran service users experiencing financial hardship and V1P peer support workers have worked hard to signpost veterans to sources of financial advice and support to relive some of these pressures. The regular V1P newsletter and the V1P monthly bulletin have also been a useful way of signposting veterans to practical support and advice. We have been grateful during this period for the proactive and responsive support for veteran service users when and where needed from the NHS Veteran's Champion, Mairi McKinley and the new Fife Council Veterans Champion, Councillor Derek Noble. Our sincere thanks also go to Councillor Rod Cavanagh for his commitment and investment in Veterans First Point and veteran wellbeing more generally during his time as Fife Council Veteran Champion.

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

Integration - A Fife where we will strengthen collaboration and encourage continuous improvement.

We will champion collaboration and continuous improvement, enabling our workforce to be responsive and innovative.

We will manage our resources effectively to increase the quality of our services and provide them to those individuals and communities most at need.

We will continue the development of an ambitious, effective, and ethical Partnership.

40. Care at Home Collaborative

In June 2021 at a point of considerable pressure within hospital settings, growing community waiting lists and the increasing fragility of workforce depletion caused by the coronavirus pandemic, an agreement to explore a collaborative arrangement for externally commissioned providers was agreed between the Fife Health and Social Care Partnership and Scottish Care (Partners for Integration Team). Over the coming months, planning and meetings took place with care at home providers, resulting in the inaugural meeting of the Care at Home Collaborative in November 2021.

The collaborative approach and from the initial discussion and assessment resulted in a number of care at home providers stating that they did not want to work within a competitive marketplace, work with common purpose and begin a new relationship with each other and commissioning colleagues from within Partnership. The Collaborative is made up of 16 provider organisations who deliver over 90% of externally commissioned care at home services.

During 2022-23, the Collaborative continued to form and develop, and each Collaborative Member regardless of size or scale, had an equal voice in shaping the priorities of the Collaborative and in designing the shape and delivery of care response to meet demand. The early ambitions were to stabilise and work towards growth in capacity and flow and generate sustainability for commissioned care at home providers. It very early on became much more than that and the potential to universalise a way of working that was common to the whole systems interests, address Fair Work principles, strengthen resilience in current and future care supply.

The results and the impacts of the Fife Care at Home Collaborative have been incremental, and measurements of success include stabilising the risk of reducing capacity, workforce depletion, lack of replacement of workforce and increasing waiting times for care.

Managing external impacts during 2022-23, such as the cost-of-living crisis was a critical point of investment and local response by the Collaborative. Knowing in detail the mood, morale, motivation, enabled the Partnership to make informed decisions to mitigate risks of disruption to manage demand and supply of care at home services in Fife. The outcome and response from the Partnership was to make provision for a 6-month period to introduce a contract variation that would enable Collaborative employers to make a cost-of-living enhanced payment to their workforce over the winter period, ensuring care at home services continued to be available by

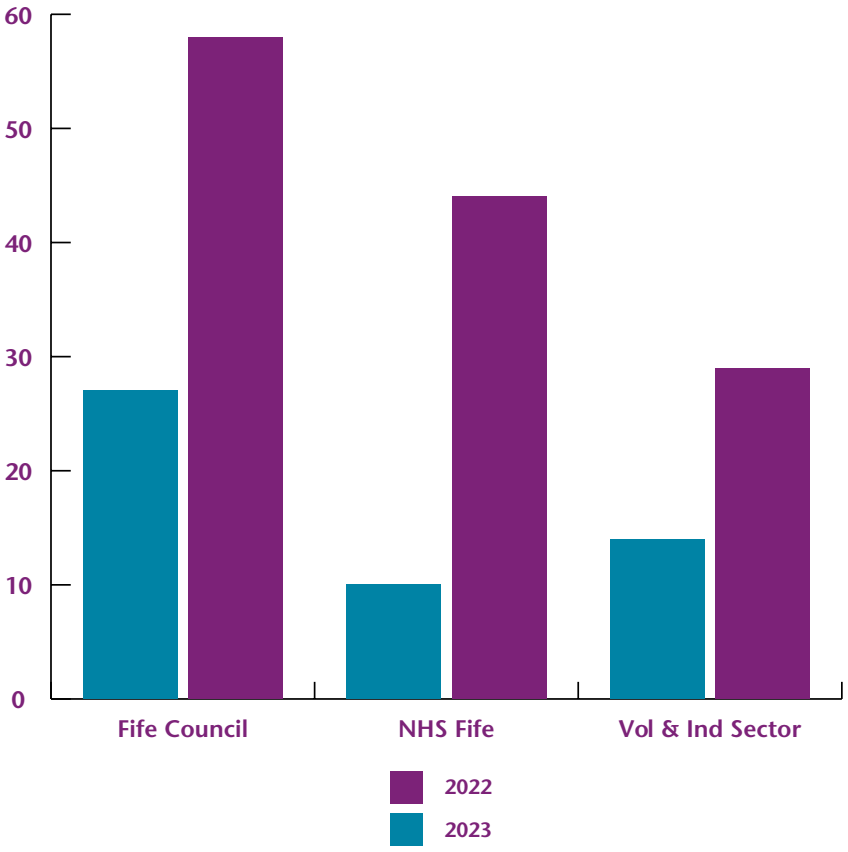
supporting care at home providers to renumerate their care staff.

Throughout 2022 to 2023, Fife Health and Social Care Partnership have been invited and involved in numerous meetings and made presentations to other Partnerships and stakeholders around the principles of collaboration, the commissioning model. Our collaborate approach for care at home services continues to evolve, develop, and mature as we move into 2023 to 2024, also giving the Partnership an opportunity to review and reflect on our local arrangements, working with our external care at home providers, and continue to enhance our collaborative approaches and commissioning model.

41. Coach Approach

Fife Council commissioned an external organisation, Animate, to deliver Coach Approach training open to all Fife Council employees. The Coach Approach supports the Partnership's aim to improve systems leadership and to increase the skill set of managers across the partnership to nurture their staff. To ensure we could offer training to managers across the whole Partnership, funding from the Scottish Government's Wellbeing Grant was used to commission this ourselves. We delivered four courses to 51 managers employed by Fife Council, NHS Fife and partner organisations in the voluntary and independent Sector.

Request for places



Initially, request for places were predominantly from Fife Council staff. However, one of the most positive changes is the increase in demand across all parts of the Partnership. This includes requests from those who have had the course recommended by previous participants.

To ensure the sustainability of providing this training, and our ability to offer places across

the Partnership, we are now able to deliver this using our own training staff. This provides an opportunity to increase the number of courses we are able to offer going forward without concerning ourselves with the budget implications of doing this. There are five courses planned for 2023-24, three of which are already full.

Participant feedback has been very positive. For example, in relation to the question 'how likely are you to continue using the Coach Approach at work?', 100% responded with 'very likely'.

Comments included:

'... it will also provide an opportunity to help workers find their own solutions to situations that arise in their workload'.

'it's game changing.'

'The training made it easy to follow and assisted in the implementation'.

42. Development of Joint Ear, Nose and Throat and Speech and Language Therapy Voice Clinic (Joint ENT/SLT Voice Clinic)

In recognition of the benefit for people experiencing difficulties with voice production of having access to specialist consultation with an ENT consultant and Speech and Language Therapist, a joint ENT/SLT Voice Clinic was set up in July 2022. The clinic runs fortnightly within the ENT ward at Victoria Hospital, Kirkcaldy and referrals are received from GPs, ENT Consultants and SLTs. The aim of consultations is to:

- Obtain a detailed patient story and vocal history.
- Support better understanding of vocal change through laryngeal assessment.
- Provide immediate information, advice and strategies to enable more effective self-management.
- Identify the requirement for further input, including direct Speech and Language Therapy.

Within the eight months since development there have been 14 clinics and a total of 49 patients have been seen. Of these:

- 11 were reassured and discharged (22%).
- 40 were provided with targeted level resources to support self-management (82%).
- 21 required direct Speech and Language Therapy input (43%).
- 12 required an ENT procedure with no need for Speech and Language Therapy (24%).
- 4 were signposted to other services.

Next steps include training and development of additional staff to support the sustainability of the clinic, and consideration of funded development of a joint ENT/SLT service for Inducible Laryngeal Obstruction.

43. Finance - Integrated Reporting and Directions

The Partnership's Finance Teams have been working together to provide integrated reporting per

portfolio. Financial information (budgets and expenditure) comes from two different financial systems, financial monitoring is prepared based on NHS Fife and Fife Council formats/layouts which are slightly different (an underspend is negative on FC monitor, positive on NHS monitors). Each Head of Service has a portfolio which covers expenditure directed to and incurred by, both Fife Council and NHS Fife. This therefore means that they receive two variations of information from different finance teams and 'consolidate' it themselves.

The Finance Teams have worked together to develop the reporting and we are now providing an integrated report, in one format, with full information on the entire portfolio for each Head of Service. Monitoring/financial meetings are now held with the Head of Service and finance colleagues from both partner agencies together, demonstrating real integrated working and allowing the Finance Business Partners to learn from each other and understand more about the Head of Service's overall portfolio.

Further to this, when setting the budget for 2023/24, Directions have been set and agreed at service level. Directions set at this level of detail is real progress. finance colleagues can now apply measures/metrics to each service -'what will this budget buy' for example hours of care, hospital bed days. We can then use these metrics to help monitor the expenditure against budget. The Partnership's Medium Term Financial Strategy sets out the financial strategy to allow us to deliver the Strategic Plan 2023 to 2026, we therefore need to monitor expenditure to ensure best value and services provision to the people of Fife.

The Finance Team will continue to work with services to provide Business Cases for each of the savings, and ensure we monitor very closely the progress against these agreed savings. Integrated reporting has been agreed and signed off by the Partnership's Senior Leadership Team.

44. Health Promotion Service - Bereavement after a Suicide: Workplace Support Project.

Fife's Scottish Fire and Rescue Service (SFRS) and Workplace Team, Fife Health Promotion Service, regularly attend Fife's Suicide Prevention Groups as part of a wider consortium of organisations. SFRS reached out to the group colleagues at Health Promotion Service (HPS) for workforce support after sadly losing a Fife Crew member to suicide in December 2021.

The crew were struggling to come to terms with what had happened and felt that their colleague gave no recent indication of needing help/support. Feelings of grief and emotions of anger and guilt were being observed and SFRS felt that support to make sense of those feelings and emotions was required - alongside reassurance for their crews. The initial project development discussions highlighted the need for both immediate and longer-term support.

Fife Health Promotion Service (HPS) colleagues suggested a video production 'series' approach to offer immediate signposting to services and progressing onto awareness raising and prevention. Initially, HPS sent a contact email to the crews within the four local fire stations – base to approximately 160 fire fighters - detailing the immediate support services available and reassurance that HPS were sourcing and developing further resources to assist over the coming weeks/months.

The project considered video topics and content that would provide the tailored support required for SFRS crews and approached organisations to work collaboratively to produce the video series, this included:

a. **Video scripts developed by HPS with information obtained from reliable sources; such as NHS Inform.**

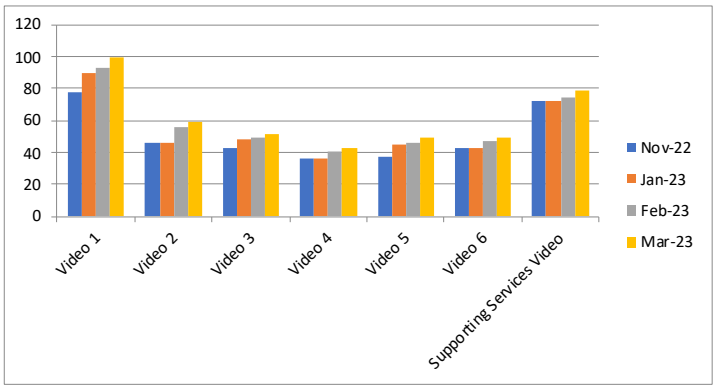
b. **Video scripts tailored to requirements by identified speakers.**

c. **Videos produced and edited by Graphic Design, HPS.**

The videos are:

- Video 1 - Bereavement following Suicide: Nicola Reed, Cruse Bereavement Care Scotland.
- Video 2 - Post Traumatic Stress Disorder: Maggie Wright, Families in Trauma & Recovery.
- Video 3 – Understanding Suicide: Fife Health Promotion Service.
- Video 4 – Resilience: Alan Gow, Workplace Team.
- Video 5 – Low Mood: Dr Paul Watson, NHS Fife.
- Video 6 – Supporting Colleagues, Mark Johnston, Fife's Scottish Fire & Rescue Service.
- Support Services Video – Issued alongside each video for safeguarding and signposting.

Each of the videos were published as 'closed links' on NHS Fife's YouTube channel which means they are only accessible via the link and cannot be searched for. Each video link was sent to SFRS on a fortnightly basis with a alongside an email highlighting further local and national support.



From the initial project proposal stages, evaluation methods were considered, with both HPS and SFRS keen to capture both quantitative and qualitative evaluation:

a. **Quantitative evaluation would be obtained from: YouTube analytics (video viewing frequencies).**
b. **Quantitative and qualitative evaluation would be obtained from feedback generated from a Survey Monkey questionnaire sent to Fife's SFRS crew.**
c. **Qualitative evaluation would be obtained through anecdotal conversations between Fife's SFRS crew members.**

The video series has been re-produced in a generic format to accommodate further workplaces who request it and already, another workplace in another health board area has been considering the project for their workers.

SFRS plans to utilise the resources on their national online training platform as part of ongoing awareness raising, prevention and early intervention.

The project has been recognised at a national level with Public Health Scotland colleagues interested in hosting the generic resources on their online platforms.

Workplace Team and Fife's SFRS remain as partners in Fife's Suicide Prevention groups – working pro-actively to reduce death by suicide and reactively to support those who are bereft in our communities.

SFRS attended Workplace Team's recent Workforce Health, Safety and Wellbeing Conference to network with Fife's workforce and offer services to workplaces.

Fife SFRS are considering further health and wellbeing approaches for their crews and are in contact with the Workplace Team for support with this.

45. Health Promotion Service - Mental Health Week: Loneliness, 9-15th May 2022.

The campaign project team was a multiagency short life working group. The group came together to specifically develop the loneliness campaign. The overall aims and objectives of the campaign were to increase the awareness of the partner organisations within Fife who can support people with feelings of loneliness. This was achieved by improving awareness of local support opportunities with the Fife population and professionals.

The contributors to the campaign working group included:

- Health Promotion Service
- The Well and Link Life Fife (Locality Planning)
- Fife Forum
- Fife Voluntary Action
- Fife Council Community Learning and Development
- Active Fife
- OnFife
- Samaritans

Resources:

- https://www.nhsfife.org/services/all-services/health-promotion-service/mental-health-improvement/mental-health-awareness-week-9th-15-may-2022/.
- Campaign resources.
- Kingdom Radio adverts soundbites.

The MS Teams Sessions attendance and evaluation

- Mental Health Awareness Week Pre-Launch saw 66 attendees.
- Mental Health Awareness Week Launch saw 19 attended.
- Fife Voluntary Action Talk saw 20 attended.
- Community Led Support Talk saw 20 attended.
- HPS Workplace Team Talk saw 22 attended.
- Samaritans SHUSH Talk saw 24 attended.

Feedback

Microsoft Teams session provider - The Well:

"The Well ran the online workshop re Community Led Support with Link Life Fife and Fife Forum - there was a good turnout of professionals who were informed of the services...during the MH week, we had a number of referrals from Social Work, GPs, Mental Health Nurses and other service in regard to people feeling lonely and isolated."

Participant feedback

"The session on workplace loneliness was really valuable and got me to think about myself and my colleagues in a different way - it can be easy to get stuck in your own head and not share how you're feeling, but if we don't share our feelings, we won't create the space for other people to share their feelings with us."

Resource Downloads

Health Promotion Access Catalogue (HPAC) saw 1173 session and 4710 page views of the website and 53 download of the information pack and associated resources (by 25th May).

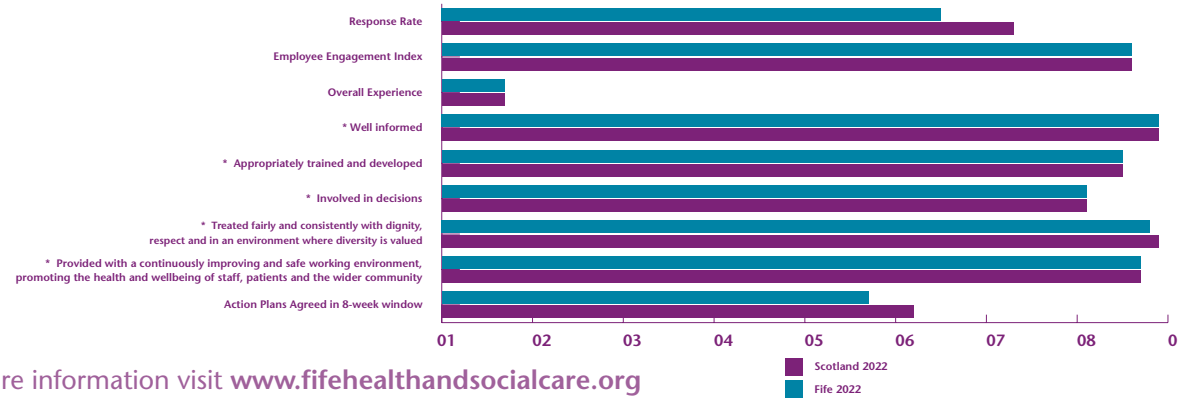
Campaign Reflection

The new partnerships built through the campaign have helped forge and maintain relationships and new ways of working between services and organisations. This approach to the campaign development provided a richer campaign content as everyone contributed so well to the radio, social media and Microsoft Teams sessions.

46. iMatter

There is no mistaking that the last few years have been particularly challenging for all staff working within the Health and Social Care Partnership. It is therefore even more heartening that our iMatter statistics have, on the whole, remained consistent. We had our highest response rate since 2018, with 63% of the 6,359 staff across 542 teams completing their iMatter survey.

In addition, we managed to retain our Employee Engagement Index, which is our overall score across the 29 statements of 76. This falls into the 'Strive and Celebrate' bracket. However, this is only one part of the process, more importantly is what happens after the survey has been completed and reports published. This year we had 52% of managers submit their Team Action Plan; outlining what teams felt pleased about as well as their priorities for improvement. This is higher than the Scottish average. The discussions with teams and the commitment of action plans to support improving what matters to them, is vital to improving our employee experience, staff wellbeing and job satisfaction. Even when teams are working on improvements in the same area, what they want and how they want to do it can vary significantly.



With the Organisational Development and Culture Team now in place to provide more pro-active support, joint working with colleagues in NHS Fife, our own Senior and Extended Leadership Teams and Trade Union representatives has helped create an improvement plan. In addition to continually striving to improve our response rate, we are focusing on improving the engagement of managers in making iMatter really matter. We are providing support to managers to increase their confidence in discussing iMatter with their teams, and demonstrating their commitment to supporting the improvements that are important to their teams.

The importance of individual team discussions on their own iMatter report can be understood by looking at how different teams have picked the same area for improvement, but HOW this improvement will be meaningful to them differs. In one case, two different teams both wanted to look at improving "... the time and resources to support my learning growth". One team, as part of their Action Plan, agreed that having protected time in their diaries along with a personalised resource of relevant training to their needs would be the way forward. Whilst another team wanted to learn more about the services and interventions provided by the team, they would refer people on to. Both were very different in their approach; it was what mattered and was meaningful to each team that drove forward the actions for improvement.

47. Methil Care Village

As part of the Care Home Replacement Programme, a new Methil Care Village is nearing completion, with residents moving in during June 2023. The project has been a joint initiative with Fife Council Children and Families - Early Years, and Housing Services. The end product will be an integrated nursery and residential care home as part of a wider care village. The achievement this year has been the integrated approach to developing practice between the Early Years and Care Home staff - developing an integrated approach to caring for children and older people. There have been some wonderful examples already of children and older people undertaking activities together and staff from the Nursery and Care Home undertaking training together. This will create a unique care environment for both children and older people, but will also help hugely with the transition to the new building for both children and older people. This has been a wonderful piece of work, with commitment from a wide range of staff to set the foundations for a unique and excellent resource. Part of this was also reflected in the most recent care inspection for Methilhaven, where the Care Inspectorate graded it a 5 (Very Good).

Inspection of Services

All registered Social Care services undergo inspection from the Care Inspectorate following their quality framework.

Prior to the coronavirus pandemic, the Care Inspectorate inspected against a mixture of Quality Frameworks and Quality Themes depending on the service type. All service types now have a new Quality Framework in place and from December 2022 the Care Inspectorate will report only under the relevant Key Questions of each Quality Framework. Where a service has not yet been inspected under a new Quality Framework the corresponding grade from the previous Quality Theme methodology will be used instead. A service's entire grading history, including grades under the previous Quality Theme methodology, can be viewed on the Care Inspectorate website. Different service types are assessed under different Key Questions as set out in their Quality Frameworks.

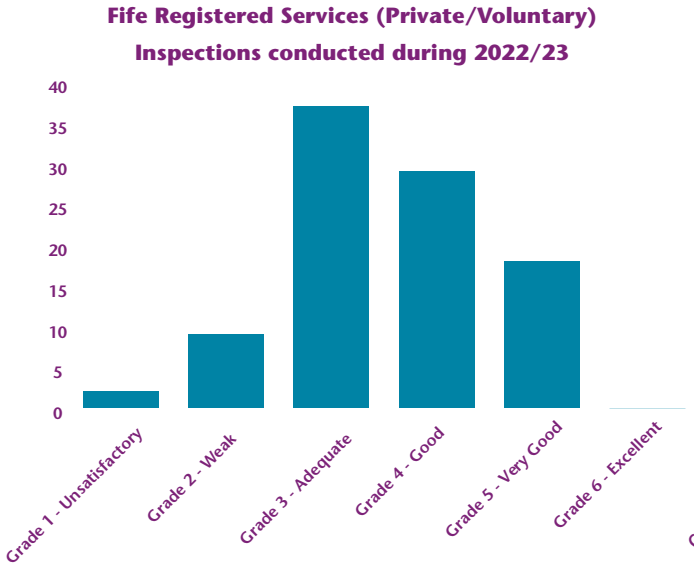
During the period 1st April 2022 to 31st March 2023, the Care Inspectorate inspected:

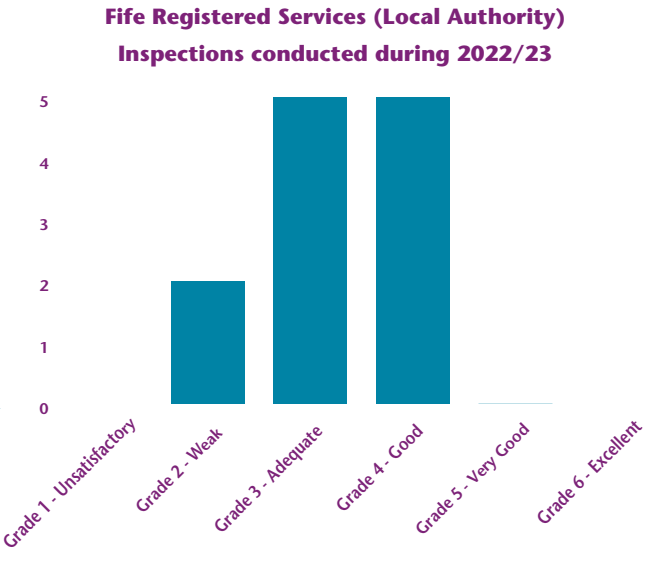
57 Care Home services:

- 8 Local Authority;
- 45 Private; and
- 4 Voluntary or Not for Profit.

50 Housing Support / Care at Home services:

- 4 Local Authority;
- 17 Private; and
- 29 Voluntary or Not for Profit.





Joint Inspection of Adult Services

During June 2022 to November 2022 the Care Inspectorate and Healthcare Improvement Scotland undertook a Joint Inspection of Adult Services in Fife. The purpose of the inspection was to identify:

"How effectively is Fife Health and Social Care Partnership working together, strategically and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?".

The evidence for the inspection was collected from a range of sources:

- Engagement with people and carers – the Inspection Team received 270 completed surveys and spoke to 42 people and 17 carers, in 46 conversations and four focus groups.
- Engagement with staff from the Health and Social Care Partnership – the Inspection Team reviewed 854 staff surveys, spoke to 121 members of staff, and had multiple discussions with the Partnership's Senior Leadership Team.
- Information and records – the Partnership provided evidence relating to our vision, aims, strategic planning and improvement activities.

The inspection findings were positive, the Partnership received an evaluation of 'Good' in four of the areas reviewed, and one evaluation of 'Adequate'.

Key strengths were identified as:

- Most people had positive experiences of integrated and person-centred health and social care, which supported an improved quality of life.
- Many people and carers told us that they were listened to by workers who treated them with dignity, respect and kindness.

- Almost all people had support from a key worker during assessment, review and care planning processes. Overall, when people had the support of a key worker, coordination was good.
- The widespread adoption of collaborative approaches with external care providers improved the Partnership's ability to respond to and recover from the coronavirus pandemic.
- The Fife Partnership's Senior Leadership Team and Extended Leadership Team had developed a strong collaborative culture. Most staff strongly agreed or agreed that joint working was supported by line managers and leaders.

Work is already underway to address the areas for improvement highlighted during the inspection including more effective integration of key processes, increased use of anticipatory care plans, the development of our Prevention and Early Intervention Strategy, and our involvement as a pathfinder in the national programme "Getting it Right For Everyone" (GIRFE). Moving forward we will continue to collaborate with colleagues across the Partnership, including the third and independent sectors, to transform the services we deliver, improve outcomes for individuals, their families and carers, and enable the people of Fife to live independent and healthier lives.

Getting it Right For Everyone – Fife Pathfinder

The Partnership has been engaging in a number of new Scottish Government initiatives to develop the way we deliver health and social care in Scotland. The development of these new approaches includes "Getting it right for everyone" (GIRFE). This is an initiative launched by the Government in November 2022. The aim of the programme is to establish a national integrated practice framework to assist Health and Social Care Partnerships in developing joint working within Partnerships. This is being rolled out by way of pathfinders across the country covering five themes:

- People in prisons
- People in addiction services
- Older people and frailty
- Families with complex needs/ transitions
- Deep end GP practices

Fife was selected as one of the Partnerships taking forward the theme relating to families with multiple and/or complex needs, and young people in transition from GIRFEC (Getting it right for every child) to GIRFE.

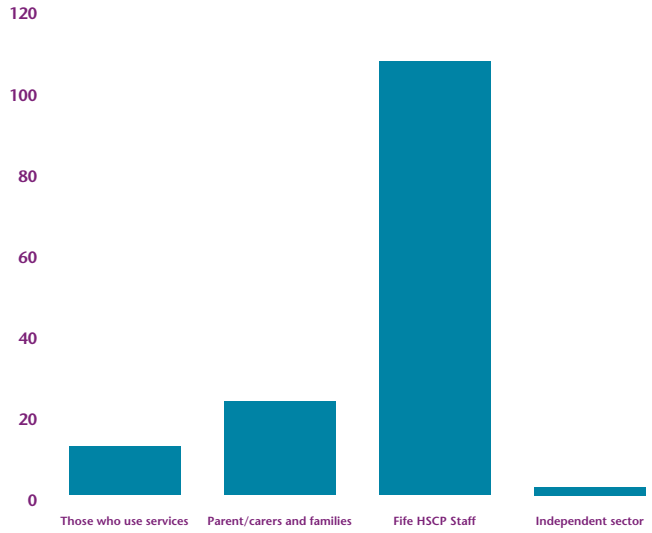
This theme ties into the recent Joint Inspection of Adult Services and allows us to build on the work of the Inspection, which enabled us to have a good understanding of what works well and what would benefit from further development. Although the Pathfinder in Fife was focussed initially on one area of practice the learning from the work will expand to cover all areas of Partnership activity during the period of the Pathfinder.

The work is being taken forward through co-design approaches and there has been extensive engagement with staff and with people receiving care, treatment and

support. The overall aim of the project is to make receipt of support feel more seamless for people and for them to gain easier accessibility to the range of provision that helps them in their daily lives. Key outcomes from the engagement process so far are detailed below.

Who was involved?

(A total of 144 people participated in the engagement sessions)



Initial emerging themes:

- The challenges of making a successful transition from Children's to Adult Services.
- The pressure on resources particularly for people with the most complex needs.
- The need for wider availability of support to families and to staff.
- The importance of families and people receiving support having a trusting relationship with a key member of staff that they can turn to.
- Appreciation where personal contact works well and good information is available.
- Where services are well coordinated then this is highly valued

The initial findings from the work so far will be considered further as the co-design progress develops with a view to news of working being tested later in 2023. The Pathfinder's work is due to come to a conclusion at the end of 2023.

Financial Performance and Best Value

The financial position for public services continues to be challenging and the Integration Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore important that resources are targeted at the delivery of the priorities within the strategic plan. The coronavirus pandemic (Covid-19) continued to have an impact on service delivery. The financial position was monitored via the Local Mobilisation Plan and the Scottish Government funded the additional costs of Covid-19 in 2022/23. Covid-19 specific funding ceased at the end of 2022/23 and all expenditure incurred, apart from vaccination costs, will become business as usual. Sustainability payments have now ended. However, there are still ongoing costs of staffing for wards open due to Covid-19, Personal Protective Equipment (PPE) costs, staff cover for those who have contracted Covid-19 and increased cleaning. It is essential that we continue to manage these costs to ensure the impact on the outturn position is minimised. Adherence to governance and strong financial management will be key.

The increased cost of living has also had an impact on services and providers, increased costs of energy, pay, inflation, fuel, and food costs have caused difficulties in remaining sustainable for some providers and we have provided some assistance across our third and voluntary sectors. A depleting workforce has also impacted on performance and ability to deliver services.

Mission 2025 is something that we are actively working towards, and our aim is to be the best performing or most improved health and social care partnership by 2025, focusing on empowering staff to achieve quality outcomes for users of our services whilst making the most effective use out of our collective resources.

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

Going forward it is extremely clear that we must respond to changing needs and wants and services must be modernised. This includes greater use of technology, and we must continue to provide new and innovative methods of service delivery as we have proven through the pandemic years that we can 'get things done'.

Financial Performance

During 2022/23 Services continued to work within government guidelines and restrictions and the continued effects of the coronavirus pandemic. Demand on services continues and we have had to respond to these challenges by looking at new ways of working and increased use of technology to ensure the health and social care needs of the most vulnerable people in our communities are met.

Rising demographics and people with complex needs living longer continue to put pressure on our systems. The longer- term effects of Covid-19/Long Covid are not yet known, and mental health related illness is also expected to increase.

The IJB approved budget was set predicated on implementing an approved saving plan to deliver £3.794m of savings which were brought forward from 2021/22. A report to IJB in March 2022, sought and gained approval for reserves to be utilised to fund two savings initiatives (£1.150m) for one year temporary, reserves were required to be used due to delays in the benefits from new systems being implemented.

Savings of £2.513m were met in 2022/23 by services, however £1.281m was not met on a recurring basis and will require to be met on a recurring basis or using substitutes to ensure a balanced budget position.

Key pressures within the 2022/23 accounts have been:

- The significant increased demand for our services associated with an increasing population, in particular an increasing ageing population and increased complexity of care needs. Adult packages increased in year, due to Community Services, Day Care and Respite remaining on hold due to the pandemic.
- The significant increased demand to ensure the flow from hospital discharges was effective and timeous in moving service users to a home or homely setting, to free hospital beds for admissions. Care home beds were used as an interim measure to allow service users to free up hospital beds whilst waiting on care package availability.
- The inability to recruit staff to the Partnership which in some cases required higher cost recruitment for locum and agency staff to cover services.
- A number of GP Practices were handed back to the Board therefore the partnership incurred the associated costs of staffing these and providing cover.
- The cost-of-living increase for pay, energy, fuel costs, food costs have an impact on services, with external providers requiring support to deliver services.

The outturn position as at 31 March 2023 for services delegated to the IJB was an underspend on core budgets of £8.463m . However due to the value of reserves held in 2022-23 there was an expectation that funds would be drawn down from reserves in the first instance, prior to requesting further allocations from Scottish Government, for example Covid, Primary Care Improvement Plan and Mental Health. The value of funds that we have drawn down has required us to report a deficit of £21.587m within the annual accounts.

	Budget £000	Actual Variance £000	Variance £000	Variance %
Delegated and managed services	648,001	669,588	21,587	3.3
Set aside acute services	46,168	46,168	0	0.0

The IJB reported total income of £694.169m for the financial year 2022/23, which was made up of £648.001m integrated budget and £46.168m relating to set aside.

The IJB reported total expenditure for the financial year 2022/23 of £715.756m, which comprised of £669.588m spend on integrated services and £46.168m on set aside.

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £5.275m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £46.168m and there is a break-even position. Partner discussions continue to ensure services are delegated in line with the Ministerial Steering Group (MSG) recommendations.

Our reserves balance at the start of 2022/23 was £79.212m. Scottish Government (SG) requested that earmarked reserves for areas such as Primary Care and Mental Health were utilised in year before any further allocations were provided, this reduced our earmarked balance by £18m. We held Covid-19 earmarked reserves of £35.993m, we were fully funded for all Covid-19 expenditure incurred and a net £20.405m was returned to SG for alternative use. Additional funding for specific

purposes was received towards the end of the financial year of circa £6m and this was carried forward to earmarked reserves. The core position for the Health and Social Care Partnership (HSCP) was an underspend of £8.463m, which was mainly due to vacancies and difficulties in recruitment. Due to the income being lower than expenditure and the use of reserves being required, a £21.587m deficit was reported in the Comprehensive Income and Expenditure Statement as at 31 March 2023.

Within the deficit position of £21.587mm, the core underspend is £8.463m. The main areas of underspend within the Delegated and Managed Services are Community Services £7.776m, Older People Nursing & Residential £3.061m, Adults Fife Wide £2.779m, Adults Supported Living £4.745m, and Social Care Fieldwork Teams £0.614m. These are partially negated by overspends on Hospital and Long-Term Care £5.614m, GP Prescribing £0.756m, Homecare Services £0.558m and Adult Placements £3.682m.

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

The overspends in hospital and long-term care are mainly due to the use of agency staff and locums to cover vacancies. GP Prescribing is overspent due to an increase in the price per unit for drugs prescribed. An increase in direct payments and packages of care is the main reason for Homecare services has an overspend, a backdated pay award higher than anticipated in Social Care Other and an increase in the number of packages to meet demands results in an overspend in Adult Placements.

The IJB commenced 2022/23 with an uncertain and challenging financial position as the effects of the pandemic continued. Hospitals were under immense pressure, discharges were delayed, and the workforce continued to adapt to meet service needs and react to the pandemic.

The opening reserves balance at April 2021 was £79.212m. This included £35.993m for Covid-19 related expenditure. £15.588m was passed to services and a net £20.405m was returned to SG from Covid-19 reserves, leaving a minimal balance of £8k. In year allocations of £17.937m were allocated from earmarked reserves as instructed by SG. £2.428m was allocated from uncommitted reserves, leaving a total balance of £23.362m remaining. Further to this, late funding received from Scottish Government of £5.894m was received and carried forward to reserves, and the underspend of £8.463m giving a total reserve of £37.719m at March 2023. The uncommitted balance represents 3% of total budget and is slightly higher than the recommended 2% in our Reserves policy.

Financial Outlook

2022/23 has been another difficult year with the effects of Covid-19 continuing throughout the year, and the cost-of-living crisis. Moving forward there is significant financial reduction in contributions from Fife Council and NHS Fife along with an increase in costs across the economy on inflation, energy, supplies, pressure on pay costs and an ageing demographic. This will be a significant challenge and a savings package of £21m will require to be delivered in 2023/24 rising to over £35m by 2025/26.

Reserves of £10m have been agreed to be earmarked to cushion the savings required in year, as many require detailed plans and business cases to be developed at pace over the coming months before the savings will come to fruition. Use of reserves is not a sustainable solution, as it only provides a short-term one-off funding, and we require transformational change to ensure we remain sustainable. Senior Leadership Team will provide regular updates during 2023/24 to provide assurance that these savings targets are on course to be met on a recurring basis.

Over the past 3 years services have shown they can adapt, work together, and get things done and the Transformation Team/Project Management Office will be integral to progressing whole system change going forward.

Key areas of work during 2022 to 2023 include:

- Care Home Replacements Programme (Case Study 47)
- Flu and Covid Vaccination Programme (Completed)
- Health and Wellbeing Centre New Builds Project (Paused)
- Home First Programme (Case Study 34)
- Mental Health Services Redesign (Ongoing)
- Primary Care Improvement Plan (Ongoing)
- Redesign of Community Support Services for Adults with Disabilities (Case Study 2)
- Technology Enabled Care (Case Study 36)
- Urgent Care Redesign (Ongoing)

Finance will work closely with the Transformation Team to ensure savings, benefits and investments are captured and monitored. A robust governance model has been created that will inform future financial modelling.

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

The medium-term financial strategy will be refreshed in 2023/24 and it will address the various new and additional pressures that will face the Health and Social Care Partnership over next financial year and also into future years.

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

- the economic crisis – the cost of inflation, energy and pay costs;
- the ageing population leading to increased demand and increased complexity of demand for services alongside reducing resources;
- Long Covid and the impact on the economy;
- continuing difficulties in recruitment leading to the use of higher cost locums and agency;
- the Transformation Programme does not meet the desired timescales or achieve the associated benefits;
- workforce sustainability both internally in health and social care and with our external care partners.

- Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- Prescribing -Significant savings are identified through the prescribing budget. Whilst the decisions to prescribe are made locally, the costs of the drugs and introduction of new drugs are made nationally and there continues to be a level of uncertainty on the impact of issues such as Brexit.
- Variability - Projected financial impact which could arise from the impact of both local and national decisions or unexpected change in demand.

Value for Money

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

Conclusion

This Annual Performance Report provides an overview of some of the key activities progressed by Fife Health and Social Care Partnership over the last year (April 2022 to March 2023). It also sets out our transition from our Strategic Plan 2019 to 2022 to our new Strategic Plan.

The Strategic Plan for Fife 2023 to 2026 is ambitious, designed to improve health and social care services, deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. Greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

Further information about the strategic planning process in Fife, including opportunities to get involved in consultations or other engagement events, is available on our website:

www.fifehealthandsocialcare.org

Appendix 1

National Outcomes, Standards and Priorities

National Health and Social Care Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and 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.

Health and Social Care Standards

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.
5. I experience a high-quality environment if the organisation provides the premises.

Public Health Priorities for Scotland

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

National Care Service Principles:

1. NCS services are an investment in society.
2. Realisation of human rights.
3. Enables people and communities to thrive.
4. Services are financially sustainable.
5. Promote early intervention.
6. Services designed collaboratively.
7. Continuous improvement.
8. Promoting dignity, advancing equality and non-discrimination.
9. Inclusive communication.
10. Promoting Fair Work.

Appendix 2
National Indicators

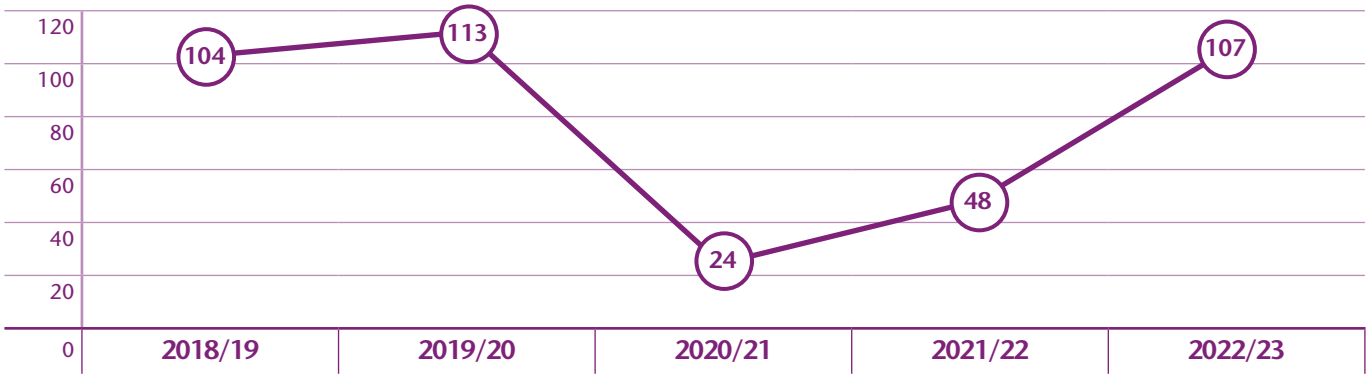
The National Integration Indicators are reported in the Scottish Health and Care Experience Survey commissioned by the Scottish Government. The Survey is run every two years and is sent out by post to a random sample of people who are registered with a GP in Scotland. It asks people about their experiences of accessing and using health and social care services. The information collected enables comparisons with different Health and Social Care Partnerships across Scotland, and across different years.

During the period 2020 to 2022 many of the services that we provide in Fife were impacted negatively by the coronavirus pandemic, for example by national lockdown restrictions (such as limiting face-to-face contact) or by staff redeployment to support critical services. These necessary changes have impacted on the services that we can provide and may have had a direct impact on people's experience.

Some areas have improved over the last year, these are highlighted in green, and further information is provided in the main section of the Report. For example, the 'percentage of adults supported at home who agree that they are supported to live as independently as possible' (Indicator 2) has increased. This is linked to linked to Case Study 6: Fife Hospital at Home (H@H) on page 23 or the Report. We have also reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This is linked to Case Study 3: Community Flow, Delayed Discharge and Integrated Discharge Hub (page 20), and Case Study 34: Home First which is on page 51 of the Report.

Some indicators have dropped due to external or other factors, for example the proportion of care services rated good or better by the Care Inspectorate (Indicator 17). This indicator is linked to the 'Inspection of Services' section on page 66. As highlighted in the graph below, during the pandemic the number of inspections completed by the Care Inspectorate was significantly reduced. Significant changes in the number of completed inspections have had an impact on the data trends for this indicator.

Car Inspectorate - Inspection of Services
Number of Inspections



Moving forward we are focusing on remobilisation and recovery, being mindful of the learning gained during the pandemic as well as considering the impact from other external factors including the cost-of-living crisis, climate change, and issues with workforce recruitment. The Partnership will continue to work with partner agencies to address identified issues and we have a number of strategies and transformation programmes underway to support innovation and improvement. For example, our new Carers Strategy 2023 to 2026 will deliver improvements directly linked to Indicator 8 'the percentage of carers who feel supported to continue in their caring role'.

National Indicators – Fife's performance for 2022 to 2023 compared to Scotland rate

Key

Green	Performance is as expected. Fife's performance is not statistically significant to previous performance, and is similar or better than national performance (Scotland rate).
Amber	Risk is evident that Fife's performance is starting to decline compared to previous performance, and/or a decline compared to national performance (Scotland rate).
Red	Fife's performance is below expected levels and there is a statistically significant decline compared to previous performance and/or a decline compared to national performance (Scotland rate).

* Please note that Scottish Government survey methodology has changed, and this has an impact on data trends; caution is advised when interpreting data.

** Data is not currently available.

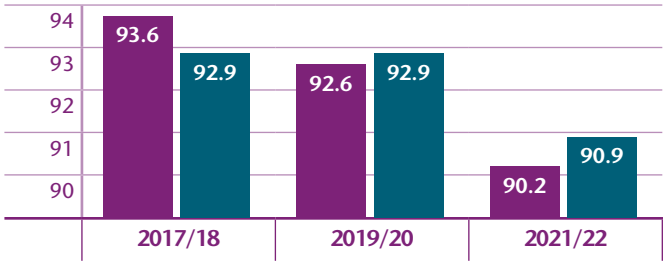
Further details for all indicators, including long term trends from 2013/2014, are available on the Public Health Scotland website: **https://publichealthscotland.scot/publications/core-suite-of-integration-indicators/core-suite-of-integration-indicators-4-july-2023/**

Outcome indicators		Fife Partnership rate	Scotland rate
NI - 1	Percentage of adults able to look after their health very well or quite well	90.2%	90.9%
NI - 2	Percentage of adults supported at home who agree that they are supported to live as independently as possible	79.4%	78.8%
NI - 3	Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	69.7%	70.6%
NI - 4	Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	63.1% *	66.4%
NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good	70.6% *	75.3%
NI - 6	Percentage of people with positive experience of care at their GP practice	62.8%	66.5%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	75.2% *	78.1%
NI - 8	Percentage of carers who feel supported to continue in their caring role	27.6%	29.7%
NI - 9	Percentage of adults supported at home who agree they felt safe	79.9%	79.7%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA **	NA **

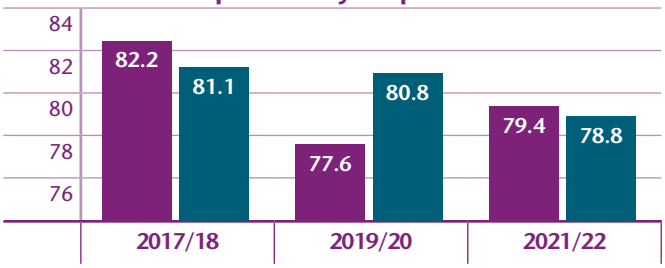
Data indicators		Fife Partnership rate	Scotland rate
NI - 11	Premature mortality rate per 100,000 persons	446	466
NI - 12	Emergency admission rate (per 100,000 population)	12,590	11,155
NI - 13	Emergency bed day rate (per 100,000 population)	102,557	113,134
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	113	102
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.9%	89.3%
NI - 16	Falls rate per 1,000 population aged 65+	27.0	22.2
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	67.2%	75.2%
NI - 18	Percentage of adults with intensive care needs receiving care at home	59.1%	63.5%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	825	919
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	NA **	NA **
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA **	NA **
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA **	NA **
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA **	NA **

National Indicators – Fife's performance over the last five years compared to Scotland rate

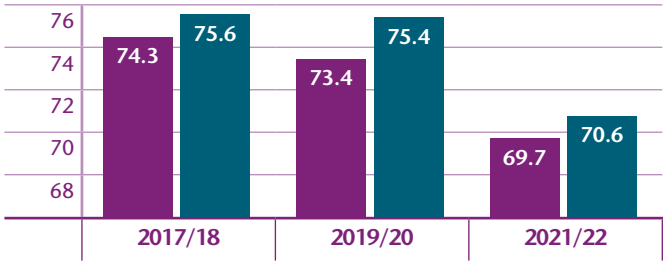
NI-1 Percentage of adults able to look after their health very well or quite well



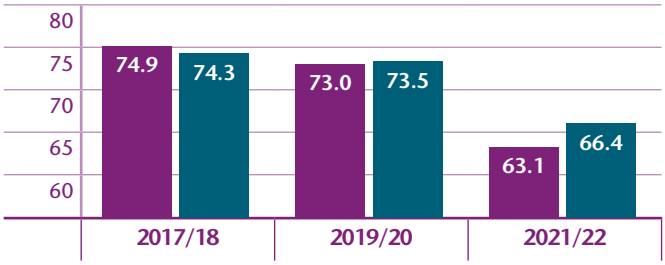
NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possible



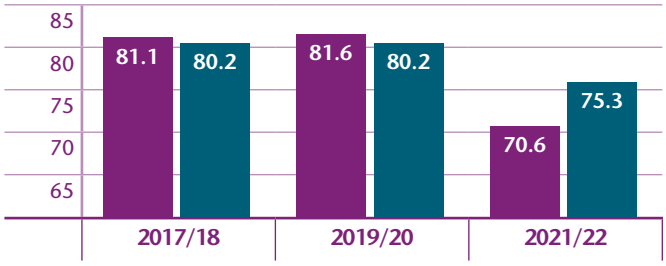
NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



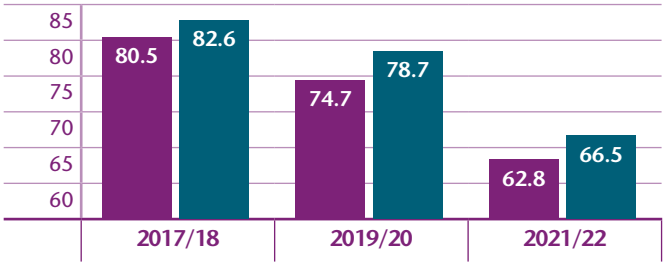
NI-4 Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated



NI-5 Percentage of adults receiving any care or support who rate it as excellent or good

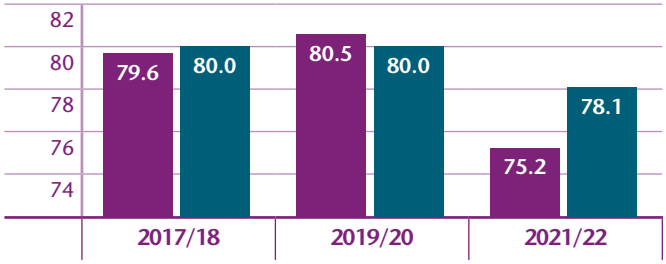


NI-6 Percentage of people with positive experience of care at their GP practice

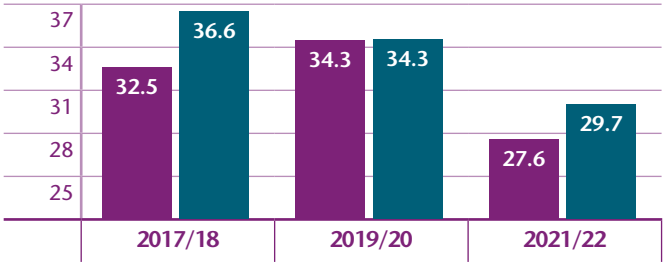


Fife Scotland

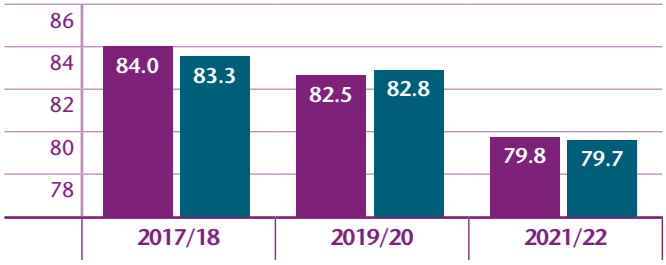
NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



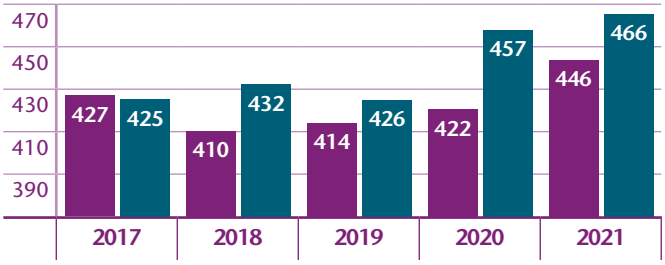
NI-8 Percentage of carers who feel supported to continue in their caring role



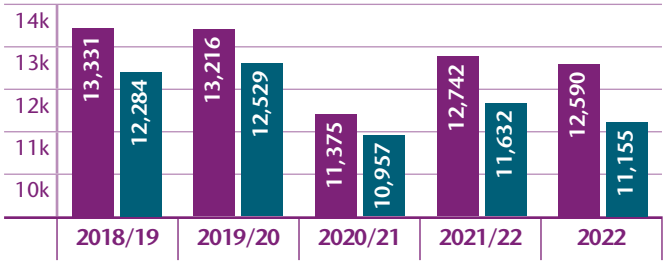
NI-9 Percentage of adults supported at home who agree they felt safe



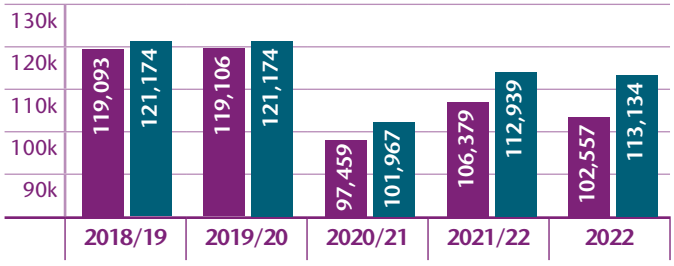
NI-11 Premature mortality rate (per 100,000 persons)



NI-12 Emergency admission rate (per 100,000 population)

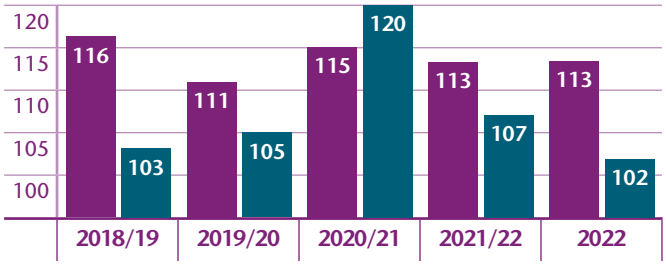


NI-13 Emergency bed day rate (per 100,000 population)

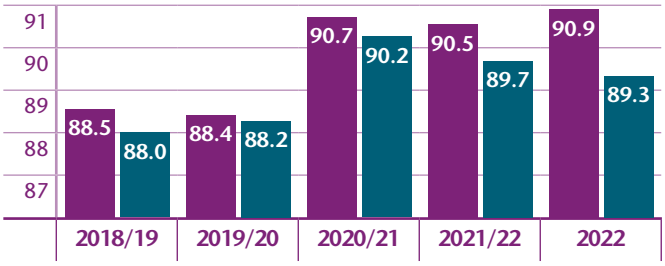


Fife Scotland

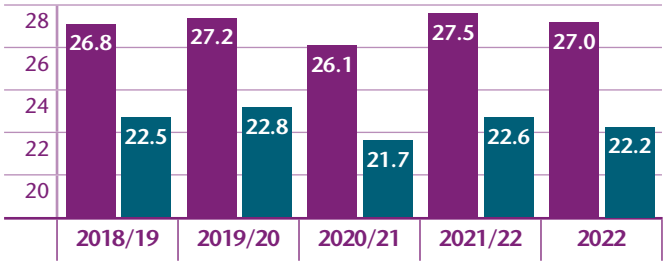
NI-14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)



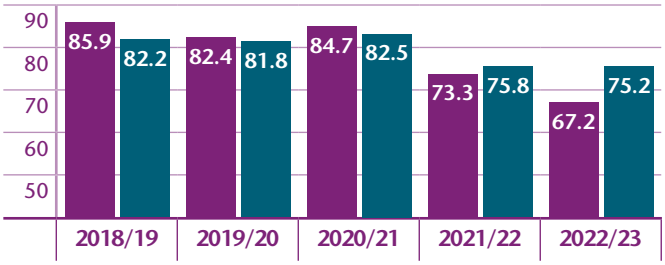
NI-15 Proportion of last 6 months of life spent at home or in a community setting



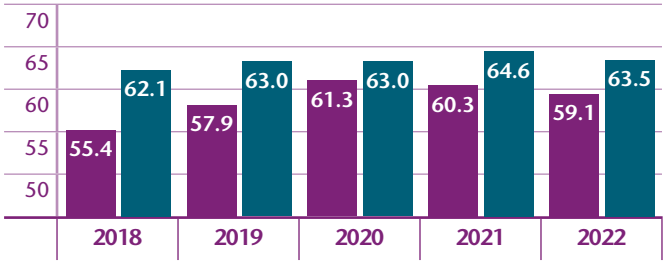
NI-16 Falls rate per 1,000 population aged 65+



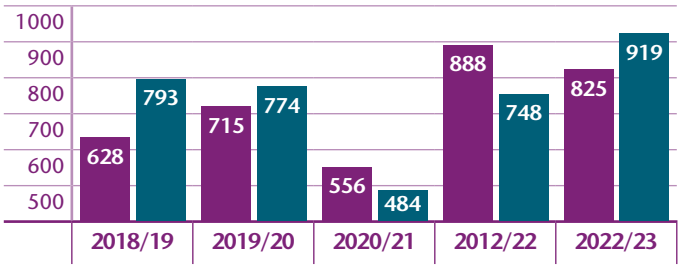
NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections



NI-18 Percentage of adults with intensive care needs receiving care at home



NI-19 Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)



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

ID	Indicator	Previous period	Latest period	Previous period Figure Fife	Latest period Figure Fife	
MSG 1a	Emergency Admissions*	2021/22	2022	43,439	43,005	↓ 434
MSG 2a	Number of unscheduled hospital bed days; acute specialties*	2021/22	2022	242,472	235,093	↓ 7,379
MSG 3a	A&E Attendances	2021/22	2022/23	85,838	90,743	↑ 4,905
MSG 4	Delayed Discharge bed days	2021/22	2022	46,613	43,915	↓ 2,698
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting*	2020/21	2021/22	90.73%	90.55%	↓ 0.17%

* Data completeness for emergency admissions and bed days for Fife is 99% as at Dec 2021

** 2021 deaths data not complete, previous financial years only

When reading the graph please note that the arrows relate to performance and the direction indicates whether our performance is increasing or decreasing (improved performance can sometimes mean that a figure will increase or decrease). For example, Indicator 1 (Emergency Admissions) shows that Fife's performance has improved by 434, the arrow points downwards because a drop in the number of unscheduled admissions (when compared to the previous reporting period) is an improvement.

Appendix 3

Financial Information 2018 to 2022

	2018			2019			2020			2021			2022		
Delegated Services (as at 31 March)	Budget	Provision-al Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance	Budget	Provisional Outturn	Variance
Objective summary	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Community Services	93.001	92.237	-0.764	97.812	93.586	-4.226	107.695	102.295	-5.4	123.319	120.719	-2.600	117.475	109.699	-7.776
Hospitals and Long-Term Care	49.256	54.51	5.254	52.867	55.259	2.392	54.839	57.197	2.358	56.000	56.666	0.666	59.103	64.717	5.614
GP Prescribing	72.227	75.744	3.517	72.293	74.448	2.155	73.807	73.799	-0.008	70.979	70.955	-0.024	75.581	76.337	0.756
Family Health Services	86.641	86.627	-0.014	93.005	92.911	-0.094	99.765	99.749	-0.016	103.878	104.367	0.489	115.186	115.554	0.368
Children's Services	15.035	13.715	-1.32	15.37	14.897	-0.473	17.544	17.077	-0.467	18.202	16.913	-1.289	16.198	15.789	-0.409
Social Care	193.333	195.501	2.168	196.627	206.252	9.625	204.635	214.814	10.179	243.682	239.459	-4.223	262.759	256.113	-6.646
Housing	2.078	2.078	0	1.574	1.432	-0.142	1.665	1.656	-0.009	1.324	1.324	0.000	1.699	1.329	-0.37
Total Health & Social Care	**511.571**	**520.412**	**8.841**	529.548	538.785	9.236	559.95	566.589	6.639	617.384	610.403	-6.981	648.001	639.538	-8.463

References

- National Health and Social Care Health and Wellbeing Outcomes https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/
- Public Health Priorities for Scotland https://www.gov.scot/publications/scotlands-public-health-priorities/pages/1/
- Public Bodies (Joint Working) (Scotland) Act 2014 https://www.legislation.gov.uk/asp/2014/9/contents/enacted
- Fife Health and Social Care Partnership www.fifehealthandsocialcare.org
- Care Inspectorate www.careinspectorate.com

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**

Fife Health & Social Care Partnership