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Fife Health & Social Care Partnership





Annual Performance Report 2023-24

NHS Fife

Supporting the people of Fife together

Fife Council

Contents

A message from our Chair

As Chair of Fife Health and Social Care Partnership's Integration Joint Board (IJB), I would like to welcome you to our 2023-2024 Performance Report, our seventh since the inception of the Partnership. My role as Chair of the IJB is one that makes me proud and reminds me every day of the incredible services we deliver as the Health and Social Care Partnership for Fife. It is an honour to support such a talented workforce to develop and deliver the strategic plans and operational services that make us so vital to the health and wellbeing of all of our communities in Fife.

I am also privileged to witness the unwavering commitment of our Chief Officer and the Senior Leadership Team in ensuring we are responsible for the delivery of high-quality, person-centred care in all settings where it is delivered. The leadership that is demonstrated throughout our organisation, right down to where we connect with the people of Fife each day, is one that continues to inspire me. On behalf of the Board, we want to thank Nicky Connor, our outgoing Chief Officer for all that she has done for the Partnership over the past five years. Her leadership and commitment to integrated working has been inspirational and will be missed, we wish her all the best in her new role in Tayside.

This leadership and commitment of our whole workforce, across all sectors, is all the more remarkable given the incredibly challenging circumstances in which the Partnership continues to deliver services. From COVID-19 to the financial challenges in our public services, we demonstrate enormous resilience to meet people the needs of the people of Fife, even as these needs create increased demand through our changing health landscape, including the increasing complexity of need.

In Fife, we are dedicated to a whole system approach, which values all of the contributions from across the sectors. The belief in the value of collaboration is at the heart of our Mission 25 to become one of the best performing partnerships in Scotland, because we know and believe that everyone has a part to play in providing the health and care that will accomplish the outcomes the people of Fife want to achieve in their lives. So, I would like to take a moment to thank Fife Council, NHS Fife, the third and independent Sectors and our Trade Unions for creating our Team Fife approach, which underpins the Partnership.

I could not end my introduction to this Annual Performance Report without giving my profound thanks to our wonderful workforce. We would not be able to highlight all the fantastic work in this report without your dedication to Fife and your excellent hard work in designing and delivering the services our citizens need day in, day out. As Chair of the IJB I am continually inspired by your commitment to Fife.

We know that we will have another challenging year ahead as we continue towards our Mission 25 ambition, but I believe that we will continue to achieve our goals thanks to everyone across our Health and Social Care Partnership and the leadership you demonstrate every day.

Arlene Wood
Chair, Fife Integration Joint Board

Foreword

2023 to 2024 has been another challenging year for the health and social care sector throughout Scotland and we continue to be affected by the aftermath of COVID-19, cost of living crisis, the demand for services across Fife, workforce pressures and the finite budget we have to ensure we continue to care and support those most in need in our communities.

Fife Health and Social Care Partnership has continued on an improvement journey supporting a range of priorities, quality improvement actions and outcomes and in this Annual Performance Report, we outline our challenges and achievements this year as well as our progress against the strategic priorities in our Strategic Plan 2023-2026, and against the Scottish Government's National Health and Wellbeing Outcomes and associated indicators.

There is much to be proud of over the last year and it is down to the Team Fife approach to working across Fife. I want to thank our staff and colleagues working across the whole health and care system – that's Partnership staff, partners, independent and third sector colleagues, volunteers, and unpaid carers –who all make a difference every day to care and support those most vulnerable in our communities. Despite improvements in service delivery, innovation, and integrated working there is still more work to do. In this report we highlight where we are getting it right and also the key areas for improvement that reflect the broader challenges to partnerships across Scotland.

In summary:

Leadership	Organisational Change	Staff Wellbeing
We continue with our leadership programmes including our first Integrated Leadership Programme with colleagues from across the whole sector to support working together with a shared common purpose and learning from each other to help drive improvements and sustainable change.	Our services are now embedded in the new organisational structure and continue with integrated working to support common goals and pathways.	Our workforce is a priority, and the backbone of health and social care, and we continue to develop ways to support staff collaborating closely with partners and local and national resources. A Wellbeing Strategic Group has been established to progress this work further
Performance Improvement	**Whole System Working**	**Priorities 2023/2024**
We continue to focus on progressing our strate-gies and action plans for prevention and early in-tervention, home first, mental health, addiction, learning disabilities and improving carer's experi-ences.	Ensuring people return home or to a homely setting after a stay in hospital remains a priority and we are working across the whole health and social care system to embed the home first principles and we are making real inroads to reduce standard delays in Fife.	Over the next year we will progress with the nine key strategies underpinning our Strategic Plan 2023-2026 with a focus on prevention and early intervention, digital solutions, home first, mental health, addiction, learning disabilities and improving carer's experiences.

Foreword

Integration Joint Board	Finance	Recovery and Renewal
We continue to support our members in their role on the Board – continuing with bi-monthly development sessions to explore topics in more detail, and visits across our services and estates to see firsthand the great work going on and where improvements need to be made.	The Partnership continues to face significant financial pressures, with demand for services continuing, increase in expenditure and workforce challenges adding to the this. Through improved financial planning and looking at ways to be more efficient and reduce costs, including better coordination of services and alternative delivery models, we will endeavour to deliver services within a finite budget and be sustainable.	Through our medium-term financial strategy and our programme of transformation we are progressing with best value in all that we do, to ensure we are providing the best care and support we can to our communities while supporting the people of Fife throughout the cost-of-living crisis.

Thank you again to all staff working across health and social care, who give their all every day for the people of Fife, your steadfast commitment to put the people at the heart of what you do, and look at new ways of working to improve outcomes and best value, is humbling and inspiring and we look forward to continuing to support you to provide vital care and support to our most vulnerable citizens.

Fiona McKay
Interim Director of Health and Social Care
Fife Health and Social Care Partnership
Chief Officer, Fife Integration Joint Board

Introduction and Background

Welcome to the seventh Annual Performance Report from Fife Health and Social Care Partnership. Over the last year we have worked collaboratively with partners and individuals across Fife to progress the implementation of our Strategic Plan 2023 to 2026, and to deliver the essential, extensive, and transformational improvements set out in our Year One Delivery Plan.

We have improved the quality of care available for people by targeting investment at service improvements and ensuring our services are well-organised, effective, and efficient ('better care'). We have reduced health inequalities by promoting and supporting healthier lives from the earliest years, and encouraging approaches for everyone based on anticipation, prevention and self-management ('better health'). The demand for health and social care services is increasing, and our financial resources are reducing as the cost-of-living crisis continues to impact on national and local budgets. We have increased the value of the resources we do have by collaborating with our partners, including the third and independent sectors, and working efficiently to focus resources where they are most needed and where they will achieve positive outcomes in the longer-term, for example through prevention and early intervention ('better value').

This Annual Performance Report highlights some of the improvements and innovations that we have delivered. It acknowledges the exceptional effort, expertise, and commitment of our employees who strive every day to make a difference, and to positively support you, the people of Fife, to live independent and healthier lives.

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

Plan for Fife 2021 to 2024 Update

Following the challenges of COVID-19, the **Plan for Fife 2017 to 2027** was reviewed and refreshed in 2021. Recovery and renewal priorities were identified in several areas which build on the achievements already delivered, support the collaborative approaches developed during the pandemic, and address the evolving needs of communities across Fife.

This table sets out the identified priorities and highlights the relevant updates included in this report.

Ambition	Desired Outcomes	Related page numbers
Fife has reduced levels of preventable ill health and premature mortality across all communities	More integrated and community-based programmes of interventions (particularly for obesity, substance use and smoking).	26-28, 33, 36, 41-42, 47, 50 and 73-74.
	More targeted support for carers.	21-28, 37, 45, 54, and 73-74.
	Reduced levels of preventable ill health.	21-29, 37, 43, 46-48, 55, 57-59, 63, 67-68 and 73-74.
	Reduced premature mortality.	21-28, 31, 40-41, 50, 59 and 72-73.
	Fewer alcohol related hospital admissions.	21-28 and 60-61.
	Reduced alcohol specific deaths.	21-28 and 60-61.
	Fewer drug related hospital admissions.	21-28 , 52, 56 and 60-61
	Reduced drug related deaths.	21-28, 52, 56 and 60-61.
	Improved air quality to meet prescribed standards to reduce preventable ill-health.	N/A.
	Improved achievement of personal outcomes in health and social care services.	18-28, 32-33, 36, 45, 49, 57-58, 66-67 and 71-72.
	More people can look after themselves to live in good health longer. Increased number of people reporting positive experiences of using health and social care services.	21-31, 34-35, 42, 45, 48,54, 62-66 and 71-73.
	Improved mental health.	21-41, 44, 52, 53, 57-58 and 60-61.
	Improved trauma awareness across services	38-42.

Further information on the Plan for Fife Recovery and Renewal Update (including a review of progress) is available here: **https://our.fife.scot/plan4fife/plan-for-fife-2021-24**

Strategic Plan for Fife 2023 to 2026

Fife's Strategic Plan 2023 to 2026 sets out how the nine national Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland. More information on the national outcomes and priorities is included in Appendix 1 of this report.

Our Strategic Plan includes five key priorities:

- **Local**
- **Sustainable**
- **Wellbeing**
- **Outcomes**
- **Integration**

This **Annual Performance Report** is structured around these five strategic priorities, providing an assessment of our performance over the last year (1st April 2023 to 31st March 2024) in relation to these key areas.

These strategic priorities are supported by annual delivery plans which set out our programme of work for each year, and provide a governance framework for Fife Integration Joint Board to monitor and measure performance.

The **Year One Delivery Plan** identified the strategic actions we planned to take in 2023 and the **Year One Report 2023** (image below) provides an update on those actions. The **Year Two Delivery Plan 2024** (also shown below) builds on these achievements and sets out the actions we plan to take forward over the next year.

All of these publications are available on our website:
www.fifehealthandsocialcare.org/publications.

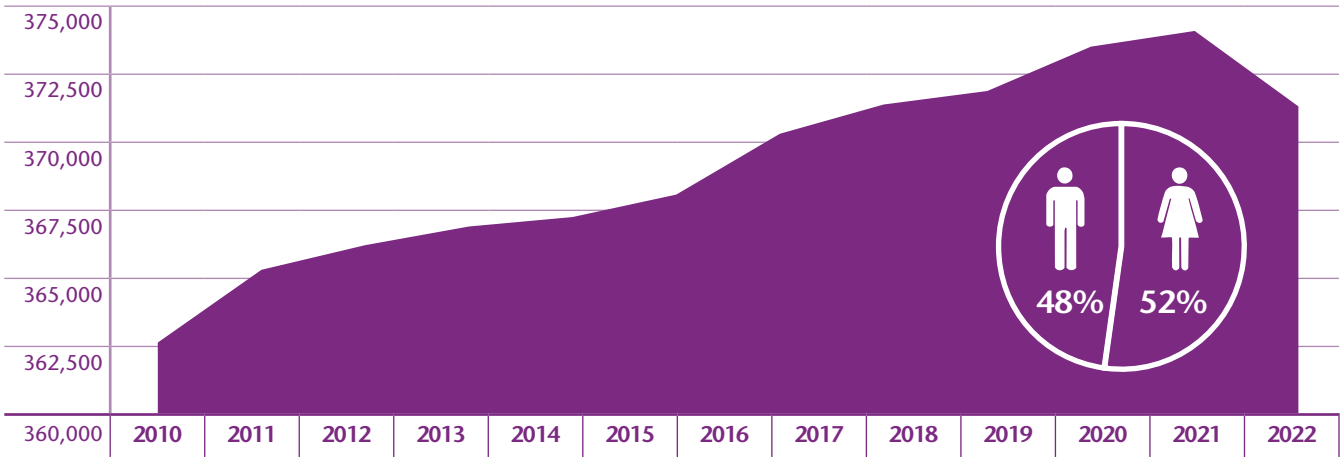
Demographics

Fife has a population of

374,340

(National Records of Scotland, 2022),
This is a decrease of 2,790 people (0.7%) since 2020.

Fife Population - all ages



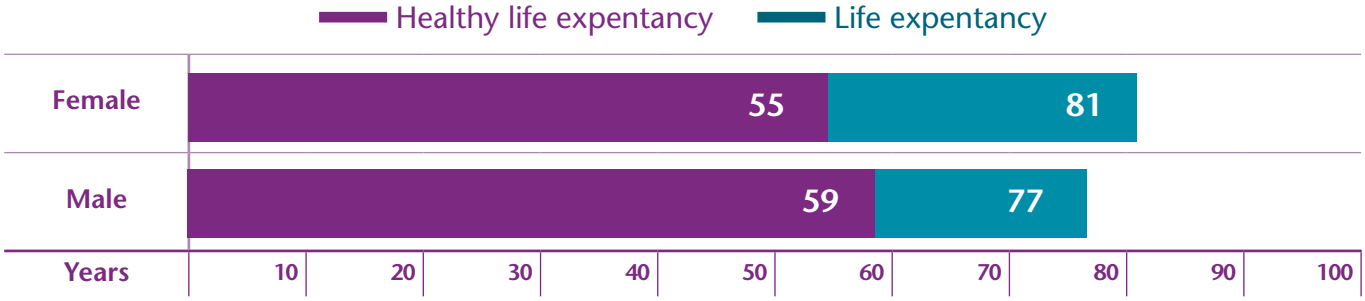
61,621
children aged 0-15 years (16%)

229,225
adults aged 16-64 years (62%)

80,494
older people aged 65 and over (22%)

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.

Life expectancy



With a life expectancy of 77 years, men in Fife are estimated to live 59 years in relatively good health. Women are expected to have longer life expectancy (81 years) and slightly lower healthy life expectancy (55 years).

Awards

External Awards

Scottish Health Awards - Dr Jo Bowden was nominated for and won the Doctor Award at the 2023 Scottish Health Awards, and Pierette Melville, Specialist Paediatric Physiotherapist, was a finalist for the Allied Health Professional Award.

Care Opinion Star Responder Award – was awarded to Theresa Keicher, Team Leader, Fife Specialist Palliative Care Outreach Service.

Queen Margaret University Practice Educator Award – the Physiotherapy Team at Queen Margaret Hospital, Dunfermline received a second nomination for this award.

National Care at Home and Housing Support Awards – the Fife Care at Home Collaborative was a finalist for the Care Service Coordination/Administration Award.

Royal College of Nursing Awards – the Children and Young People's Community Service won the Children's Nursing and Midwifery Award.

Children's Health Scotland Awards – the Pupil Support Nursing Team won the Health and Wellbeing Award.

Scottish Care Home Awards 2023 - Benore Care Home won the category of Meaningful Achievement Award and Sharon Findlay from Benore Care Home won the Outstanding Achievement Award.

Further information on the Scottish Care Awards 2023, and all of the finalists, is available here:

Care Home 2023 Programme
scottishcare.org/care-home-awards-2023

Care at Home 2023 Programme
scottishcare.org/care-at-home-and-housing-support-awards-2023

Scottish Care at Home Awards 2023 - Vany Thomas, Benore Care Home won the Nurse of the Year Award and Oran Home Care won National Provider of the Year (pictures below).

Internal Awards

NHS Fife 2023 Staff Awards

Ina Farr, ICASS Administrator, St Andrews Community Hospital. received a nomination for the Unsung Hero Award.

The Rising Star Award was won by Sian Connor, Trainee Assistant Practitioner, Community Nursing.

Peter Aitken won the Volunteer Award for his work with the Palliative Care Team.

The Health and Wellbeing Award was won by the Health Promotion Team.

Rachael Swan, Speech and Language Therapist, received the Service Improvement Award.

Fife Rheumatology Service won the Innovation Award for their redesign of the patient rheumatology pathway.

The Team of the Year Award was awarded to the Infection Prevention and Control Care Home Team.

Ina Farr, St Andrew Community Hospital

Health Promotion Team

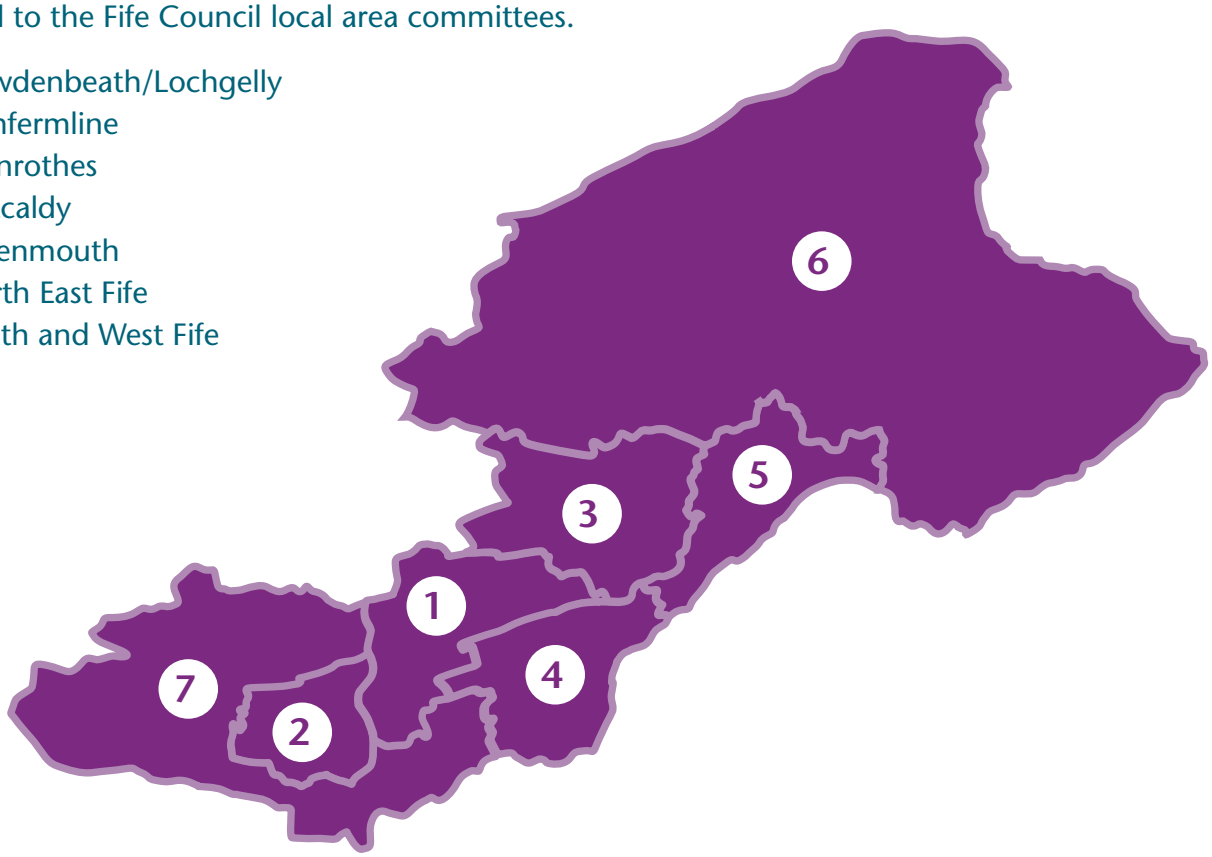
Fife Rheumatology Service

Infection Prevention and Control Care Home Team

Locality Planning

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.

1. Cowdenbeath/Lochgelly
2. Dunfermline
3. Glenrothes
4. Kirkcaldy
5. Levenmouth
6. North East Fife
7. South and West Fife



Localities exist to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities, and individuals to inform service redesign and improvement. This takes account of local needs, health data and engages with those living and using services within the community.

Participation is central to our engagement with the people of Fife. We are committed to listening to people and taking their views into account to achieve the best possible outcomes for everyone. The Partnership's Participation and Engagement Team work with Locality Planning Groups across Fife to identify what matters to local people, and how we can support people to live independent and healthier lives.

These are some of our activities with localities during 2023 to 2024.

What Matters to You

Locality Planning Groups, supported by the Participation and Engagement Team, undertook an engagement exercise to understand what matters to local people to help them live a healthier, active life, and what they might need locally to support them to stay healthy and live well. The findings from this activity will inform the Locality Action Plans for 2024.

Supporting Mental Health and Wellbeing

This co-production engagement project involved the Partnership engaging with the community on their vision for 'an integrated community-based system which supports mental health and wellbeing, ensures access to the right service in the right place at the right time, and enables people to live independent and healthier lives'.

In Phase 2 of the project, the Partnership aimed to gain insights from people with lived and living experience, identifying what is important to people in terms of accessing, receiving, and leaving mental health services and supports, living with mental health and wellbeing conditions, and gauging the extent to which services and supports match what is important.

Nine key themes were identified.

As we move into Phase 3, these will be developed into 'opportunity statements' which will help generate innovative short-term and longer-term actions based on the underpinning values-base identified from the feedback.

Community Support Services - Service Redesign

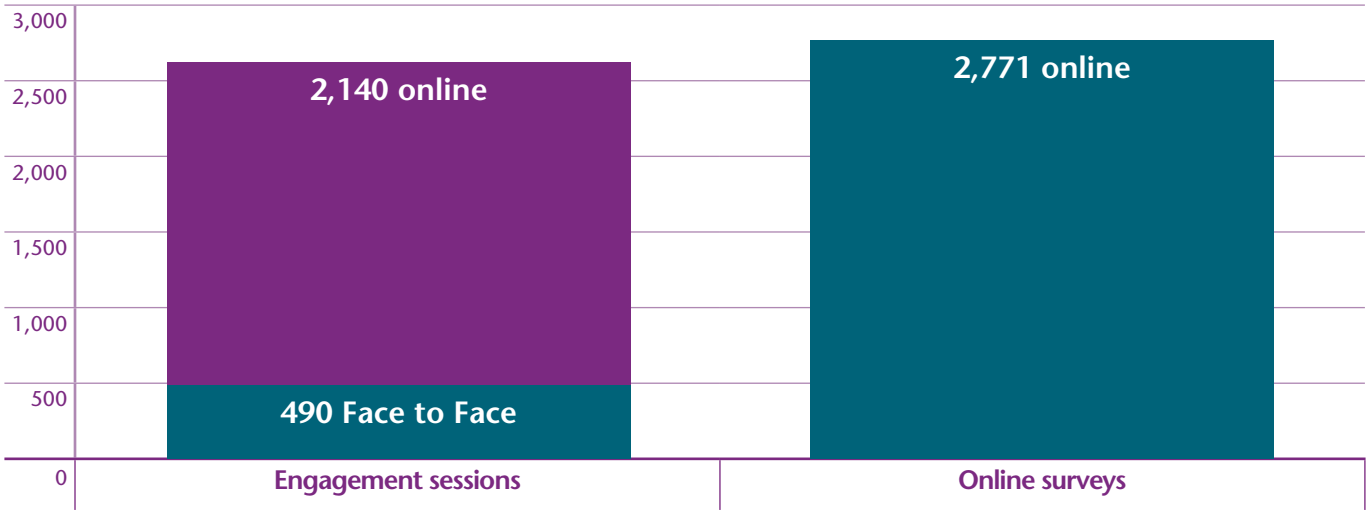
This redesign is aligned to the model emerging from the participation and engagement exercise, where service users and their families have told us what matters to them in relation to their model of care. This involves re-invigorating the use of building bases for part of the activities offered; taking a locality-based approach, promoting independence through the use of public transport where possible. Promoting socialisation and increased activity time through supporting service users to participate in group activities which delivers best value in relation to cost of travel and staffing ratios. Further integration across local authority, third and independent services to increase the range of specialist providers in Fife to reduce the need and demand for out-of-Fife day placements. This supports local access and reduced travel costs.

Participation and Engagement Team

In total, the Participation and Engagement Team completed 24 projects during 2023 to 2024. This included developing 404 separate engagement sessions:

- 62 (15%) online engagement sessions, and
- 342 (85%) face-to-face sessions.

Figure 1: Participation and Engagement



The Team also organised online engagement surveys; the number of people who responded to these surveys was 2,771. Overall, 5,401 people were involved in the engagement sessions and online surveys, and of these, 634 (12%) identified themselves as an unpaid carer.

Equality Outcomes

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.

These are some of the equality activities we have completed over the last year.

- We have updated our Equality Monitoring Forms to include specific questions for unpaid carers and the armed forces community (including families and dependents, veterans and reservists).
- We have updated our website to include more information on equalities and we have published Equality Impact Assessments (EQIAs) for our key strategic documents.
- We are working with the Equality Teams in the Fife partner agencies, and the IJB Equality Peer Support Network to ensure that our equality processes and training materials align with best practice.
- We have set up an Equality, Diversity and Inclusion Steering Group to lead on inclusion, engagement and communication for employees acros the Partnership.
- We have updated our EQIA process, guidance, and templates to align with current best practice and have included new sections for unpaid carers, children, and the armed forces community.
- We have developed new training materials and a Sway to support roll-out of the new process and guidance.

Our Performance

This section of the Annual Performance Report provides an assessment of our performance over the last year in relation to the themes and priorities set out in our Strategic Plan, and the national health and wellbeing outcomes listed below. There are 50 examples included in the report, they are grouped by strategic priority, and linked to the national outcomes and priorities with a numeric icon. These 50 examples highlight some of our key activities and achievements over the last year.

National Health and Wellbeing Outcomes for Health and Social Care

NW01	People are able to look after and improve their own health and well-being and live in good health for longer
NW02	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
NW03	People who use health and social care services have positive experiences of those services, and have their dignity respected
NW04	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
NW05	Health and social care services contribute to reducing health inequalities
NW06	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
NW07	People using health and social care services are safe from harm
NW08	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
NW09	Resources are used effectively and efficiently in the provision of health and social care services

Further information is available here:
www.gov.scot/publications/national-health-wellbeing-outcomes-framework

Public Health Priorities for Scotland

This is a list of the national health priorities and the relevant numeric icon.

PHP1	A Scotland where we live in vibrant, healthy and safe places and communities.
PHP2	A Scotland where we flourish in our early years.
PHP3	A Scotland where we have good mental wellbeing.
PHP4	A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
PHP5	A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
PHP6	A Scotland where we eat well, have a healthy weight and are physically active.

Further information is available here:
www.gov.scot/publications/scotlands-public-health-priorities

Local

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

NW01 NW02 NW04 PHP1 PHP2

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, and mental health issues living across Fife. With a staff team of around 650, 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:

- Support people to live independently and at home in their community.
- Maximise independence using an active support approach, to ensure that people are engaged in a life that is purposeful and meaningful to them.
- 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.
- Support people to access a wide, varied range of social, leisure, employment and education opportunities while having a valued role in their local community.
- Build a sense of safety, security and belonging, by supporting people to maintain and build local networks and family connections.
- Keep people safe from harm within legislative frameworks.

Eating and Drinking Care and Support

Fife Health and Social Care Partnership colleagues across Fife Council and NHS Fife have been working collaboratively to review and improve the knowledge and skills regarding eating and drinking, including dysphagia (swallowing problems). This has resulted in very positive partnership working.

For more information about the new framework please see this Sway: **https://sway.cloud.microsoft/tldoLIRdkbrz7wQA.**

These are photographs from the first training session.

One of our Lead Officers supported an amazing group of individuals to come together to form an Activities Committee and hold meetings throughout the year to plan various events and celebrations.

Staff Group Homes and Single Tenancies - Service User Committee

The committee includes individuals from Allan Park, Union Street, Stenhouse Street, Jubilee Stationhead Road, Glebe Road and East Avenue. Meetings are held at Brunton House, Cowdenbeath, where the group meet together to enjoy light refreshments and take joint ownership and responsibility for the organisation of each event. Everyone takes turns to bring along teas, coffees and a cake to enjoy during the meetings.

The committee were fully involved in all aspects of planning events, from booking rooms, designing invitations, organising a buffet and planning their own costumes. Some external invites were extended for the Halloween Party with people from both East and West Fife joining in the fun.

Halloween Party 2023

The committee has re-convened this year to start the planning of Scottish Learning Disability (SCLD) Week 2024, as well as gathering ideas for the rest of the year. The theme for SCLD Week is 'Digital Inclusion' and plans are in progress for an exciting week between 6th May to 10th May.

The main events of 2023 included Scottish Learning Disability Week, the Halloween Party and a Joint Christmas Party. Competitions were also held for best cakes, costumes and pumpkins and for Christmas the best Christmas jumper, this year's winner going to Santa and sunglasses! Certificates and prizes were also won.

Please see this Sway for more details: **https://sway.cloud.microsoft/nLTzUwOH13zi0lJO?ref=Link**

Michael Woods Disability Fife Sports – Wendy's Story

I am supported to attend The Michael Woods Centre in Glenrothes. This Centre is available for the public to use, and I enjoy taking part in the activities that they have on offer.

In the Summer of 2023, my local gym that I attended on a regular basis closed. I was upset about this as I really enjoyed this as it was a female only gym and I met a lot of ladies I could chat to and exercise with.

My key worker said she would try and find some alternatives. She contacted Disability Sport Fife at the Michael Woods in Glenrothes. She spoke to the Branch Coordinator who emailed her a list of activities that I might be interested in.

I discussed this at my key team meeting in July 2023. I said that I would be interested in the multi-sport and swimming. My key worker helped me to complete the application form for both activities.

In July I went along for my first multi-sport session. I started with the boccia. I also tried the basketball but the activity I really enjoyed is the table tennis. I really enjoy the activity as I really need to concentrate, and I enjoy the exercise. I also enjoy meeting up with my friends who attend.

In September of 2023 I also started swimming. I meet up with my friends that I used to go to the day centre with whom I really miss. I am hoping to attend the swimming gala in the summer of 2024.

Joining the Michael Woods Disability Fife Sport Sessions has helped me get some exercise and meet up with past and new friends. It has also given me more confidence and helped me to relax and have some fun!

2. Community Led Support

The Wells

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.

There are currently thirteen physical Wells with at least one in each locality, as well as the ones in Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline, providing 26 hours of support provision per week. This is an increase from 2022 - 2023 of four Wells and an additional eight hours of support. Well support can also be accessed via the phone line and Near Me (online) 14 hours per week, as well as via email (9am-5pm).

Further information about the Wells is available on our website: **www.fifehealthandsocialcare.org**

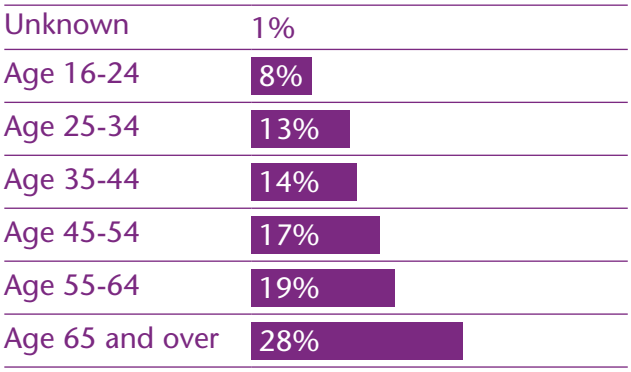
Key developments in 2023 – 2024

- A twice weekly Well was opened in Victoria Hospital, Kirkcaldy in March 2023, bringing the Well to into a clinical setting to support people to access community led support.
- In January 2024, the Well hospital provision was extended to Queen Margaret Hospital, Dunfermline with a Well in the main reception area once a week.
- From May to October 2023, a six-month Test of Change was conducted in North East Fife to improve access to informal services and supports for people (aged 16 and over) who are experiencing long-term physical and mental health conditions, and those important to them, by simplifying the referral and access process for people and practitioners.This was through a single point of access (SPOA) which was provided by the two Wells in NEF (St Andrews and Cupar).
- A collaboration with community partners, Clued Up, Barnados, Frontline Fife, Welfare Support, provided a holistic community-based provision for young people aged 16-26 in the Levenmouth area (Young People One Stop Shop).
- The Well welcomed a new cohort of Social Work Assistants for Carers in March 2024, who will join the core Well team at Wells throughout Fife.

2,041 conversations recorded	454 follow-up calls	1,657 total referrals

Gender of individuals

Age band of individuals



Top 3 concerns

Link Life Fife

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 (General Practitioner) 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.

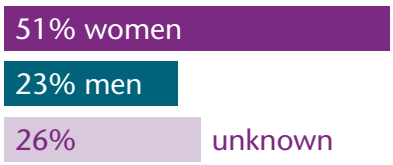
Key developments in 2023 – 2024

- Link Workers have supported the physical Wells for 571 hours and provided support with 240 calls.
- Partnership working with ScotGem on facilitating a session along with tutors on the benefits of Community Led Support and Social Prescribing to students at St Andrews University.
- Secured one year funding from Fife Council 'Ending Homelessness Together' Programme Board, for a Link Worker to support people at risk of becoming homeless and people who are homeless.
- Link Worker attended Burntisland GP Practice every Friday for three months to increase referrals and improve partnership working with practice staff.
- The number of referrals to Link Life Fife this year was 1236, this is an 18% increase in the number of referrals compared to last year (1048).

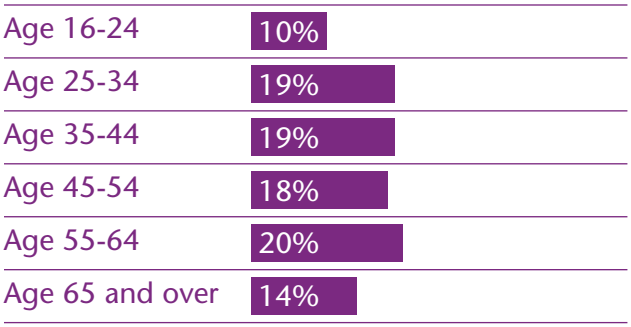
72% engagement rate

1,236 total referrals

Gender of individuals



Age band of individuals



Top 3 concerns

Some examples of feedback received by Link Workers:

'I have found it helpful. I've gone from feeling like I don't know where to go to feeling understood and that my issues have been addressed'. Male, 42 years, Dunfermline Locality.

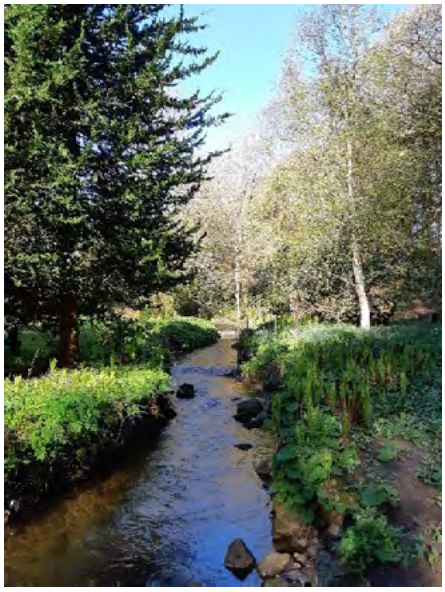
'Thanks, you've been really great, really important, I wouldn't have done it without you, I needed you". "I don't know where I'd have been without you, you've been a lifeline'. Female, 42 years, Cowdenbeath Locality.

'I wish I met you 6 months ago; I would not have been through what I have been through, you have helped me more than you know!!' Female, 57 years, Northeast Fife Locality.

'I would never have known about your service if it wasn't for the GP that said. I hope you don't mind; I have been telling everyone about what you did for me! I really appreciated what you did, a weight has been lifted from my shoulder'. Female, 66 years, Kirkcaldy Locality.

'Very useful, you listened and gave advice where required. Advice you gave was specific to what I needed'. Male, 31 years, Dunfermline Locality.

'When I first met you and we went to Sam's Cafe, I couldn't see a way forward, all I could see where clouds, now I feel the clouds are clearing and I can see blue skies again'. Female, 50 years, Kirkcaldy Locality.



Fife Macmillan Improving the Cancer Journey (ICJ)

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

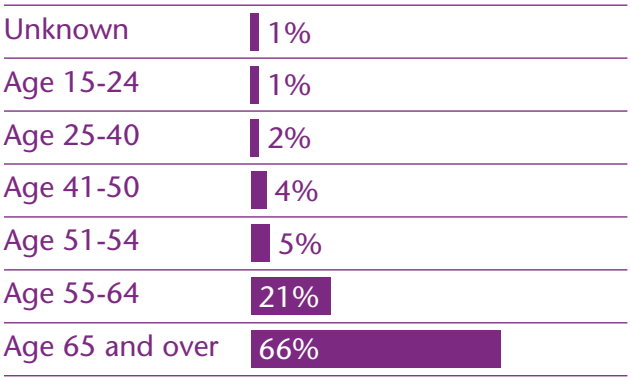
Key developments in 2023 – 2024

- ICJ Link Workers are currently supporting the Wells (two hours per week).
- During COVID-19 only telephone and Near Me appointments were offered to individuals. However, ICJ have now returned to offering face-to-face visits in the people's homes and this has been very well received. For example, in the period 01/10/2023 to 15/12/2023 there were 8% of home visits carried out, compared to the period 01/01/2024 to 31/3/24, which has seen home visits increase to 42%.
- ICJ are now carrying out an EQ5D questionnaire with clients – this tool is extremely useful as it opens up a conversation about what the person is 'able to do'.

78.4% engagement rate	1,005 total referrals

Gender of individuals

Age band of individuals



Top 3 concerns

Community Chest Fund

Fife Carers Community Chest aims to fund local projects, that are for the benefit of unpaid carers. In Fife there are over 47,000 unpaid carers and through the fund we aim to support community projects which will allow unpaid carers to create supportive places, develop their sense of belonging and improve their wellbeing.

The funding is open to community groups, charities, and groups of unpaid carers. Groups can apply for up to £10,000 each. During 2023 – 2024 the Partnership had a budget of £350,000 which was fully allocated over two rounds of funding.

The Community Chest fund launched for the first time in June 2023, during Carers Week. We received 35 applications, and 25 applications were approved for funding. The second round of applications began in October 2023, 34 applications were received, and 29 applications were approved.

Applications were received from all localities; this is a summary of the approved applications.

Community Chest Fund – approved applications

Locality	Round 1	Round 2
Fife Wide	5	6
North East Fife	6	4
South and West Fife	1	3
Levenmouth	4	5
Kirkcaldy	3	5
Glenrothes	5	3
Dunfermline	1	2
Cowdenbeath		1

These are some examples of the approved funding applications.

The Locality Planning Team have established working groups to support with promotion of the funding and to reach groups of unpaid carers which might be hidden in our communities. This has been effective and is shown by the range and variety of projects funded.

3. Locality Planning

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

Key developments in 2023 – 2024

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

Locality Planning Delivery Plan

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

Positive feedback was received from our Wider Stakeholder events in 2023, people said:

'The events were engaging' 'We were able to contribute on the day'

Levenmouth Locality – Home First Test of Change (TOC)

Locality Planning exists to help ensure that the benefits of better integration improve health and wellbeing outcomes by providing a forum for professionals, communities, and individuals to inform service redesign and improvement.

Levenmouth locality has created a collective aim:

> 'to achieve the aspirations, we share for health and social care integration, focussing together on our joint responsibility to play an active role in service planning for the Levenmouth Locality to improve outcomes'.

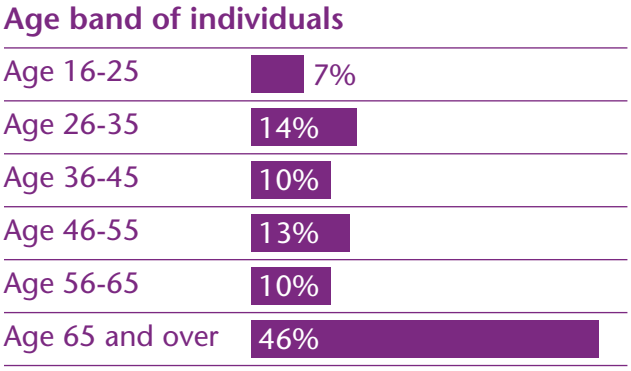
Levenmouth Locality Core Group identified gaps and opportunities for services to work better together. The Home First Strategy is providing Levenmouth locality with a chance to create a different way of working between health, social care, council services and third sector organisations, based on the evidence we see in relation to emergency hospital admissions and Accident and Emergency (A&E) visits.

The aims of the test of change in the Levenmouth locality are to:

- Identify people at high risk of hospital admission.
- Identify the reasons why people frequently attend A&E.
- Reduce the number of preventable emergency hospital admissions and frequent A&E visits in the Levenmouth locality.

The TOC and the wider group have weekly verification meetings. Since the project began in November 2023, the group has discussed 249 individuals (some more than once due to multiple admissions and/or A&E attendances).

The group has identified actions for 142 individuals during this time. Actions include offering additional support such as Community Led Support, reviewing packages of care, offering information and guidance and where to access appropriate support.



Key learning from the Test of Change includes:

- A high percentage of the A&E visits appear to be out of hours, however there are also visits during working hours 9-5pm.
- There have been several frequent attenders at A&E who are known to Mental Health and/or Addictions Services but they are not engaging with these services (i.e. Did Not Attend).
- Initial feedback from the group has been very positive, particularly relating to shared learning regarding how services can work together to offer a holistic approach.
- A targeted Levenmouth communications approach is required to inform people of the "Right Care – Right Time".
- GP (General Practitioner) involvement is crucial to reach those people who regularly attend A&E and are not known to the group members.
- Urgent Care representative at the meetings has proven beneficial and informative, as we can map the patient journey before they attend A&E.

At a locality level is not possible to identify whether the Test of Change has directly reduced emergency hospital admissions and A&E attendances because a number of different factors are involved. There are also some hospital admissions which are not preventable. However, for individual cases there is evidence that the TOC has helped people by offering additional support, and this has led to a reduction in the number of admissions/A&E attendances that they experience.

The TOC has also produced additional, unintended benefits, for example improved communication between teams because colleagues are more aware of each other's remit and roles. The screening process has also allowed teams such as Care at Home to intervene and place "hold" on packages of care, this has reduced delays when patients are discharged.

The TOC will continue till September 2024 and an evaluation and recommendation report will be presented to Locality Planning and the Partnership's Senior Leadership Team. While the TOC is operational, we will continue to make changes as required in order to combat challenges, improve the outcomes, and achieve the aims.

4. Playlist for Life

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

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

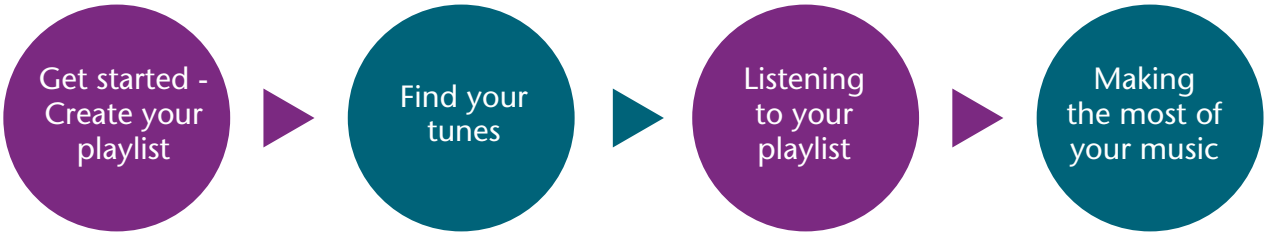
As part of the project ten staff were trained in the implementation of Playlist for Life and ten patients now have a live personalised playlist up and running.

Feedback from the individuals and carers involved has been very positive, and these are some of the project successes:

- There has been a reduction in use of anti-psychotic medication for stress and distress for the individuals involved.
- One person has moved from a community setting to a ward, and eventually into long-term care with their own personal playlist.
- Through this work we have been awarded a plaque as a certified establishment, and the first in a community setting to implement Playlist for Life in West Fife.
- The Older Adult Community Mental Health Team in Central Fife are working with us to set up training in this area.
- The charity, Playlist for Life, have encouraged our project and donated equipment to us.

In the long term it is hoped that this project will have a direct impact on reducing the number of individuals moving from community to inpatient or care home settings.

Creating a Playlist for Life



Find out more here: **www.playlistforlife.org.uk**

5. New Attention Deficit Hyperactivity Disorder (ADHD) Group

NHS Fife is one of four pilot sites, funded by the NAIT (National Autism Implementation Team), to develop an Adult Neurodevelopmental (ND) Pathway. Over the last year, our Specialist Occupational Therapist has led the development, and delivery, of a pilot Occupational Therapy (OT) attention deficit hyperactivity disorder (ADHD) Group. This was the first ever psycho-social group offered specifically to adults with ADHD within Fife.

The pilot included six face-to-face sessions, and one additional follow-up session held four weeks later. Twelve individuals were invited to join the Group, ten individuals attended session one and eight people completed the pilot.

The topics covered within the group sessions included:

- What is ADHD? Symptoms and Positive Aspects
- Managing Your Mental Health and Wellbeing
- Sensory - Processing and Environment
- Roles, Identity and Occupational Balance
- Environmental Modifications
- Routine, Structure and Sleep
- Creativity and other 'gifts' of ADHD

Feedback from the Group sessions:

'The group has went extremely well for me'.

'For this being the first group in Fife it has been amazing. Thank you, well done'.

'I found the group to be very informative'.

'I like my ADHD – it makes me who I am'.

'I am pleased I have come along and met others. It has been good to see how others manage their routines'.

'Knowing the stuff that I do now, I see I am not abnormal it is just my ADHD brain'.

'It was good looking at the positive of ADHD and sharing strategies to help us cope'.

'It was good to meet others with ADHD, it makes me feel less guilty about not being able to deal with certain things'.

'I feel motivated, I want to be involved in future projects/groups as a peer support worker'.

Case Study: 'The group sparked something off in me'

Mr A is a 30-year-old man with a longstanding diagnosis of ADHD since childhood.

He was referred to Adult Psychiatry Services in 2017 with a request to re-commence medication used in treatment of ADHD due to poor concentration, distractibility and changeable mood which was subsequently impacting on his work and relationships.

Medication commenced and an ongoing review was held within the Psychiatry Outpatient Clinic. However, some of his difficulties persisted, particularly in relation to employment, relationships, social isolation and low mood. He was diagnosed with a moderate to severe depressive episode in 2019 and seen routinely within the outpatient clinic. Several anti-depressant medications were used with limited improvement to his symptoms.

Mr A attended all six sessions of the OT ADHD Group and the follow up session four weeks later – there was a noted change to his presentation through progression of group, including his confidence, peer support to others, and his leadership skills.

Within the final group sessions, Mr A started a WhatsApp group with other attendees. This was followed by a new support group (now registered as a charity) and a new website 'ADHD Fife'. Within the first eight weeks of setting up the new support group, more than 500 people registered interest to attend and/or volunteer to help with new events and support groups.

These are some of the key words used to describe the content of the group sessions and how people felt.

6. District Nursing – Implementing Advanced Nurse Practitioners (ANP)

The District Nursing Service have extended the previous service with the inclusion of two Advanced Nurse Practitioners (ANP). The primary role of the ANP is to identify and support patients that have had a number of hospital admissions recently. The ANPs then take a preventative proactive approach by visiting these individuals in their homes to holistically assess them and apply preventive measures to improve the persons health and to reduce and prevent further hospital admissions. The introduction of the ANP role has delivered a 72% success rate in preventing any further admissions to hospital. Moving forward the target is a 20% reduction in preventing a further admission to hospital.

7. Pharmacy First Plus

Throughout 2023 - 2024 we have continued to support the network of community pharmacies providing a Pharmacy First Plus Service. This service is available in community pharmacies where there is an Independent Prescriber who will offer advice and when appropriate, treatment for common clinical conditions. The aim of the service is for common clinical conditions to be treated in the community supporting Right Care, Right Place. Over the last year the number of community pharmacies offering the service across Fife has increased from 23 to 28. These pharmacies are spread geographically across the localities. The Pharmacy Services Team have established, and offer ongoing support to, a Peer Review Network for the pharmacists who take part in the service. We have also supported two education events in 2023 - 2024.

Over the next year the Pharmacy Services Team will continue to support the Peer Review Network and facilitate further education events. We will also work with community pharmacies and GP's (General Practitioners) to establish referral pathways for the service taking examples of good practice from across Fife and other Scottish Health Board areas.

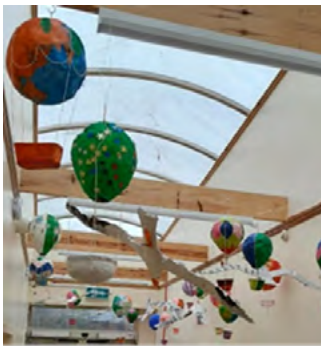
Cadham Pharmacy, Glenrothes, Fife

8. Adult Services Resources – Fife Community Support Service

New developments and activities have been introduced throughout 2023 - 2024 which demonstrate the person-centred approach, focus on service user wellbeing and commitment to meeting service user outcomes of Fife Community Support Service (FCSS).

The Service works to identify art and leisure opportunities which service users can participate in within their local communities and wider afield throughout Fife. This can include supporting people to take part in external activities (such as Fused Glass at 4Arts Studio in Dunfermline) and there are also dedicated art sessions which take place twice weekly within the St. Clair hub. These encourage service users to socialise and create their own works of art, which can be seen displayed within the main areas of the centre.






A Sing and Sign Group was established in October 2023, with a two-hour session twice weekly where staff and service users dance and sing along to a playlist of songs. This helps to improve fitness and motivation as well as developing new skills when learning to sing. The class has proved very popular with approximately 25 service users currently attending and interest from others looking to participate in the future.

FCSS very recently started up a Drummercise session in March 2024 within Kelty Community Centre, where service users engage in physical activity whilst playing a variety of professional grade drums, bongos, shakers and tambourines. This provides individuals with a creative outlet, improves fitness and wellbeing, develops coordination and physical dexterity and encourages group work and social interaction.




The Accessible Information Team (AIT) was established in 2022 to create a range of accessible information, such as easy-read versions of important documents. Current work by the AIT includes updating the Communication Area within the St. Clair hub to ensure an up-to-date inventory of symbols, picture and signs are available and accessible to all staff and service users.

During 2023 to 2024, FCSS have also been participating in the Foundation Apprenticeship (FA) in Social Services and Healthcare Programme which allows school students the opportunity to experience what working in the care sector is like, by shadowing experienced staff in a social care setting. Two FA students have been visiting the FCSS on a Monday afternoon to accompany service users with playing games and socialising. These interactions have proved popular, with service users looking out for the students joining in with their activities. This has also provided the students with practical experience in the various aspects of communication (such as making visual communication strips or learning some sign) and has hopefully demonstrated how rewarding a career within the service can be.

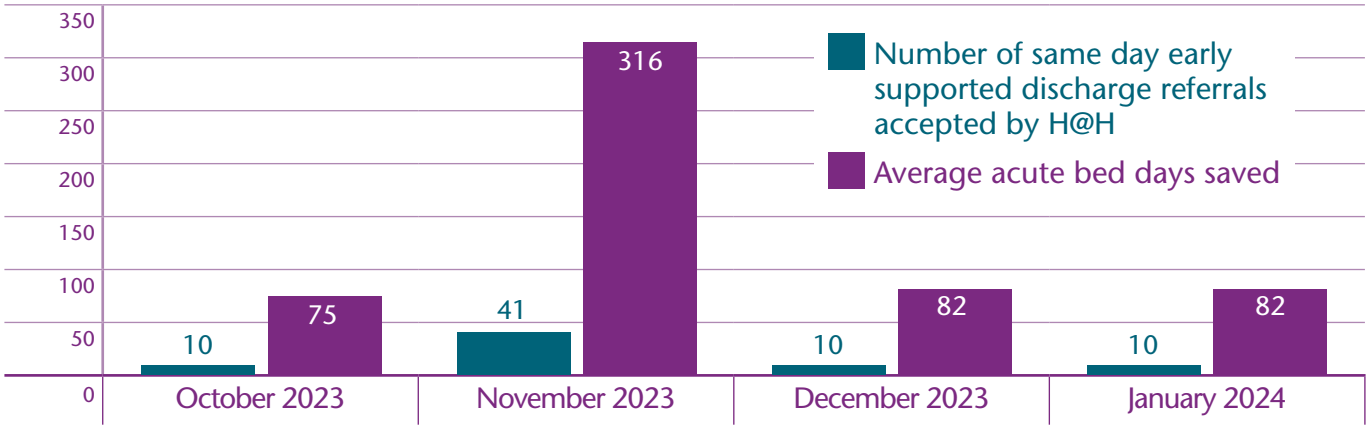
9. In-Reach Test of Change

Fife Hospital at Home (H@H) Teams regularly reported that virtual bed capacity was being impacted when planned step-down patients from acute services were not taking place. Planning for those step-down referrals also impacted on the ability to accept GP (General Practitioner) referrals.

An audit was carried out from November 2022 to March 2023. Of the 60 patients referred only 15 patients were discharged the same day they were referred. Funding was sourced from Healthcare Improvement Scotland to support an In-Reach Test of Change. The aim was to increase H@H capacity by working collaboratively with acute services to ensure appropriate referrals are received, facilitate timely and safe transfers of care, provide a smoother transition of care for the patient, and increase H@H service capacity.

Initial data shows that from 2nd October 2023 to 17th November 2023 out of 66 patients identified as suitable for H@H by acute staff/H@H Advanced Nurse Practitioner (ANP), 64 were appropriate and processed by the H@H ANP on site in acute services, and 41 of those were discharged home the same day. Multiple reasons were identified for those not discharged on the same day including transport and medication issues, clinical deterioration, family delaying discharge or care homes concerned about discharge.

Figure 2: Number of same Day ESD Referrals by H@H and Average Acute Bed Days Saved



The Test of Change (TOC) change commenced at the Front Door of Victoria Hospital, Kirkcaldy in October 2023 and it took one or two weeks for the pathway to become embedded in practice. Following positive evaluation, both quantitative and qualitative, the service is in the process of recruiting two H@H In-Reach Nurse Practitioners who will cover seven days a week in Victoria Hospital, Kirkcaldy.

10. Home First Programme – Discharge Hub

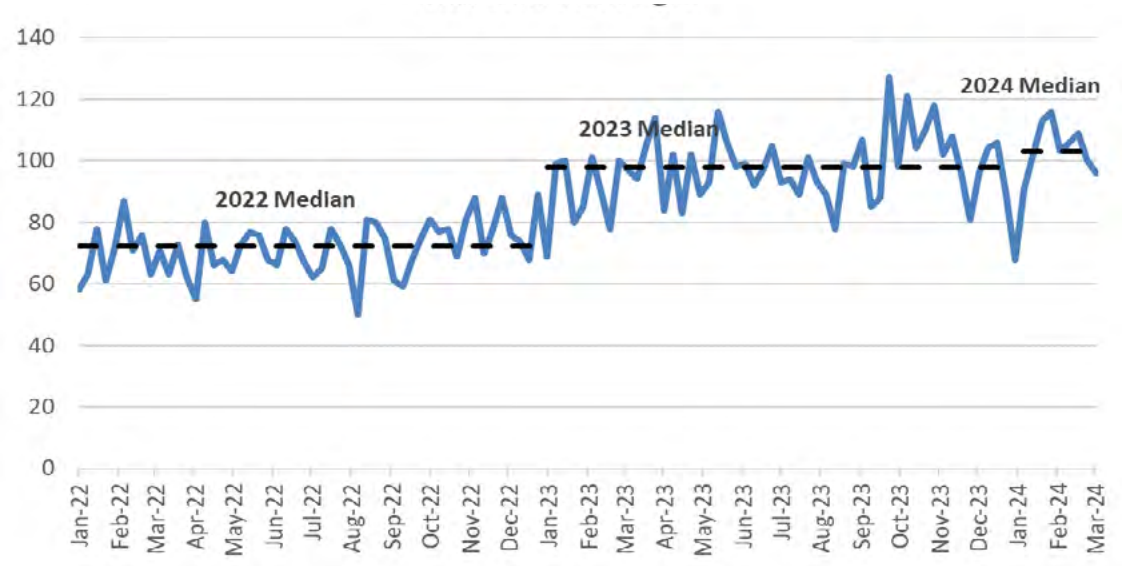
In April 2023 a multi professional workforce was implemented within all discharge hubs that would ensure timely assessments would be carried out. Representation from Care at Home and Social Work colleagues are now placed within acute and community hospitals to progress timely assessments for individuals requiring support. This initiative has supported the Home First Programme's desired outcome where the discharge is planned with the patient at the centre of the conversations, resulting in a person-centred approach to discharge planning.

This is based on an improved system of working, with smoother, more seamless integration between NHS and health and social care teams that aims to prevent delay where at all possible resulting in reduction in length of hospital stay.

Discharge Hub

We have achieved a sustained reduction in delayed discharges in the acute setting. Comparing performance data from 2022 the Discharge Hub performance has seen on average of 30 more patients returning home or to a homely setting.

Figure 3: Discharge Hub – number of discharges



Quality Improvement Initiative

Improving service efficiency is a key priority of Fife's Health and Social Care Partnership. Previously the process for referral into the service was manually produced unstructured data that relied on input from staff. There were multiple referral routes which were reliant on manual data capture on paper with a lack of visibility within the electronic patient record for colleagues to communicate or review progress within the process.

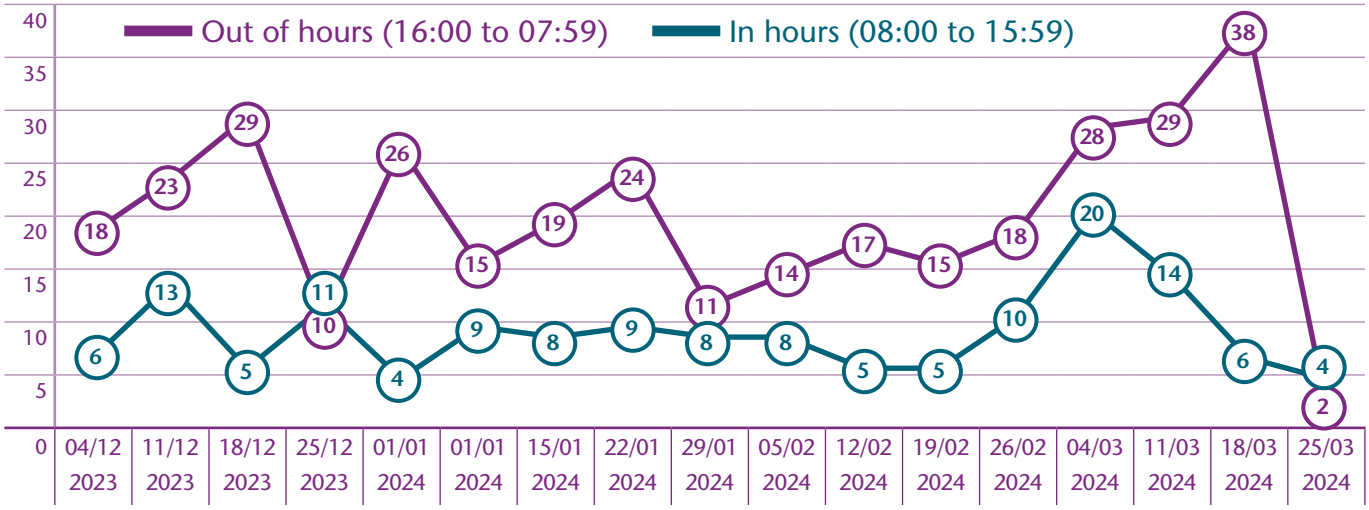
This initiative created a digital referral process that aims to support:

- 24hr timely referrals that allows an out of hour pathway for all the acute hospital wards.
- Standardise the referral process to capture and record data for service improvement.
- Increase efficiency and effectiveness of the process by removing manual data/ phone calls/paper use.
- Reduce referral errors.
- Increase the security and quality of the data.
- To allow referrals to happen out of hours.
- To provide robust and informative reporting.
- To provide a more effective means of working together towards an agreed planned date of discharge (PDD).

In collaboration with our colleagues from digital solutions and acute hospitals we implemented the roll out for the new process in December 2023. Education sessions were provided to all staff, and communication through Blink and social media platforms ensured that the information was circulated to as many colleagues as possible.

In the 15 weeks since implementation we have shown that providing an out of hours platform is supporting the wards to complete a referral into the service. The graph below highlights that the majority of referrals are not within service working hours and are generated after 5pm.

Figure 4: Discharge Hub – number of referrals



Qualitative feedback has been very positive with acute wards stating that the referral system is supporting the wider teams work pattern especially as ward activity can impact on timely referrals being achieved. It's also time efficient and very user friendly.

11. Creating a communication friendly environment for Inclusive Sports

Speech and language therapists working with the Children and Young People Learning Disability Team and the Children and Adolescent Mental Health Service (CAMHS) worked collaboratively with occupational therapy and clinical psychology colleagues to enhance the quality of the Inclusive Sports Sessions offered to children and young people with additional support needs across Fife. They provided training sessions for Sports Instructors who run these sessions to enable them to create communication friendly environments by learning how to simplify the language used, acquiring a basic and relevant Signalong vocabulary and understanding how to use visual supports such as pictorial timetables.

Example of a pictorial timetable

The staff who engaged in the training sessions gave positive feedback and, with the additional support provided, were easily able to embed this training into their role and delivery of the inclusive sports sessions ensuring the communication support needs of children and young people were met by enhancing their understanding, participation and independence.

'The session made me feel a lot more confident and motivated.'

'I learned the need to make it more simple than I already am.'

'I learned that there are many ways to communicate that is not all verbal.'

Due to the success and positive impact of the project, the Speech and Language Therapy Service will offer further support for new staff who will be involved in the Inclusive Sports Sessions organised in the forthcoming year. These are also due to be rolled out to additional venues allowing more families to access this opportunity in their local area.

12. Refreshing the Carers Strategy - additional support for unpaid carers

In 2023 we prepared and published an updated Carers Strategy for Fife. This built on the firm foundations we have established over the past five years, and sought to create even greater opportunities to support unpaid carers when and where they need it. The refreshed strategy includes five interrelated outcomes which together enhance to support available on a universal, free to access basis, and for those carers in greatest need who meet our local eligibility criteria.

These are some examples of what we have achieved in the last year.

Carers Strategy 2023 - 2026

Created a team of ten specialists within the Partnership who will work together to identify and support carers in their own localities.

Invested £100,000 to support unpaid carers who have an Adult Carer Support Plan to access breaks from their caring role.

Established a Carers Community Fund to support locally based initiatives right across Fife. This innovative fund supported 56 projects with £400,930 funding and include the broadest set of initiatives based on carers own preferences. Examples including walking, reading and arts groups for carers, local carers cafes and open events, garden projects in schools and charities, cooking skills clubs, LGBT+ support groups, men's carers support groups, kindred carers Christmas parties and short breaks opportunities through new Hutting projects.

Created a specific unpaid carers Self-Directed Support Service with £500,000 of dedicated funding administered and supported by two dedicated specialist staff with the ambition to provide carers in the greatest need, who meet the eligibility criteria, with options on how best to meet their individual needs for support.

Invested to create additional opportunities for unpaid carers to access income maximisation support, advice and advocacy in the Wells, through a partnership with our third sector specialist.

Created a new support opportunity for carers of people at risk of losing capacity by helping them to secure a Power of Attorney, including funding their legal and administration fees.

Through a range of partners in the voluntary and third sector, we have supported carers who are in financial crisis with modest grants to help them recover from the significant challenges they face at this time of increased cost of living. This includes support carers (and the persons they care for) to ensure they have a warm home by paying for utility debts, helping carers with emergency grants to replace broken white goods, and supporting carers to travel to see the person they care for in hospital when travel options and time are limited.

13. Re-establishing the Music Therapy Service

Since starting in June 2023, music therapy has been offered on adult and older adult inpatient wards in Fife on a rotational basis. Between August 2023 and December 2023 there was a weekly service offered to Ward 1, Ward 2 and Ward 4 at Queen Margaret Hospital, and a fortnightly service offered to Dunino, Radernie, Elmview and Muirview in Stratheden. Since January 2024, music therapy now offers a weekly service to Ward 1 and Ward 2 at Queen Margaret Hospital, and Radernie and Elmview at Stratheden.

Music therapy supports the hospital-based care section of the Joint Health and Social Care Strategy for Older People in Fife 2011 – 2026 by offering a specialist service that, currently, cannot be accessed in the community. By offering open groups and involving carers in individual sessions for people living with dementia, music therapy is also aligned with the strategic intent to keep carers at the centre of care provision. Music therapy also supports the Fife Population Health and Wellbeing Strategy 2023 – 2028 by improving mental wellbeing, providing high quality person-centred care.

Across the course of the year, the Music Therapy Service has run open groups on a number of wards to ensure maximum accessibility for the patient population. These groups take place in communal areas and are tailored to the needs of the ward, and have comprised singing, instrumental improvisation, music listening, verbal reflection, reminiscence and a therapeutic choir. The graphs included below show the total number of patients engaged through open groups, and highlights that when people engage once, they are highly likely to re-engage, and that when they do engage, they do so for a considerable period of time. The service on Dunino Ward is an outlier in this respect.

Figure 5: Music Therapy Service – Patient Engagement

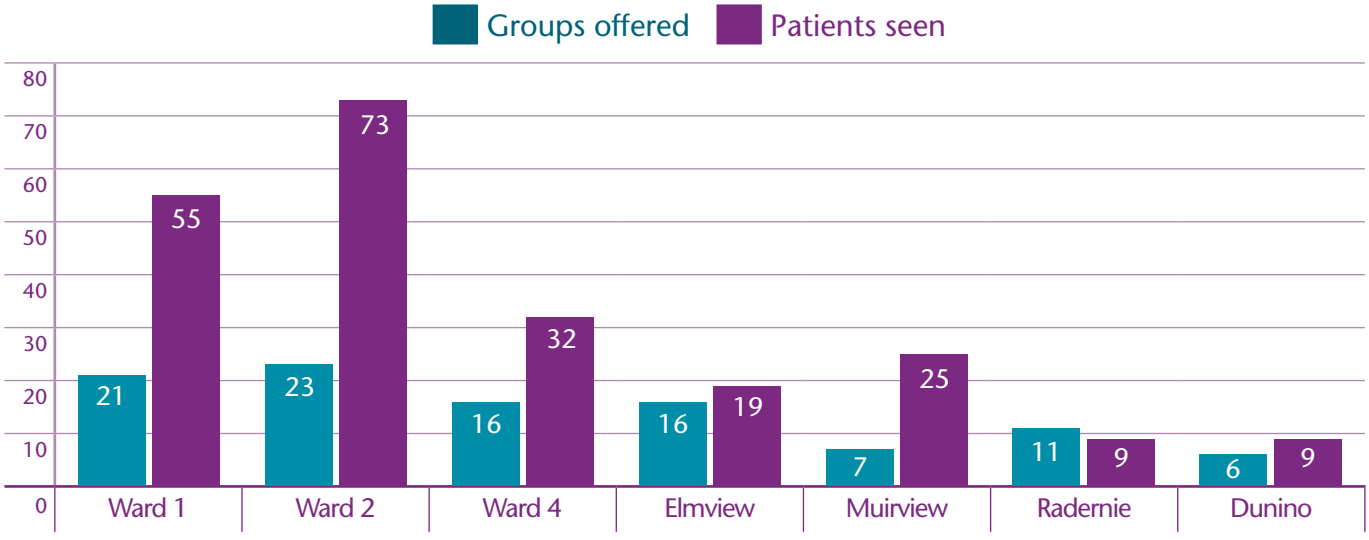
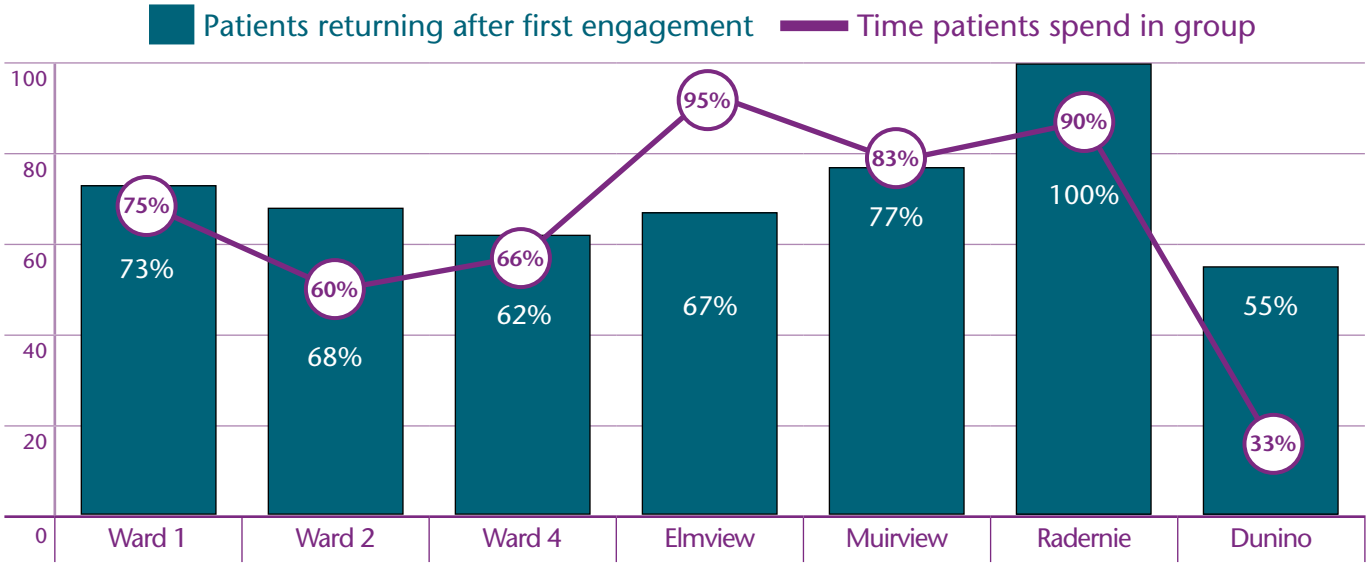


Figure 6: Music Therapy Service – Patients Returning



Music Therapy Groups were advertised on the ward through posters, and patients were also encouraged to attend by consultants, occupational therapists, and other ward staff. On older adult wards, groups are very song based, and use music to encourage communication, movement, and memory, as well as providing an important social and creative experience for the patient population. The open nature of the groups also allows for staff and visitors to attend, and so they are also there to help provide meaningful relational moments between patients and family / carers. On adult wards, groups are more improvisational in their musical offer, and are practiced with a mentalisation based therapeutic stance. Patients are encouraged to use the music to make sense of their emotions and the emotions of others, to explore difficult emotions in a safe environment, to connect with their sense of self, and boost self-esteem.

Patients do not need to be formally referred to attend the open groups, and are able to come and go as they please. The groups have a dual function as an assessment tool for further, individualised work. Of those individuals engaged in the group sessions, 16 have been added to the music therapy caseload for a more focused episode. Patient feedback for the Music Therapy Service has been very positive:

> 'Thank you for all your help and support, it's really appreciated. I will take what I learnt from music therapy with me in life, as well as my increased confidence'.

> 'Using music with my therapist has helped me to understand my emotional self, be 'free' from perfection and self-imposed dogma'.

> 'Using music with my therapist has helped me to understand grief and how to deal'.

14. Investment in Social Work

Prior to April 2023, social work role profiles were updated, and posts established. This involved Social Work Team Managers and frontline staff contributing to the decision to have two Senior Practitioners as subject experts in:

- Dementia and Technology Enabled Care
- Transitions
- Neurodiversity
- Forensics
- Mental Wellbeing and Hoarding, and
- Domestic Abuse.

Additionally, Team Managers contributed to adjustments to the existing Senior Practitioner role profile, which is now a Supervising Senior Practitioner role with greater clarity on the supervisory and manager deputising elements.

In April 2023, several Team Managers were identified to lead on recruitment, including writing the advert to attract the calibre of candidate we want, shortlisting applicants, interviewing, and appointing the best candidate. By October all but one of the twelve subject expert posts was filled, and practitioners had taken up position. The Subject Expert role is new, and it is recognised there will be a lead in time for practitioners to develop their area of expertise. Additionally, the Supervising Senior Practitioner role was amended, which means this group of practitioners also need time to develop their knowledge and skills. Service Managers in Adults and Older People Social Work Services have taken a lead for two Subject Expert areas each and have met with the relevant Team Managers and Subject Experts to develop action plans to support the development of the post.

Quarterly review meetings have been established, chaired by a Service Manager and involving all Team Managers and all Senior Practitioners. There have been two review meetings already, one in November 2023 and one in January 2024. Some Subject Expert roles are associated with practice where there are established local and national forums and local and national training opportunities, and some do not. The quarterly review meetings enable managers and Senior Practitioners to update the group on progress in relation to their action plans and share their experience and any transferable learning. To-date Subject Experts are undertaking agreed roles in relation to:

- MAPPA (Multi-Agency Public Protection Arrangements)
- MARAC (Multi-Agency Risk Assessment Conference)
- Post 16 Transitions.

The Partnership Fife has invested in two dedicated Mental Health Officers (MHO) to support the discharge of patients deemed to lack capacity. The MHOs attend the weekly 51x meetings and provide updates on all cases. They are therefore aware of all cases being placed on the list and liaise with the relevant social worker as soon as this happens. In addition, because of this close work social workers are aware that they can use the dedicated MHOs throughout the process for advice or support. The teams are increasingly identifying potential 51x cases to the MHOs as soon as they are admitted to hospital so that the MHOs are aware from the start and can intervene in the process to mitigate against delays right away.

Case Study

Mrs B was admitted to hospital in February 2024. A Social Worker from an area team had been involved since January 2024 and remained case responsible. The Social Worker had just arranged an increased package of care when Mrs B was admitted, and therefore this had not yet been implemented. The Social Worker began an updated assessment right away, which concluded that Mrs B would now require waking night care. A case conference was undertaken in February 2024.

Often the dedicated MHOs attend case conferences or give advice beforehand however, it was not necessary in this case. After the case conference the Social Worker highlighted to the MHO Team Manager that a welfare guardianship application was required. Due to Mrs B's potential 51x status she was allocated to the dedicated MHO for that area straight away. The medical reports were undertaken within the week and sent to the MHO. In cases other than potential 51x cases, doctors are legally allowed 28 days to complete their report.

The report was completed and submitted to legal services in March 2024 and then lodged in court with a request for interim residence and care powers.

From Mrs B's admission to hospital, the process of assessment, case conference and legal pathway being identified, and completion of the guardianship process was completed within six weeks and before Mrs B even became a 51x patient. Had this been a standard case, the process could have taken a minimum of two months for a local authority case, and four months for a private case, before it was ready for lodging in court.

If interim powers are sought, these can be granted approximately one week after lodging the application at the earliest. If interim powers are not appropriate the granting of the order can take between four to twelve weeks from the date of lodging depending on the court's business.

Through working together closely, social workers, legal representatives, MHOs and doctors are achieving appropriate outcomes for adults much quicker than before, which is reducing long delays in hospital, which are not in the best interests of the patients whose mental and physical wellbeing can be significantly negatively impacted by lengthy stays in hospital when they are medically fit for discharge. Fife Health and Social Care Partnership are committed to continuing to improve this as evidenced by the weekly 51x meetings which include senior management oversight to address any issues that arise, which may cause unnecessary delays.

15. Health Promotion Training Programme 2023 – 2024

The Health Promotion Service is part of Fife's Health and Social Care Partnership. We lead on approaches and services which maintain and improve health and wellbeing and reduce health inequalities. This covers the life course, including early years and children, adults and older adults. Within the service, the Health Promotion Training Team provides and co-ordinates training to enable people working in Fife to contribute towards reducing health inequalities and improving the wellbeing of individuals, families and communities.

The Health Promotion Training Team produce an annual programme which features a wide range of free training and is an opportunity to invest in our workforce through up-skilling and providing a space to share, reflect on and develop best practice. The aim of the programme is to provide accessible, relevant and high-quality learning and development initiatives that build competence and confidence across Fife's workforce to improve health and wellbeing outcomes and reduce health inequalities.

2023 – 2024 was our largest programme to date with a variety of training opportunities to suit everyone's learning needs. There were over 100 courses available across a variety of health and wellbeing topic areas, including Mental Health Improvement, Poverty Awareness and Transforming Psychological Trauma to name but a few. This is also the first year we have included a Train the Trainers section to ensure the Fife workforce has increased capacity to deliver learning and development opportunities in order to share experience and expertise.

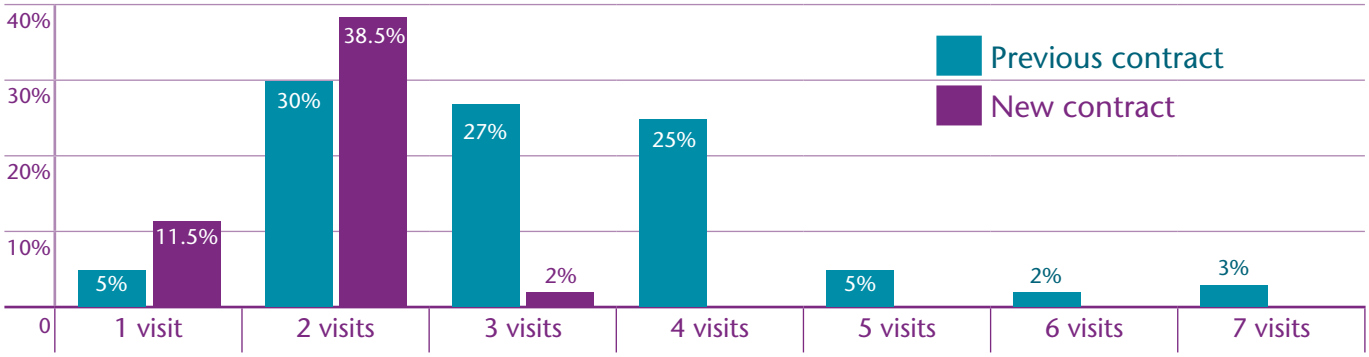
The Training Programme closed at the end of March 2024. This was followed by analysis of the training provision to identify which courses were informative, interesting and popular, and the qualitative input from delegates, including any areas for improvement. The evaluation report recommendations will inform the development of our training programme for 2024 – 2025.

16. Introduction of consignment stock in Podiatry

For over 25 years, NHS Fife Podiatry have ordered bespoke insoles and orthoses from the Tayside Orthopaedic and Rehabilitation Centre (TORT) to support patient care for those with musculoskeletal related injuries and offloading of high-pressure sites at risk of ulceration. The contract in place for the three-year period 2021 - 2024 was agreed at an annual cost of around £55,000. In addition to this contract, the Podiatry Service also purchased off-the-shelf insoles and orthotic devices, at a cost of nearly £25,000 for the preceding year. Following negations with TORT it was mutually agreed that the contract would come to an end in October 2023. This was replaced by a consignment arrangement with a new supplier for high-quality off-the-shelf products, and the purchase of some additional devices from other companies. During the initial three months since exiting the TORT contract, the Podiatry Service have achieved an initial saving of over £3,800. Moving forward it has hoped that the new contract will provide savings of around £15,000 per year, with the potential for additional savings based on current ordering trends.

In addition to the financial savings, the move to consignment stock enables patients to be supplied insoles or orthoses on the day of their appointment, rather than an order being sent to Tayside and the patient re-booked for a supply appointment once manufactured. Initial data shows that most patients only require one or two visits to the Podiatry Service using this new method then the previous system. This reduces the number of patient appointments required, which is beneficial for existing patients and helps to build further capacity within the service for future patients.

Figure 7: Comparison of the number of visits required



Following the introduction of the consignment stock we have identified that many patients do not require devices, but benefit more from stretching and strengthening exercises. We are therefore exploring a joint initiative with physiotherapy to support self-management of musculoskeletal conditions within a supportive community environment. This will aim support patients be seen quicker, and implementing measures to promote wellbeing will be earlier.

17. Risk Management Strategy

Fife Integration Joint Board's Risk Management Policy and Strategy was agreed in March 2023, and a delivery plan was put in place at that time. A Risk Working Group has met to progress work on the actions required to deliver the strategy. There are a total of ten actions on the delivery plan. Four have been completed, although further improvement work on two of these is continuing and work is progressing on the other actions.

Risk Management Strategy 2023 - 2026

The IJB Strategic Risk Register was reviewed in line with the new Strategic Plan 2023 – 2026 at a development session for IJB members. The risk register remains current. Work will always be ongoing to ensure the risk register remains as up to date as possible, taking into account external factors and progress on the delivery of the Strategic Plan.

Relevant key performance indicators are aligned to SMART control actions on all strategic risks to provide assurance that these are effective and improving the management of risks. A deep dive risk review process was developed and agreed by all the governance committees. This aims to provide members with assurance that risks are being effectively managed within the risk appetite and agreed tolerance levels. The new deep dive risk review process has also highlighted relevant performance indicators for individual risks.

A formal risk appetite statement was approved by the IJB in July 2023. This supports the management of the strategic risks and is set out within the deep dive risk review process for each individual risk. A presentation on key questions to ask in relation to risk appetite in decision making was delivered to the Quality and Communities Development session on 6 Feb 24 and a paper is being submitted to Audit and Assurance Committee in March 24 which proposes a methodology for considering and evidencing risk appetite discussions to support decision making.

Performance measures have been developed to provide assurance that risk management processes are operating effectively. These include: Movement of the IJB Strategic Risk Profile, Risk Scoring Trajectory and a Deep Dive risk Review Process.

The first two measures are included in risk reporting to Audit and Assurance on a quarterly basis. The deep dive risk reviews are now being progressed through Committees. Updates are provided to the Audit and Assurance Committee.

Further work on the development of performance measures will be considered following the approval of the Risk Reporting Framework and also as part of the development of a risk maturity model for the IJB.

For the outstanding actions, we are aiming to complete three by the end of September 2024, one by December 2024 and the other two by March 2025. The Risk Working Group is also taking forward a review of current training, and availability of training via the partners bodies and externally, in order to support the development and roll out of a risk management training programme.

18. Fife Specialist Palliative Care Service

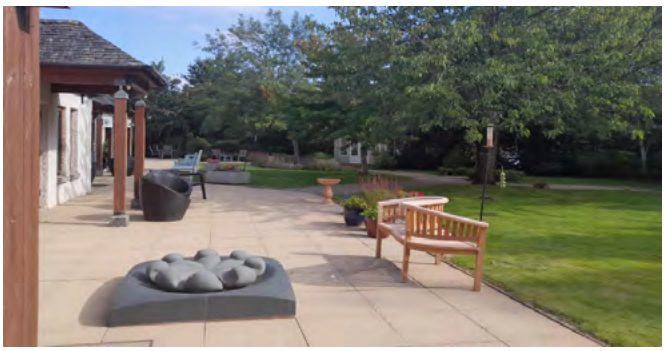
In December 2015, the Scottish Government published the Strategic Framework for Action on Palliative and End of Life Care which set out the aim that "by 2021, everyone in Scotland who needs palliative care will have access to it".

Building on this, the Fife Clinical Strategy 2016-2019 called for the provision of 'robust 7-day specialist palliative care that is able to meet the needs of the most complex patients and their carers in all care settings (including hospice, community and hospital) as well as to support and lead the development, education and support of generalist palliative care across Fife'.

At the end of May 2023, Fife Integration Joint Board approved the proposal from Fife Specialist Palliative Care Service for the introduction of an enhanced seven-day community model.

Victoria Hospice

Refurbishment to the Victoria Hospice completed early in 2023 allowing the Fife Specialist Palliative Care Team to come together in one building. Satellite offices are still available at Queen Margaret Hospital, Dunfermline. The Hospice is set within its own grounds and has a fantastic sensory garden with many out-door seating areas.



Quality Improvements across Fife Specialist Palliative Care Service

- Introduction of Palliative Care Bundle to patients receiving end of life care in the community in collaboration with district nursing colleagues.
- Share information on the bundle with Care Home Managers/Care Home Liaison Team.
- In collaboration with the Scottish Ambulance Service supporting education to care home staff to enhance end of life care
- Support education to primary care colleagues, now extended to care home staff to support shared learning.
- Developing a poster to share information of Specialist Palliative Care Service to acute and Partnership colleagues.
- Working in collaboration with acute and community hospital colleagues to re-introduce rapid discharge checklist to support seamless discharge of palliative patients.
- Re-introduction of palliative champions.

19. Collaborative working for Intravenous Antibiotic Therapy

Key staff within the South West Villages Locality have been trained to administer Intravenous Antibiotic Therapy and, through working in collaboration with Hospital at Home District Nurses, they now have the right skills and knowledge to provide this service in people's homes. This ensures that the right person with the right skill can treat the individual quickly and effectively in their own homes. Additionally, all of the other District Nursing Localities in Fife have staff who are undertaking this comprehensive training so this service can be rolled out Fife Wide. This has led to discussions of what other roles District Nurses can support with intravenous therapies, and collaborative work with the Heart Failure Service is being discussed with a view to District Nurses supporting patients with heart failure.

Increased support at home

20. Community Respiratory Service and Hospital at Home Service

The Community Respiratory Team have recently completed the NHS Fife intravenous cannulation and 'safe medicate' training to allow them to administer Intravenous Antibiotic Therapy for patients on their caseload that may require this treatment.

Currently the Outpatient Parenteral Antimicrobial Therapy Service (OPAT) within Fife's Victoria Hospital provides Intravenous Antibiotic Therapy for patients on an outpatient basis, however Fife has a growing elderly population and many of our respiratory patients are too frail to travel or are housebound.

Intravenous Antibiotic Therapy within the patient's home prevents unnecessary hospital admission and reduces the burden on Fife's Hospital at Home Service. The Community Respiratory Team operate a Monday to Friday service mirroring GP (General Practitioner) hours. To ensure people can receive intravenous antibiotics over a seven-day service they are working in collaboration with the Hospital at Home Service to deliver this enhanced care. The training has been undertaken by the entire team, this ensures that staff are appropriately trained and skilled to provide this treatment, enhances continuity of patient care and prevents duplication or unnecessary footfall in patients' homes from multiple services.

21. Podiatry Helpline

The Podiatry Advice Line was launched in October 2023 to support the people of Fife to access foot health advice without the need to refer into the Podiatry Service. The initiative supports people to self-manage their own lower limb health through access to best practice advice, including written and verbal advice and supported online video resources (NHS Inform).

Since introduction, the Helpline has taken over 200 calls, on various topics including general foot pain, fungal infections, diabetic foot screening and nail surgery. The helpline runs two sessions a week to offer supported advice, including signposting to other services and wellbeing initiatives. Caller feedback has been very positive, and results in few callers being recommended to refer into the Podiatry Service.

These graphs show details of the calls received by the Podiatry Advice Line.

Figure 8: Number of calls received

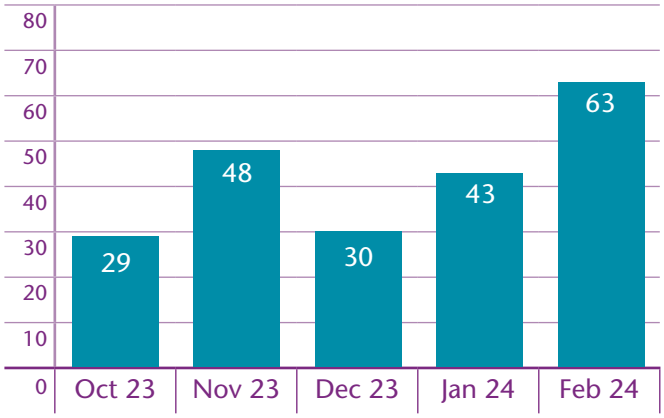


Figure 9: Call outcomes in February 2024

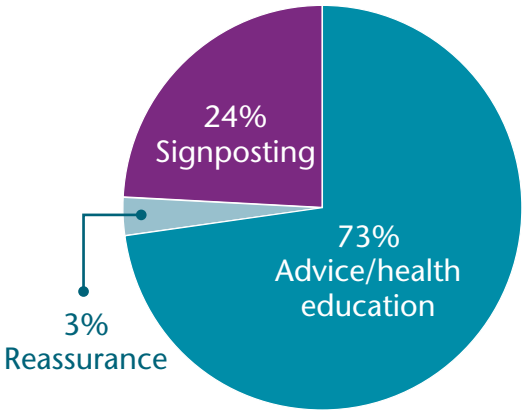
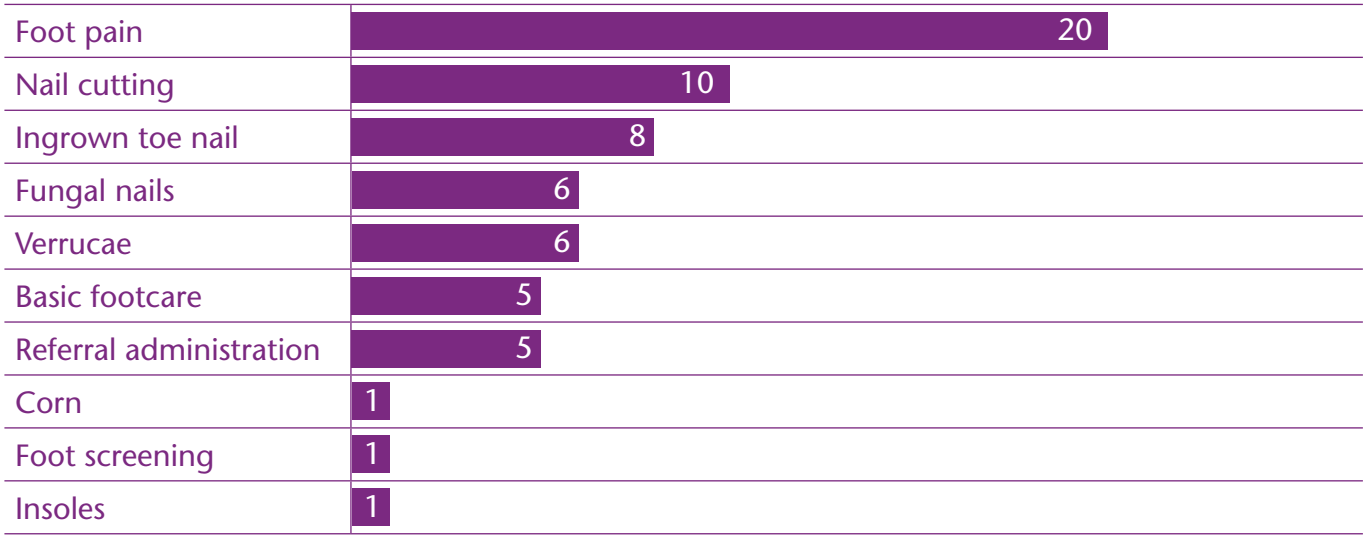


Figure 10: Subject of calls in February 2024



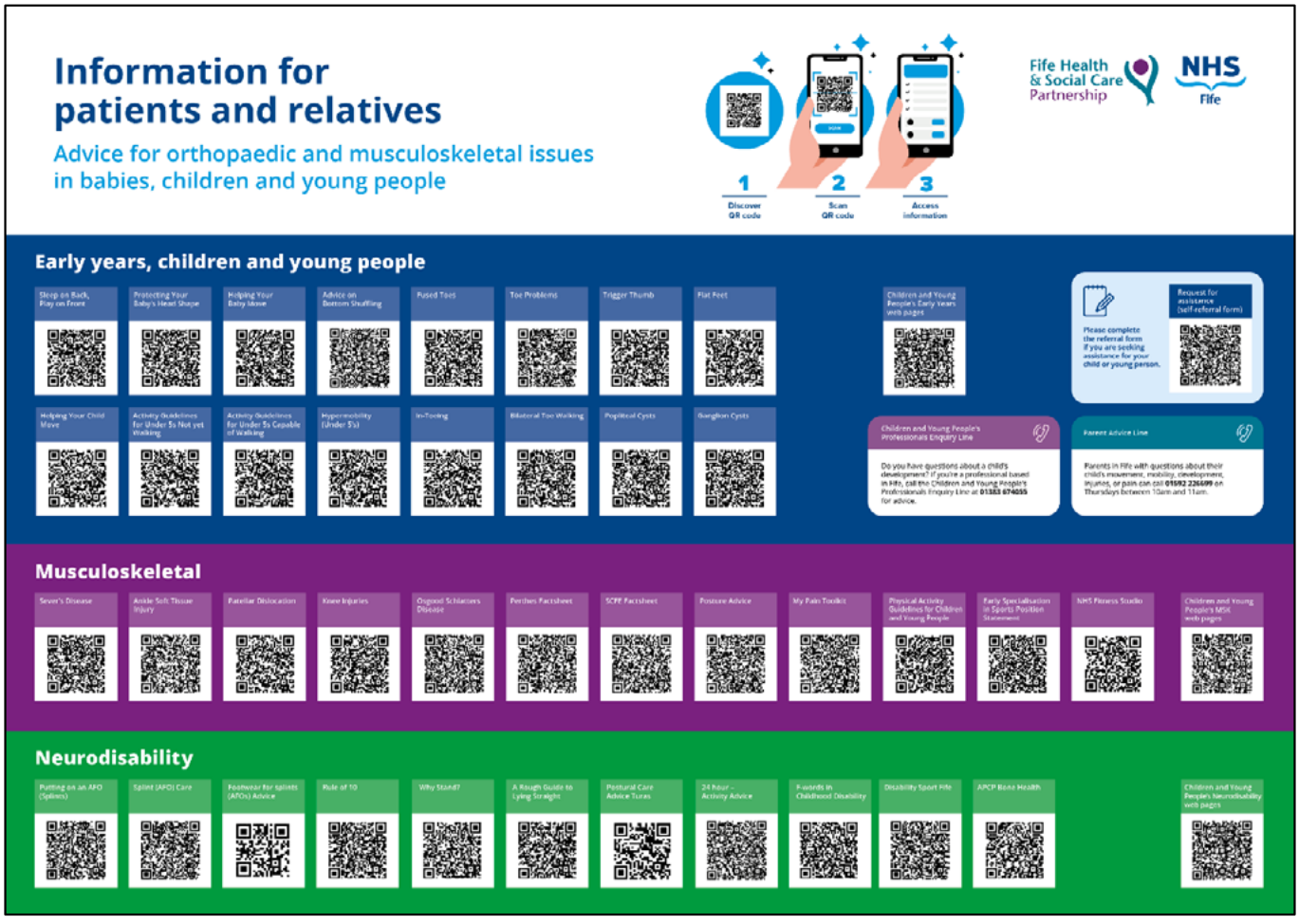
Next steps include further promotion of the Helpline in community areas and various professions to support early intervention. The current campaign has involved a social media campaign and posters within GP (General Practitioner) surgeries and at the Wells. We also plan to update the current podiatry self-help resources and website to support the advice given and provide signposting of relevant information.

22. Improved advice process for orthopaedic and musculoskeletal issues

Advice and information from the Children and Young People's Physiotherapy Team (CYP) and the Paediatric Orthopaedic Service (POS) has been updated and added to the NHS Fife website. Information was created in different formats for different groups.

- QR codes for the information were generated to promote ease of access for health care professionals referring to either service, providing parents and carers with advice and guidance, and for families to directly access health promotion and self-management advice. (QR is short for Quick Response code, a black and white square which can be used to store digital data).
- New guidance documents were created for GP's (General Practitioners), Emergency Departments and for use in CYP and POS clinics.
- Posters were also created to display in public waiting areas.

Informal feedback on the new advice and guidance has been good. A survey for patients, families and carers is being developed, and we will collate and review any formal feedback later this year.



Orthopaedic Signpost Poster

Further information is available here: **www.nhsfife.org/services/all-services/physiotherapy/children-and-young-peoples-physiotherapy**

23. Speech and Language Therapy - Adult and ALD Teams

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

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

We have posted 36 times and currently have 210 followers on Facebook and 202 followers on Instagram. Our number of followers increases each time we post!

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

Our most popular post so far has been about how we swallow. This was released during Swallowing Awareness Week and received 51 likes. These are some other examples our Facebook posts.

Facebook posts for Fife SLT Adults

Our Valentine's Day reel about communication reached 1,264 accounts and was played 1,610 times!

We are hoping to reach more and more people via Instagram and Facebook over the coming months in order to further improve awareness about what we do and how we can help.

24. Shared Lives Fife

Over the past year, our Shared Lives Fife Team has grown to become the largest Shared Lives Carers Group in Scotland. At each quarterly Panel meeting our numbers are growing steadily. At a recent meeting, four new carers were passed for starting to support referred people from all over Fife. It is expected that this will continue into the coming year. Each of our carers support people with a wide range of abilities in their own communities, providing day support, short breaks and long-term support. This success has meant that word of our service is growing in these communities, and we are receiving inquiries from prospective carers at steady rate.

Compared to other services that are available throughout Fife, ours has shown itself to be not only cost-effective, but also sustainable. Our unique matching process means that each prospective carer and supported person knows exactly what each will expect from the relationship they will be entering into. This process takes as long as it needs to; only once both are happy to continue, will it begin. Apart from being a positive and collaborative process, it engenders a friendly and long-lasting relationship between the carer and supported person, as well as their families.

The carers and supported people have gone on to create their own communities – they communicate through social media and emails, and they meet socially for ten-pin bowling nights, coffee afternoons in their homes and recently, a visit to a local pantomime.

Beauty and the Beast – Christmas Panto 2023

In the last six months, Shared Lives Fife have produced a regular online newsletter to highlight what these communities are doing as well as promoting future activities with the Shared Lives Fife Team, such as the forthcoming Shared Lives Week. The newsletter also promotes health and wellbeing, training courses and articles that may be of interest to our carers. It is hoped that this will become more frequent than the present quarterly issues and will have greater input from the carers and supported people. The next issue will have a piece about a new cookery group that was developed by the Shared Lives Fife Team and a Community Education Worker (based at The Centre, in Leven) and carers throughout Fife, and will include recipes from the course. Another article will be about another collaboration between Shared Lives Fife and a Community Support Co-ordinator and his Team who are working to create an accessible format for displaying the results of our annual survey.

Further information is available in our newsletter:
https://sway.cloud.microsoft/Zrz2ova9LbiyNRVF?ref=Link

25. Creating Hope for Fife: Fife Suicide Prevention Action Plan 2022 - 2025

Scotland's Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022. Fife's Suicide Prevention workstream remains a priority within Fife's Mental Health Strategy and is represented in the Plan for Fife – Recovery and Renewal 2021 to 2024. The Health Promotion Service, based in Primary and Preventative Care Services, led on this multiagency piece of work on behalf of Fife Health and Social Care Partnership as lead governance, to develop a new three-year Suicide Prevention Action Plan for Fife.

Working with the Partnership's Participation and Engagement Team, the draft Fife Suicide Prevention Action Plan underwent a public consultation process which received 240 responses from across all seven Fife localities. The consultation was designed around the four priorities and outcomes from the Draft Fife Suicide Prevention Action Plan and received significant interest and a substantial response from members of the public and staff who work within services, highlighting the willingness of Fife's population to get involved in the shaping of Fife Health and Social Care Services.

On the whole, the Draft Fife Suicide Prevention Action Plan was positively received, however, the consultation did highlight some gaps within the Action Plan. The Consultation Feedback Report recommended these areas were reflected within the Fife Suicide Prevention Action Plan. This was taken on board and 'Creating Hope for Fife, Fife's Suicide Prevention Action Plan' was updated to include these specific areas of work. The final version will be published on the Partnership's website.

Work to deliver activity against the Fife Suicide Prevention Action Plan is already underway by the Fife Suicide Prevention Multiagency Core Group and associated Delivery Groups and will continue over the next three years. The outcome framework to measure progress for the Fife Suicide Prevention Action Plan will be finalised during 2024 ensuring impact and outcomes reporting are in place.

It is nationally recognised that due to the extremely complex nature of suicide prevention work, and the number of different factors involved, it is not possible to attribute a reduction or increase in suicides to specific action plans or activities. Rather than using percentage targets and numbers as performance indicators, we are working with national colleagues to consider how actions taken are contributing to outcomes for individuals and communities.

26. Parent/Carer Speech and Language Therapy Advice Line

During COVID-19, the Speech and Language Therapy Service set up a Parent Advice Line. Two experienced Speech and Language Therapists answer calls twice a week for two hours on a Tuesday afternoon and Thursday morning.

The Parent Advice Line supports the prevention and early intervention of speech, language and communication difficulties that can have such an impact on children and families' health and wellbeing. Importantly, parents and carer are able to speak to a therapist about their child's communication at the time of concern. This allows us to offer access to right person, at the right time, giving the right support to families of children and young people in Fife.

In addition, whilst being realistic about the significant waiting times for families who have submitted formal Requests for Assistance, the Parent Advice Line offers a valuable opportunity for us to support families to self-manage while they are waiting.

All calls are answered, although on busy sessions, we have to offer a call back at a suitable time. The majority of calls are around early interaction, developing vocabulary and speech sounds. Parents are concerned about school readiness, accessing literacy and ability to make and sustain strong peer relationships. The experienced Speech and Language Therapists on the call are able to offer immediate reassurance and advice. Where appropriate, we have recently added the option of a follow up call with a support practitioner to support parents in how to use recommended resources.

During 2023, colleagues from Occupational Therapy and Physiotherapy joined the team and other Allied Health Professionals have plans to do this over the next year.

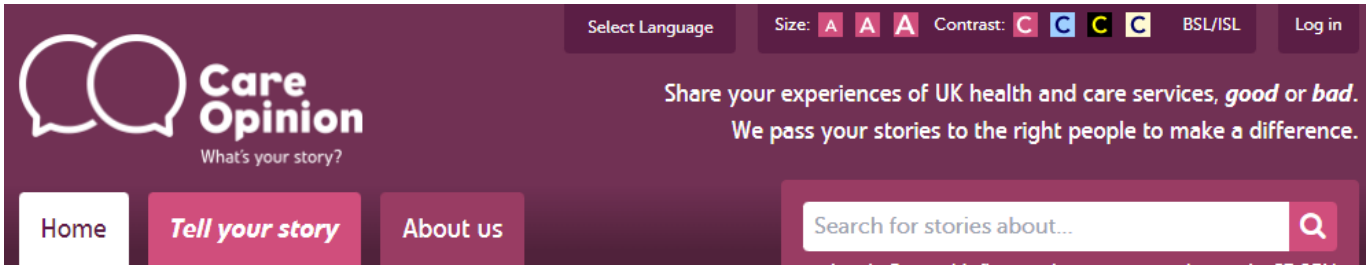
Early intervention of speech, language and communication

Since the service was introduced, we have answered 1764 calls to the Parent Advice Line. In 2023 we received 476 calls.

- 84% of these were about children aged 3+ years.
- 81% were unknown to our service prior to the phone call.
- 25% of the callers were signposted to education support staff.

In some cases, callers are recommended to submit a formal request for assistance; in 2023, this accounted for only 8% of calls.

Moving forward we are currently testing whether a follow up video call with a support practitioner will help families to implement the advice given, and we have plans to test a face-to-face drop in model in local communities. We are also promoting the use of Care Opinion to gain participation and engagement from service users.



Further information on Care Opinion is available here: **www.careopinion.org.uk**.

27. Adult Neurodevelopmental Pilot Project

Neurodivergent adults are known to experience physical and mental health inequalities, and recent surges in referrals have indicated significant need for service development. During 2023 Fife Health and Social Care Partnership was selected as an adult neurodevelopmental pathways 'test site' by the National Autism Implementation Team (NAIT), and awarded fixed term funding to:

- scope unmet need,
- understand local and national challenges, and,
- propose approaches to improve services and more importantly outcomes for neurodivergent adults.

A small pilot team of multidisciplinary staff was established including clinicians from nursing, occupational therapy, psychology and psychiatry. The Team were able to look closely at local demand and unmet needs, as well as testing out clinical approaches and group work, and establishing links with local third sector services. The Team have drawn together this information to understand how local needs for neurodivergent adults could best be delivered in the future now that this fixed term project has come to an end.

There has been a surge in referrals for neurodivergent adults to the Partnership over recent years, in common with all areas in Scotland, the UK and internationally. This has created challenges for existing mental health services, where most of the clinicians with the skills are located. The pilot project has enabled us to better understand these challenges, and look at how these might be better met in the future.

28. As Required Medication - Person Centred Reporting

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

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

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

Red indicated Intramuscular (IM) medication	**Amber was used for oral medication**	**Green was applied to non-pharmacological interventions**

This approach has recently been supported by automated data reports which track patient specific trends. Reports were adapted through small scale testing and ward level PRN usage was tracked over time and issued weekly via ward level reporting. All aspects of "As Required" medication use are now tracked and reported at a ward level.

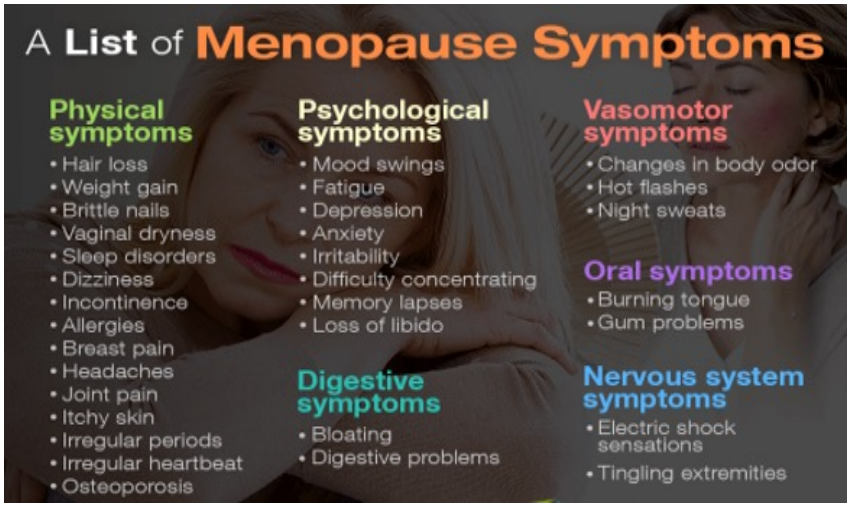
Due to this improvement, the Older Adult Service has experienced a 35% reduction in Oral/IM PRN administration since embarking on this process. Access to patient specific data reports has also led to improved person-centred care planning as well as an improvement in timely patient specific medication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

Whilst the Older Adult Service are familiar with the process and have this firmly embedded into practice, there is ongoing work to further develop the non-pharmacological recording processes into the wider Mental Health Service.

29. Menopause Support to Staff

We host Menopause Cafés every four weeks, these have started in Anstruther (Town Hall), South West Fife (Oakley Community Centre), Glenrothes (Bankhead), and Leven (Carberry House the wedding room) with more venues to be added soon.

The impact of sharing in a safe space is incredibly powerful, many menopause symptoms are psychological, and it can be difficult to talk about negative emotions like rage, mood swings or self-loathing.



Menopause Café

The Cafés provide a safe space for colleagues to share experiences, grab a snack, and get some support and information. This can be for themselves, their partners, or their work colleagues' menopause symptoms.

30. Deaf Communication Service

The Deaf Communication Service (DCS) are a small team with many years of experience supporting members of the community who are D/deaf, Deaf Sign Language users, hard of hearing, deafened, deafblind and those newly diagnosed with hearing loss. They work to remove barriers to communication by providing information, advice and support to families, carers, friends, the public, employers, employees, service providers and other organisations about hearing loss.

The DCS work closely with other departments within Fife Council and Fife Health and Social Care Partnership colleagues, as well as a range of local partnership organisations and voluntary groups (including Police Scotland, Scottish Fire and Rescue Service, NHS Fife, Job Centre Plus and Citizens Advice Scotland) to provide support to and empower members of the deaf community who access these services.

The DCS utilise digital and social media platforms (including a DCS section on the Fife Council website, the FifeDCS Facebook page and a dedicated Fife Deaf Communication Service BSL YouTube channel) as well as contact options by email, phone, ContactScotlandBSL, SMS or in person at Town House to maximise the reach of the service.

These are some examples of ongoing work and support provision from the DCS during 2023 – 2024.

- Specialist Social Work Support
- Workplace assessments for employees with hearing loss
- One-to-one specialised support for Deafness
- Loan of equipment and hire of loop systems
- Production of written materials in BSL format
- Development and delivery of Deaf Awareness Training and BSL Taster sessions.

We have also:

- Provided bespoke one-to-one British Sign Language (BSL) classes for Deaf refugees from Syria and Ukraine, providing support and communication via Arabic and Ukrainian Sign Language.
- Run a joint DCS/Specialist Clinic based within the Audiology Department at Victoria Hospital, Kirkcaldy.
- Provided advice on communication support (such as qualified BSL Interpreters, Electronic Note Takers, Hands-On (Tactile) Interpreters, Deafblind Guide Communicators and Lip-Speakers).
- Developed and delivered Deaf Awareness Training and BSL Taster sessions.
- Provided information/advice on specialist equipment (for example, Bluetooth technology such as Phonak communication and listening apparatus).
- Produced BSL translated documents from English to BSL as required by the BSL Act 2015.

Given advice and information to other services on making materials/websites accessible to BSL users, and provided other bespoke training as required.

DCS have recently developed a number of Deaf Awareness sessions (including BSL Culture Awareness, BSL Taster Sessions and Deaf Awareness Training) to promote knowledge, understanding and inclusive communication through BSL and deaf culture. DCS continue to produce a BSL translation of the Fife Council news summary every week, accessible for staff via the intranet.

Outcomes

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

NW02 NW05 NW07

PHP3 PHP4 PHP5 PHP6

31. Social Work Service - Adult Support and Protection Activity

Fife Health and Social Care Partnership Adult Support and Protection Team have continued to provide strategic support and direction to our Social Work Services, allowing continual improvement in the area of Adult Support and Protection Practice and engaging a mutual commitment to achieving excellence in this area of our social work duties.

Following the Joint Inspection of Adult Support and Protection by the Care Inspectorate, Health Care Improvement Scotland and Her Majesty Inspectorate of Constabulary in Scotland in 2021, Fife Social Work Services have committed to progressing the areas of improvement identified following the inspection and have continued to seek to identify improvement activity across our Adult Support and Protection practices to ensure our people experience the best possible outcomes.

Our Inter-Agency Annual Audit, completed in October 2023 indicates significant improvements across many areas of our practice including:

- the number and quality of chronologies,
- the number and quality of risk and protection plans,
- the quality and effectiveness of our information sharing with partners,
- the quality of our inquiries and investigations.

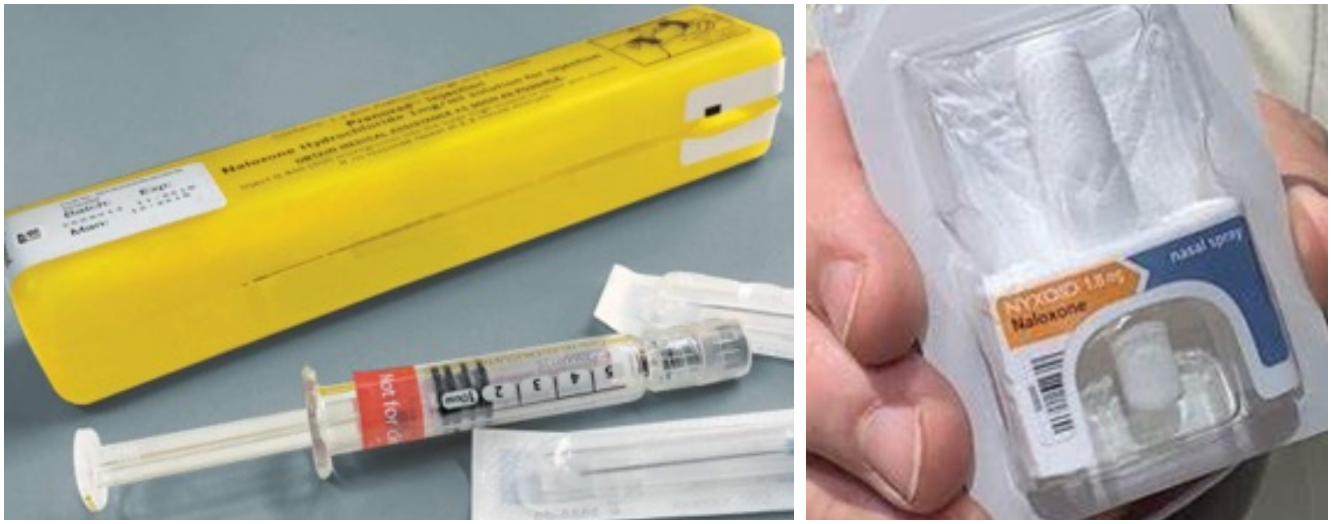
We aim to take further learning from this feedback and enhance our auditing tools to enable us to continue to identify areas of practice where we can enhance and improve the quality of the experience for the people we work with. A full-time table of audit activity has been created for the next year 2024 - 2025.

In addition to this, our Adult Support and Protection Team have been working closely with the Scottish Government preparing for the progression of the National Minimum Data Set. Phase 1 of the National Minimum Data set has rolled out and has been implemented across our Social Work Services and Phase 2 is due to progress during 2024.

32. Community Pharmacy - Emergency Naloxone

Naloxone is an emergency medication used to counter the effects of opioid overdose. It can be injected or sprayed into the nose; Naloxone only works if a person has opioids in their system.

The Scottish Drug Taskforce published their Changing Lives report in 2022 which included an action that all community pharmacies in Scotland should hold naloxone for administration in an emergency. This action was realised through the inclusion of emergency naloxone holding as part of the public health element of the Community Pharmacy Contract in October 2023. In NHS Fife, the Pharmacy Services Team have engaged with community pharmacies to ensure that each of the 86 pharmacies across Fife are holding two naloxone kits which can be administered in an emergency and have also offered additional training to pharmacy teams where required. The engagement provided around this service has led to positive conversations with community pharmacy teams about offering a Take Home Naloxone (THN) service which would make naloxone available to those at risk of overdose as well as their friends and family members.



Take Home Naloxone Kits

All 86 community pharmacies in Fife are now in a position to provide naloxone for use in an emergency. Since the engagement around the emergency service began, a further three pharmacies have begun offering a Take Home Naloxone service with another 10 expressing interest. It is our intention to continue to support both the emergency naloxone and THN services moving forward with a particular focus on increasing the number of pharmacies offering THN.

33. Referral to Treatment Target - CAMHS

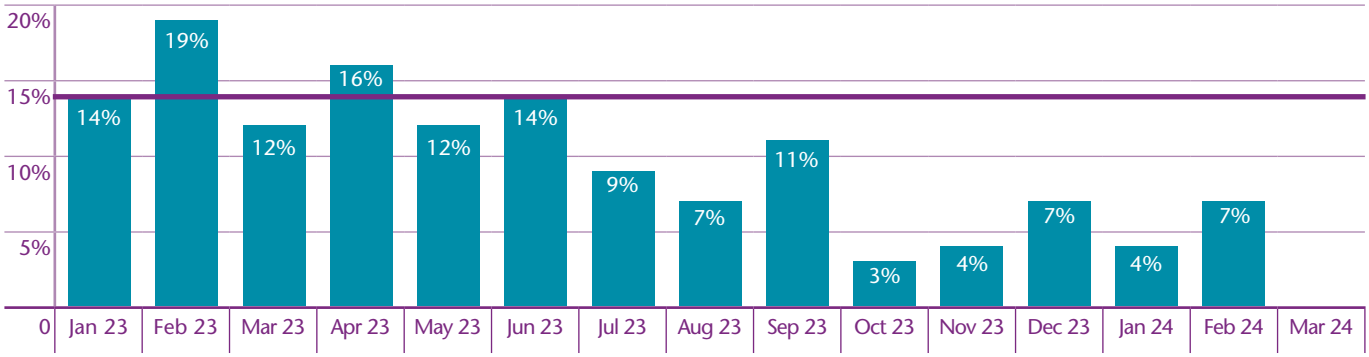
The Scottish Government referral to treatment target states that 90% of children and young people referred to Children and Adolescent Mental Health Services (CAMHS) are to start treatment within 18 weeks. Fife CAMHS are working towards this target, and aim to offer the right treatment, at the right time and by the right person to enable children and young people in Fife to achieve their goals and be the best they can be. It is hoped that children and young people learn to manage their own mental wellbeing through engagement with CAMHS that will be evident throughout the whole of their lives.

Throughout 2023, the CAMHS web pages were updated to help support children and young people while they are waiting for their CAMHS appointment. Things to Try has an A-Z of topic pages, websites and apps aimed at supporting children and young people's mental health and wellbeing: **www.nhsfife.org/camhs-thingstotry**

CAMHS has introduced several improvements over the last year including:

- A new two-tailed approach to appointment booking which considers both the start (priorities) and end of the waiting list (longest waits) and will ensure that the Referral to Treatment Target is met and maintained going forward.
- Additional caseload management support for clinicians which helps ensure manageable and sustainable caseloads, whilst supporting the reduction of the waiting list, and ensuring staff wellbeing.
- Evening clinics which increase CAMHS capacity to offer appointments to the longest waits, and new early intervention groups which support the referral to treatment trajectory.
- The introduction (since February 2023) of written therapeutic letters in response to referrals that do not meet CAMHS criteria. This initiative highlights the early intervention principles of getting the right support at the right time. Therapeutic letters have been an excellent addition to our service and are positively commented on by recipients.
- Introducing telephone appointment reminders which enable families to change their appointment if required, is helpful for families and has reduced the number of 'missed appointments' significantly. For example, in February 2023 the 'Did Not Attend' (DNA) rate for Core CAMHS was 19% in February 2024 this had dropped to 7% as shown below.

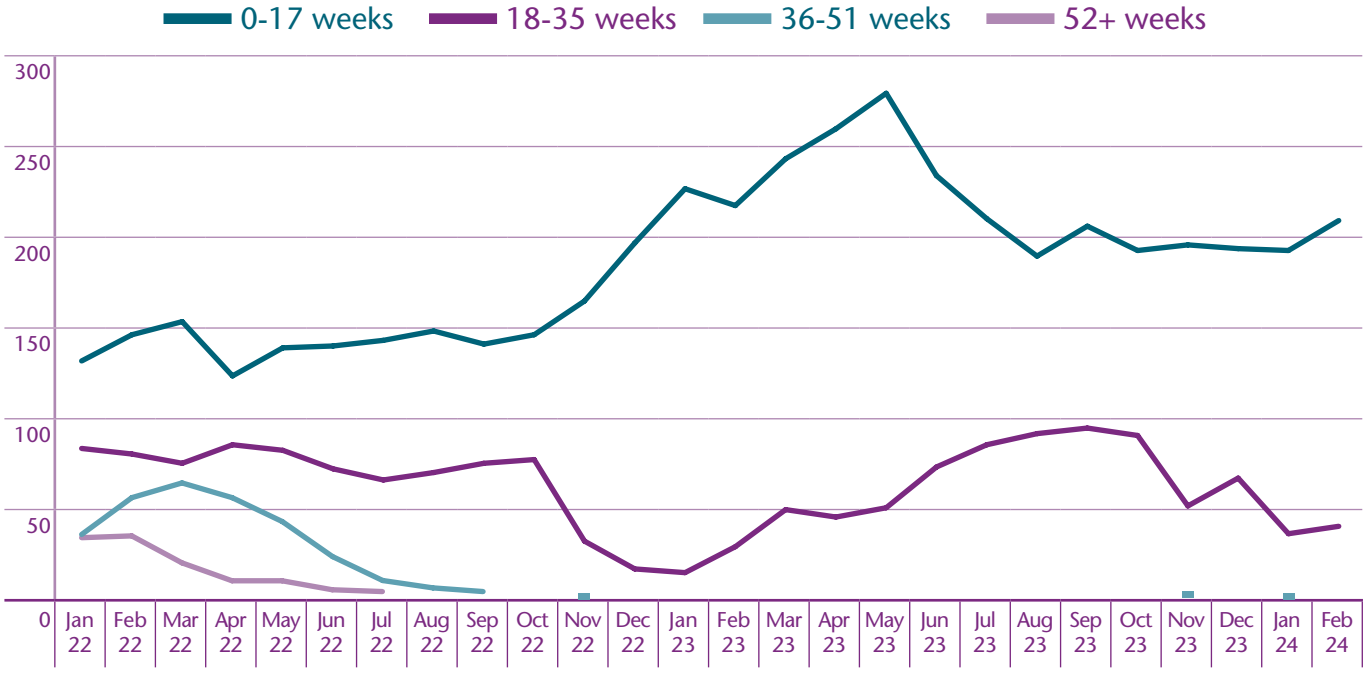
Figure 11: Percentage of 'Did Not Attend' for core CAMHS appointments



The core CAMHS Group Programme supports children and young people alongside receiving individual therapeutic intervention. The groups currently offered range from anxiety support to managing emotions, behavioural intervention and art therapy for autism spectrum disorders (ASD).

The number of children and young people waiting over 18 weeks for Fife CAMHS has reduced significantly, with appointments booked as soon as possible to ensure that children and young people are seen earlier.

Figure 12: Number of children and young people waiting for CAMHS



The line graph shows that in the past two years, the numbers waiting for CAMHS has dropped from 304 (Feb 2022) to 238 (Feb 2024). Currently, no one is waiting over 36 weeks, with the numbers waiting over 18 weeks also significantly reduced from 77 (Feb 2022) to 38 (Feb 2024). CAMHS will continue to put improvements in place to ensure the target is met and children and young people are seen as soon as possible.

34. Postural Management Stroke Pathway

Historically, patients requiring prolonged periods of stroke rehabilitation in a hospital setting did not receive any formal input in regard to their postural care. Patients that were unable to support their own posture, were either cared for in bed or seated in chairs that did not address their postural management needs. On discharge from hospital back into the community, many of these patients continued to be cared for in bed, whilst they waited for many months to have a postural management assessment. The aim of this Project was to ensure that the postural care needs of people within this patient group could be assessed at an early juncture and that their needs could be met both in hospital and that the required appropriate seating and lying equipment would be supplied immediately on discharge.

This new pathway was for Hospital based NHS Occupational Therapy (OT) and NHS Physiotherapy staff to attend a two-day Postural Management Training Course, which was jointly developed and delivered by Specialist Fife Council Occupational Therapy and NHS Fife Physiotherapy staff. The training provided the hospital-based staff with the skills, knowledge and competence to be able to identify and assess the needs of patients with postural care needs. With input from the Specialist Fife Council Community OT service, a range of modular seating systems were identified and purchased by NHS Fife, which enabled staff to be able to trial seating solutions with patients whilst on the hospital wards. With ongoing support from the Specialist Community OT service on an in-reach basis.

This change in pathway and process was achieved without any extra staffing resource being required, by utilising the existing skills, knowledge and expertise of our Occupational Therapy and Physiotherapy staff from across both sides of the Health and Social Care Partnership. Front and centre of this change in practice was the recognition that this would better meet patient needs and produce better patient outcomes. Patients no longer have to endure prolonged periods of care in bed, which can lead to complications with pressure care and skin integrity and can prevent them from being able to participate in social and self-care activities. With postural care needs identified at an early-stage patients can be appropriately seated, able to participate in more activities such as eating and self-care.

Victoria Hospital, Kirkcaldy, and Queen Margaret Hospital, Dunfermline, Fife

Glenrothes Hospital, Fife and St Andrews Community Hospital, Fife

35. Fife Alcohol and Drug Partnership - reduce harm and improve lives

The National Mission Priorities 2022 - 2026 has six outcomes focused on evidenced based themes to reduce harm, reduce substance related death and improve the lives of all people affected by alcohol and drug use. Fife Alcohol and Drug Partnership (ADP) during its current strategic and commissioning cycle 2020 – 2023 has absorbed these outcomes and has used them as strategic themes in the development of the new ADP Strategy 2024 – 2027.

These are the current initiatives employed to address the priorities and achieve the outcomes.

Outcome 1 – Fewer people develop problem drug use

- Commissioned and worked with partners in schools to review the substance use education provided to children and young people.
- Commissioned youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family.
- Provided support for all members of the family where there are young children to help them first prevent crisis and manage it if, and when, it does.
- Provided additional support to children and their families affected by substance use as they transition from primary to secondary school.

Outcome 2 - Risk is reduced for people who take harmful drugs

- Extended our overdose awareness and Take-Home Naloxone training programme to communities, via pharmacies, services, families and businesses in contact with people at risk.
- Created one stop shops in some localities (Kirkcaldy, Levenmouth and Cowdenbeath) for drop in, same day prescribing and on the day support.

Outcomes 3 and 4 – People at most risk have access to treatment and recovery and people receive high quality treatment and recovery services

- The ADP has been focused on embedding and evidencing Medication Assisted Treatment (MAT) Standards into the system of care, creating pathways to treatment and support and improving access to residential rehabilitation.
- Improved our services to facilitate same day prescribing for opiate replacement therapy and ensuring people continue to have choice about treatment and support.
- Improved and extended pathways to residential rehabilitation for people affected by alcohol and drug use.
- Extended our services to engage with people where they are particularly in Accident and Emergency Departments (A&E), hospital wards, custody suites and prisons.
- Built a MAT Standards performance framework that measures real impact and improvements in the lives of people in Fife.

Outcome 5 - Quality of life is improved to address multiple disadvantages

- Invested more in our recovery community service ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing.
- Begun working on integrating care and support with mental health services, primary care and housing to ensure people's care is coordinated and serves all of their needs (MAT 6, 7, 8, 9 and 10).
- Created a dedicated independent advocacy service which supports people's rights and helps their voices to be heard.

Outcome 6 - Children, families and communities affected by substance use are supported

- Commissioned whole family support for families with young children in partnership with our treatment services
- Invested in the development of family inclusive practise training and implementation of this will commence with our operational teams.
- Invested in a family support and carers' service specifically for adult family members or those viewed as family

Alcohol Brief Interventions can be delivered locally by any professional trained to any member of the population where reduction of alcohol consumption can prevent current and future harm. Fife has a local delivery target of 3141 per annum, with expectations that delivery occurs across primary care, ante natal and A&E. Fife performance in 2022/23 was 2751, however this year Fife has greatly improved and is above target in the first three quarters of the year (4984).

Take Home Naloxone is a medication administered to reverse the effects of an opiate overdose. It can be used by any member of the public or anyone professional trained, and it can also be distributed by professionals who have completed trainer training.

Photograph provided by Scottish Drugs Forum: Take Home Naloxone Kit

Take Home Naloxone is part of the (MAT) Standards and Fife ADP set their own annual target of 1400 kits distributed per annum. Performance within the first three quarters of this year has already exceeded this target at 1426. This is a significant improvement from the previous year (1098). Part of this success is training people with lived and living experience, and commissioning a trainer to extend access to groups and communities at risk.

36. Delayed discharge due to incapacity

Through the provision of two dedicated Mental Health Officers to complete suitability reports for Guardianship applications under the Adults with Incapacity (Scotland) Act 2000, there has been a reduction in the number of patients delayed in hospital due to issues relating to capacity.

This has been achieved through early identification of individuals who may find themselves delayed because of incapacity, and been proactive in reducing the risk of delayed discharge by identifying and securing the correct legal decision-making framework. The dedicated Mental Health Officers have supported the local Social Work Teams to appropriately implement section 13za of the Social Work (Scotland) Act 1968 to facilitate discharge from hospital.

The dedicated Mental Health Officers have developed close relationships with Hospital Discharge Team's which has facilitated collaborative working and early identification of individuals who may become delayed due to incapacity. Consequently, strategies to prevent delayed discharge have been developed such as encouraging Social Workers to raise the issue early with families and the convening of prompt case conferences where required. Social Workers are now aware that they can contact the dedicated Mental Health Officer's for advice and support.

The dedicated Mental Health Officers have fostered and strengthened relationships with private solicitors to encourage ongoing liaison about the application of legislation, and to expedite the completion of reports. The Mental Health Officers have prompted private solicitors where necessary throughout the process to avoid delays and encouraged the application for interim powers to further avoid unnecessary delay in hospital.

We have also assisted in identifying suitably trained medics to completing incapacity medicals thus speeding up the process further. As a consequence, suitability reports are completed and Guardianship Orders granted prior to the adult becoming medically fit for discharge, enabling a timeous move and avoiding extended and unnecessary inpatient admissions.

Moving forward, we will develop a commissioning framework in partnership with medical colleagues in the Health and Social Care Partnership to further expedite the Guardianship Process. Working groups have been established to look at how we can develop our ways of working in the future to improve the service even more. "From the front door to discharge".

We are also considering how early advice on Power of Attorney may prevent delays in future discharges. With any Social Work contact we provide the leaflet "What is a Power of Attorney" and explain the benefit and necessity of considering viable options.

37. District Nursing - reduction in pressure ulcers

A Test of Change was implemented in the Cowdenbeath District Nursing Locality. A new document was produced to ensure that all care was being actioned in preventing pressure ulcers in community locations. Pressure ulcers (pressure sores or bed sores) are areas of damage to a person's skin and the tissue underneath. Some people have a higher chance of getting pressure ulcers if they have difficulty moving.

Treatments for pressure ulcers include:

- changing position and moving regularly to help relieve pressure on the ulcers and help stop new ones forming,
- specially designed mattresses and cushions,
- dressings to protect the ulcer and help it heal,
- creams and ointments,
- antibiotics if the ulcer is infected,
- cleaning the ulcer,

The new approach produced a reduction in pressure ulcers for the people involved in the Test of Change, and the improved service will now be rolled out to all Fife localities.

38. Hospital Discharges

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

This improvement has been aided by several things:

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

PDD's are set as close to the person's hospital admission as possible. This ensures that all health and social care teams are working towards a predicted date when the person will be fit for discharge home. This enables better planning and allocation of resources, and is also useful for family members and carers. The Assessment Practitioners located within the hospital sites across Fife has meant closer working relationships, being able to support assessments at an earlier stage, along with ensuring the right care and support is in place to meet the PDD. All have this has ensured there has not been one official delay in the last eight months for anyone awaiting a package of care to support them to go home.

Figure 13: Number of Referrals by Month (April 2023 – March 2024)

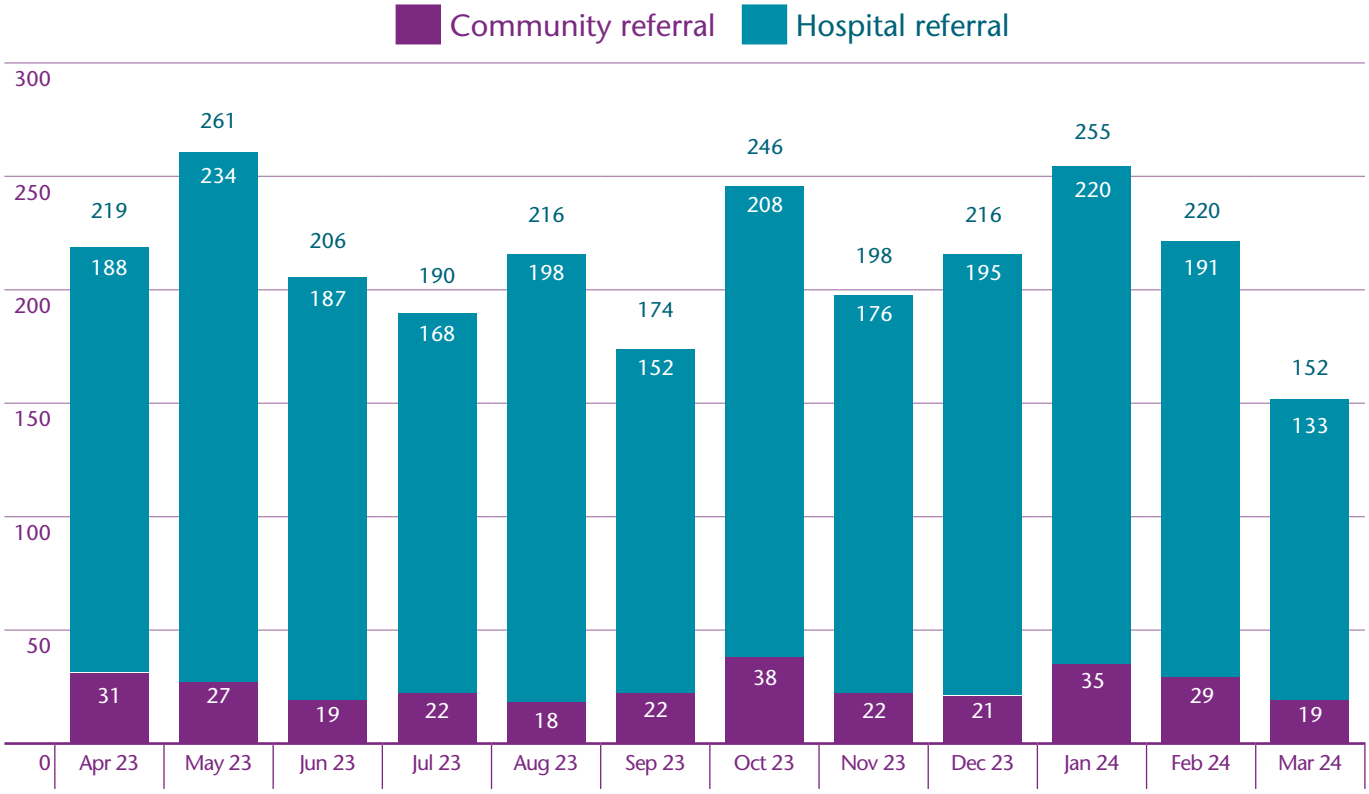
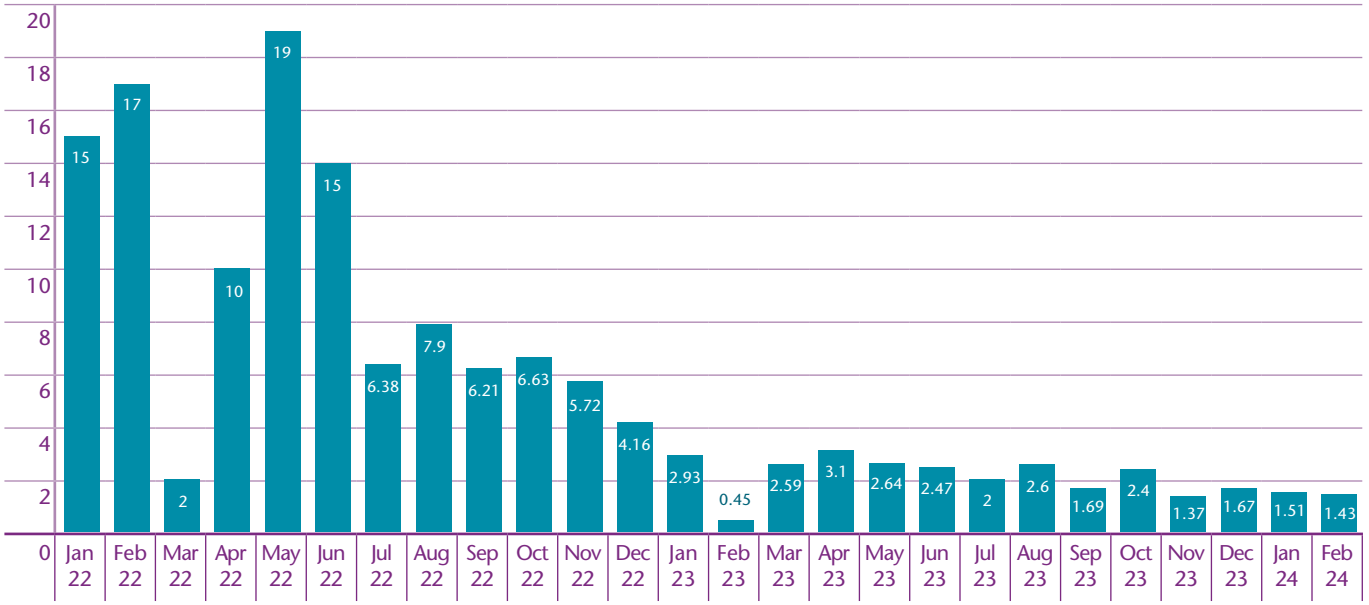


Figure 14: Referral/Planned Discharge Date to Discharge Date (Average Days) (2021 – 2024)



39. Speech and Language Therapy contribution to Frailty Study Day

Speech and Language Therapy contributed to this study day for staff working in care settings and newly qualified nurses by delivering a workshop to:

- Provide information about dysphagia (swallowing difficulty) that can develop in relation to progressive conditions, as well as aging.
- Deliver support and advice to carers on how best to support residents to live well with swallowing difficulty.
- Remind about IDDSI descriptors and encourage the use of this shared language to avoid risk to individuals on hospital admission, discharge and transfer.
- Signpost staff managing with difficulties out with speech and language therapy scope of practice- e.g. medication management.

Outcomes for staff included better understanding of the swallowing process and how this can become impaired; referral criteria; ways to assist mealtimes; moving away from over reliance on thickener; quality information to include in referrals to the Speech and Language Therapy Service.

Feedback from the event organiser has been positive and there was a 100% uptake from the audiences of all the offered resources from Speech and Language Therapy to support proximal care for individuals with eating, drinking and swallowing difficulties. Further study days are planned for other locality areas across Fife.

40. District Nursing - collaboration with Specialist Nursing Teams

District Nursing and Specialist Nursing Teams attend a twice weekly huddle to improve patients journeys and outcomes by identifying the right person, with the right skills and knowledge to deliver the right care in the patients' home. To date patients have been directed to the right person with the knowledge and skills in their condition.

Integration

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

NW08 NW09 PHP5

41. Supporting safer eating and drinking for adults with learning disabilities

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

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

'Learning how all professionals work as a team and about their different roles'.

'The practical activities – understanding how it feels for the service user'.

'Information about swallowing, how the muscles work and how it can go wrong'.

42. Establishment of a Health and Social Care Complex Cases Panel

The Complex Case Panel was established in February 2022, to provide a forum for practitioners to table complex case and have access to representatives from all the Complex and Critical Care Services to support decision making in relation to management of risk. The aspiration was to broaden the scope of the discussion, encourage innovative thinking, invite challenge, and increase knowledge of each other's services. The meeting evolved to also include discussion of cases where there was a request for significant resource.

The Terms of Reference for the Panel were reviewed in August 2023, and this provided an opportunity to consider learning from a number of sources, including from a Joint Learning Review commissioned by Fife Adult Support and Protection Committee.

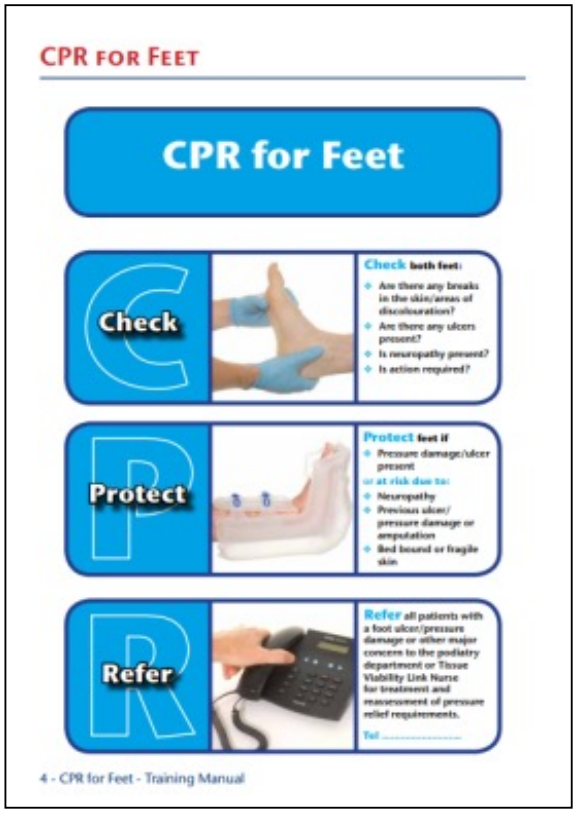
A revised Terms of Reference has now been agreed. The main changes are that the Complex Cases Panel will no longer just be open to referrals from services within Complex and Critical Care Services but will be a Fife Health and Social Care Partnership Complex Case Panel to consider referrals and support multi-disciplinary consideration and agreement of the Partnership's contribution to mitigating risk, and to streamline and continuously improve joint working and decision making for complex cases across Fife.

Referrals can be submitted by Team Managers for any service within Complex and Critical Care, Primary and Preventative Care and Community Care Services. It is recognised that there are existing protocols to enable practitioners and managers to escalate risk and the Partnership's Complex Case Panel does not replace those. Referrals can be made to the new Complex Case Panel where the existing escalation process has not resolved concern about risk.

The revised composition of the Panel is designed to provide appropriate senior management oversight and the ability to agree on deployment of resources if consensus is that this is the least restrictive action to mitigate the identified risk. The Panel will be chaired on a six-month rota basis by Service Managers across the three portfolios of Fife Health and Social Care Partnership. Annual updates will be provided to the Partnership's Social Work Quality Management and Assurance Group.

43. Podiatry campaign to minimise the risk of foot pressure damage

Preventable pressure damage has a significant impact on a person's health and wellbeing. To support services within NHS Fife, the Podiatry Service introduced several campaigns, support documents and education packages to help identify people at risk of pressure damage and recommend strategies to put in place to minimise the risk. These have included the roll out of CPR (Check, Protect, Refer) for feet within care homes, community hospital, acute hospitals and community outpatients. Regular education sessions are offered within all these settings to support upskilling and enhancing learning of staff from all disciplines involved in patient care. On the 16th of November 2023, National Stop Pressure Ulcer Day, a large campaign was launched by the service throughout Fife to highlight the importance of CPR for feet. Advice and guidance materials have been developed for all sectors of patient care; some examples are included below.



An audit is underway to measure the impact of the campaign, this will help identify any further areas of support required. Work is also underway with Scottish Social Services Council to develop a CPR for feet open badge which will provide another method of learning for carers. Further alternative learning initiatives are being explored - in particular to support weekend and evening staff who may not be able to attend day shift training.

44. Post Diagnostic Support - Quality Improvement

The Older Adult Community Mental Health Team in Central Fife have implemented a Quality Improvement Project within Post Diagnostic Support which aims to embed processes to facilitate opportunities for continuous quality improvement.

Initially the Team tested the use of paper feedback questionnaires which were distributed to patients at the point of discharge. As part of the Test of Change, using Quality Improvement Methodology, the Team planned to increase the volume of feedback received by introducing the option for individuals to provide feedback using a digital QR code. (QR is short for Quick Response code, a black and white square which can be used to store digital data). The paper-based version was also available for individuals who preferred this approach.

The Post Diagnostic Support Team attached the QR Code to their identification badges so that individuals, and where relevant their family/carers, could access the code easily using their smartphone or another similar device. This remained an anonymous process as staff were unable to see responses which were collated centrally by the Older Adult Management Team. The use of the QR code alongside paper versions has increased response rates and generated a means of gathering important qualitative feedback. The Service can monitor the feedback and use key trends to inform future improvement work, thus embedding a proactive approach to quality.

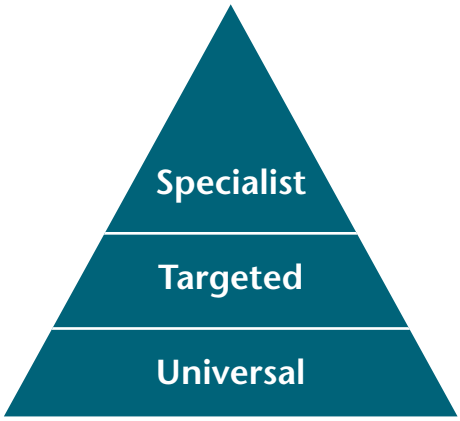
Since implementing the feedback survey in September 2023, we have received 74 responses using the new QR code option. Moving forward the Service will extend the new QR code option to all Older Adult Community Mental Health Teams across Fife. This will ensure a standardised approach to the collection of feedback and support future developments and improvements across the Service.

The QR Code used by Post Diagnostic Support

45. Occupational Therapy collaboration with Scottish Autism

This project involved locating a Specialist Occupational Therapist (OT) within a third sector organisation providing services to neurodivergent adults in Fife. Scottish Autism's One Stop Shop (OSS) previously received funding from Fife Health and Social Care Partnership to pilot a 'Wellbeing Service', which included OT time seconded by NHS Fife.

A tiered approach to delivery was adopted, following the Universal, Targeted and Specialist model.



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

Two reports were published in 2023; an external evaluation of the project conducted by AT-Autism (commissioned by Scottish Autism) and an OT Report that evaluates the project from an NHS Fife perspective.

The main findings from AT-Autism were that the project has shown significant impact and showed strong evidence of effectiveness in meeting its stated aims to:

- reduce stress for individuals,
- improve their wellbeing and quality of life, and to
- reduce demand on NHS Fife.

The expectations of participants were mostly met or exceeded, and it was felt that the project had significant policy implications and a strong case for replication.

Some examples of the work completed within the project include:

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

Group Structure In Person

1. **10 MIN UNSTRUCTURED TRANSITION**
   To allow everyone time to settle into the space, have an informal chat with peers, grab a drink or go to the toilet…(assuming people may be on higher alert from travelling to the venue, with little regulation time to de-stress before arriving to the group environment).
2. **WELLBEING CHECK IN**
   To feedback what the highlight of each individuals week has been. The OT can use this time to assess what everyones mood is like, then alter the plan for the session that day if required.
3. **15 MIN MOVEMENT BREAK**
   Set for half way through the session where everyone can 'do their own thing' – e.g. walk to the shop next door, get outside to the car park and outdoor seating area.
4. **RELAXED, OPEN ENVIRONMENT**
   Allow the main door to be open so people feel they can leave for a break or the toilet anytime they like. Also, have sticky labels available so people can write their name and/or how they are feeling with that session.
5. **KNOCK ON THE TABLE**
   The group agreed they would like to 'knock' on the table/wall/chair as an alternative form of communication when they do not feel comfortable with others…for example feeling left out of a conversation that is going on in the room, but have ideas or comments to contribute.

The Wellbeing Service was accessed by 44 autistic adults, these are some of their comments:

'It really helped that you [Specialist Occupational Therapist] were neuro-affirming from day one, you never suggested I should conform to neuronormative goals or outcomes'.

'The OT support was very helpful, it helped me to improve in my day-to-day life. I now have the tools that is needed to solve challenges that I may face daily. I don't need to be anxious or worried about things anymore and I can face the future with confidence. I really appreciate this service. Thank you'.

'I was UNSURE about coming to the group but I am HAPPY that I came. I was ANNOYED there were so few people but PLEASED to have met people who I will continue to keep in touch with. I felt my opinions were VALUED and RESPECTED so when there are more groups in the future they will suit me and my needs better'.

'We have found your [Specialist Occupational Therapist] depth of knowledge and understanding of autism highly impressive, especially as it relates to people who are often rebuffed with 'you do not look autistic' and whose needs have traditionally been underserved. We have valued having access to someone who is specialist - in an area that is so difficult to get support for, let alone specialist support. Thank you for accommodating my needs, generally making yourself open and approachable, and friendly in what are difficult circumstances'.

'The group made me feel very welcome and the other people have been really supportive - especially learning that I am not alone in some things that I struggle with'.

46. District Nursing - Acuity and Dependency Tool

All seven District Nursing Teams in Fife attend a daily safety locality. This safety huddle ensures that workloads are fair and equitable. The safety huddle also highlights key information pertaining to a team and the locality such as level of dependencies on caseloads and what care is required to be delivered. This has been very successful and aligns with the Safer Staffing Act 2019.

The Service have worked together to design and set up the Acuity and Dependency Tool, and ensure that it complies with the requirements of the Safer Staffing Act 2019. The Tool is now used daily in District Nursing.

47. iMatter

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

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

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

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

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

48. Coach Approach

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

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

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

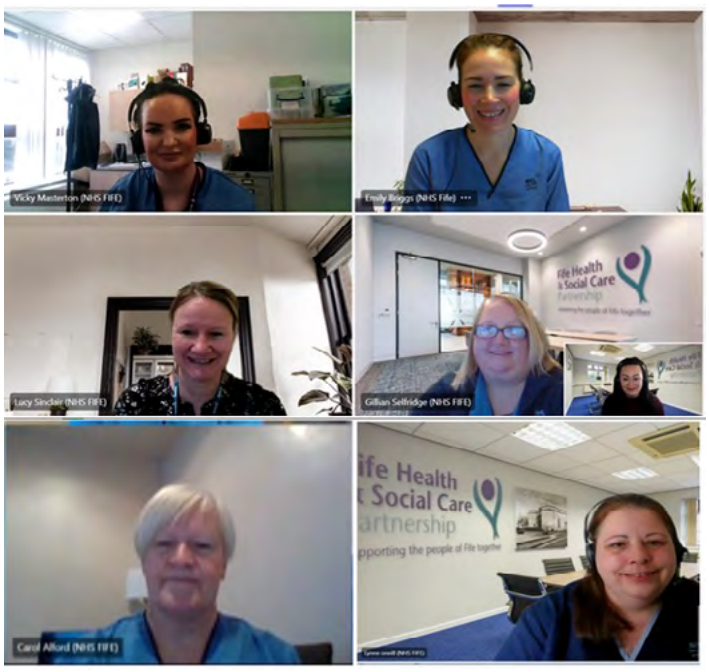
Courses for 2024-2025 have already been advertised and are well on the way to being booked out!

49. Review of Community Nursing Insulin Caseload

Fife Community Diabetes Specialist Nurse Service supports the Home First Strategy 2023 to 2026 through integration and collaboration with other services, reduction in hospital admissions and supporting self-management of diabetes.

The concept for this project was developed after the Glenrothes and Kirkcaldy District Nursing (DN) Teams approached the Community Diabetes Specialist Nurse Team to review their entire diabetes caseload. There was a high number of patients requiring daily visits, often multiple visits per day for insulin administration. The DN's were struggling to meet this increased patient need. The normal procedure would have been for the DN Team to send individual patient referrals to the Community Diabetes Specialist Nurse (CDSN) Team to review their glycaemia and current treatment. This was challenging as Fife CDSN Team are a very small team.

These challenges led to an idea for new ways of working with the District Nurse's Teams to support them to manage their patients on insulin and provide regular professional diabetes education to them at the same time. A Test of Change (TOC) where the CDSN Team, regularly review the entire DN insulin caseload. Initially the TOC started with the Glenrothes and Kirkcaldy DN Teams for a one-hour Microsoft Teams meeting on alternate weeks.



A screenshot from an online meeting using Microsoft Teams.

Patient cases are brought to the meeting by the District Nurse Team Leader and District Charge Nurse for discussion. At the meeting the patient's blood glucose results and treatment are reviewed. Actions are captured during the meeting and emailed to the meeting attendees.

The project aims are:

1. Improve the health outcomes/quality of life of frail elderly patients living with diabetes that require district nursing support to manage their insulin and blood glucose testing.
2. Patients will have appropriate glycaemia targets set that take into consideration frailty.
3. Patient's Treatment Plans will be based on the principles of frailty and realistic prescribing, through holistic assessment that puts patients and their support network at the centre of decision making.
4. Provide regular diabetes support and education to district nursing colleagues to increase their diabetes and insulin knowledge and thus enhance patient care.
5. Provide equitable diabetes care to people with diabetes who are housebound.

Early feedback has shown significant improvement in patient outcomes such as glycaemia control, patient and staff satisfaction. Moving forward we plan to measure patients achieved individualised glycaemia targets, patient and staff satisfaction, staff knowledge increased, numbers of patients reviewed in comparison to previous referrals system. We will measure patient admissions six months prior to the Team's involvement and again six months post involvement.

50. New website for Fife Health and Social Care Partnership

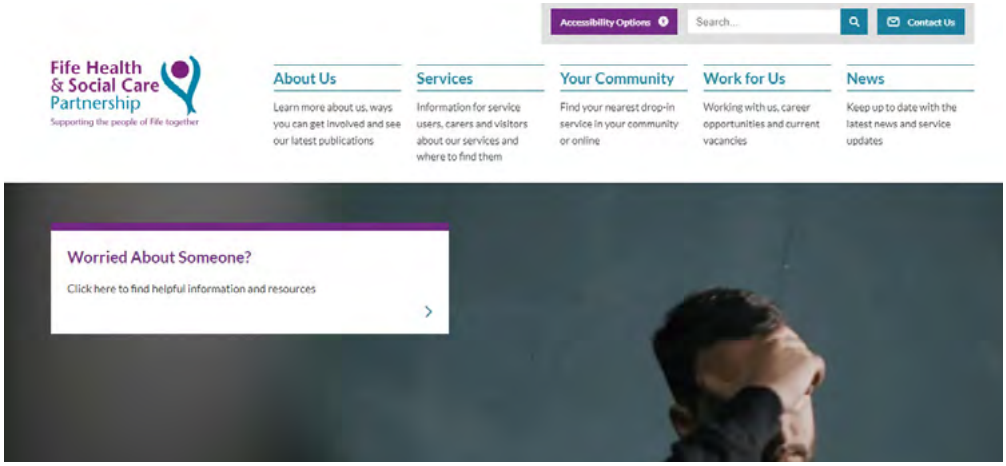
One of the routes in which communities engage with the Fife Health and Social Care Partnership is via our website. The previous health and social care website was developed in 2016 and has had minimal development since this time. As a result, the previous website fell below the standard we would like to present to individuals, communities, and service providers across Fife with out-of-date information, difficult to use navigation, and some accessibility issues.

During 2023 to 2024 we set out to design and build a new Fife Health and Social Care Partnership website, and the new website was completed on 27th March 2024.

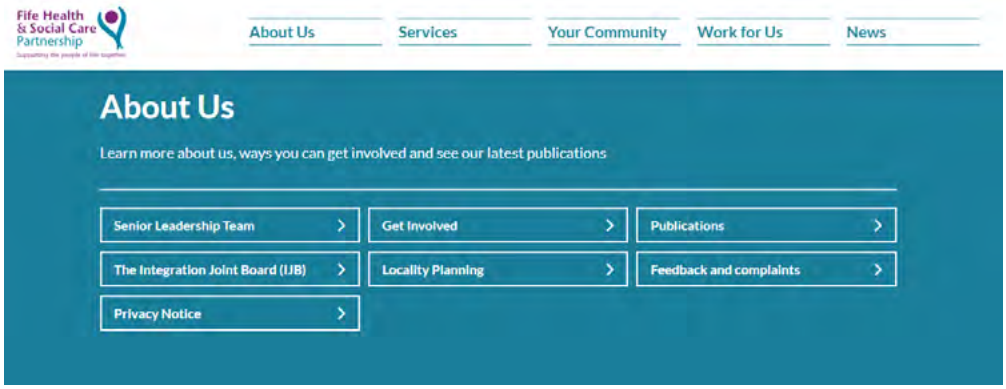
These are our objectives for the new website:

1. Deliver a new website that can be used to access relevant information about the Partnership and the services delivered on behalf of its partners.
2. Deliver a new user-friendly website that's easy to navigate with content that's easy to read and understand and adopts best practice for accessibility.
3. Deliver a new website that can be accessed from any device, from anywhere adopting a mobile first approach.
4. Deliver a new website with useful links to the partners, charitable organisations and external resources as well as up to date contact information.
5. Deliver a new website that has engaging content including photos, graphics, and video.
6. Deliver a new website that is accessible, with features such as adjustable contrast, adjustable text size and spacing as well compatible with accessibility software.
7. Provide seamless navigation and reciprocal linking to relevant content on Fife Council and NHS Fife websites.

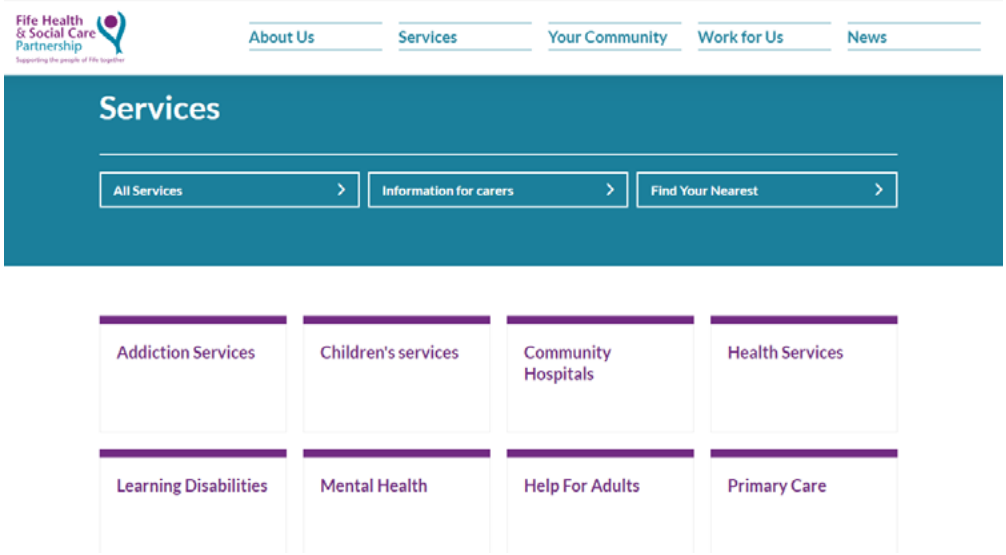
You can see the new website here: **www.fifehealthandsocialcare.org**.



There are sections about the Partnership, and how you can get involved.



And there is lots of information about the services we provide.



You can find reports and other publications here:
www.fifehealthandsocialcare.org/about-us/publications

Inspection of Services

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

Prior to COVID-19, 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 2023 to 31st March 2024, the Care Inspectorate inspected:

61 Care Home services:

- 9 Local Authority;
- 50 Private; and
- 2 Voluntary or Not for Profit.

67 Housing Support/Care at Home Services:

- 5 Local Authority (2 are combined services where registered separately for both Housing Support and Care at Home);
- 26 Private; (6 are combined services where registered separately for both Housing Support and Care at Home)
- 36 Voluntary or Not for Profit (13 combined services where registered separately for both Housing Support and Care at Home).

Figure 15: Fife Registered Services (Local Authority) Inspections conducted during 2022-2024

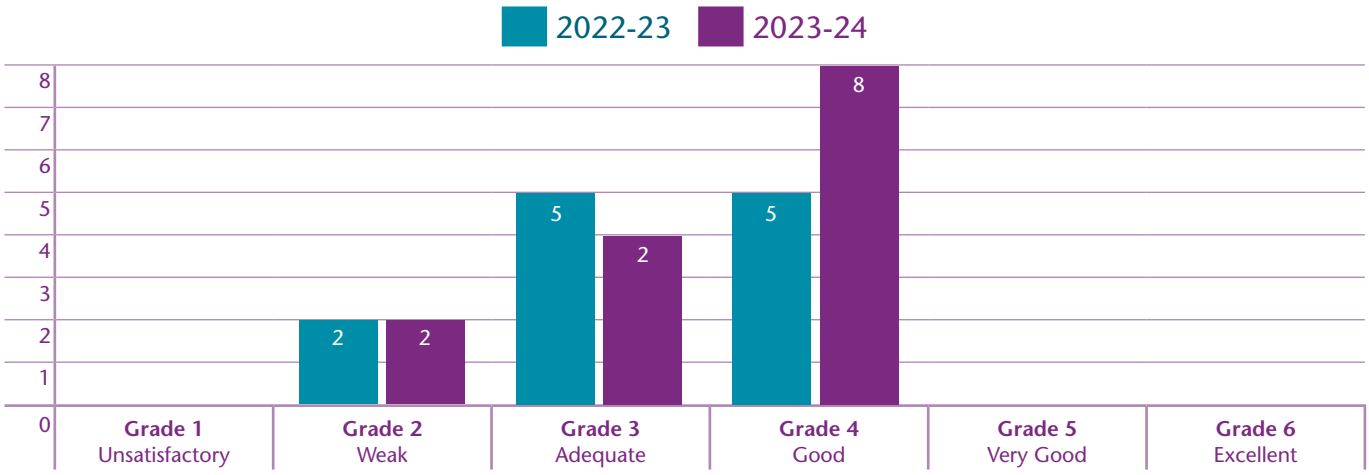
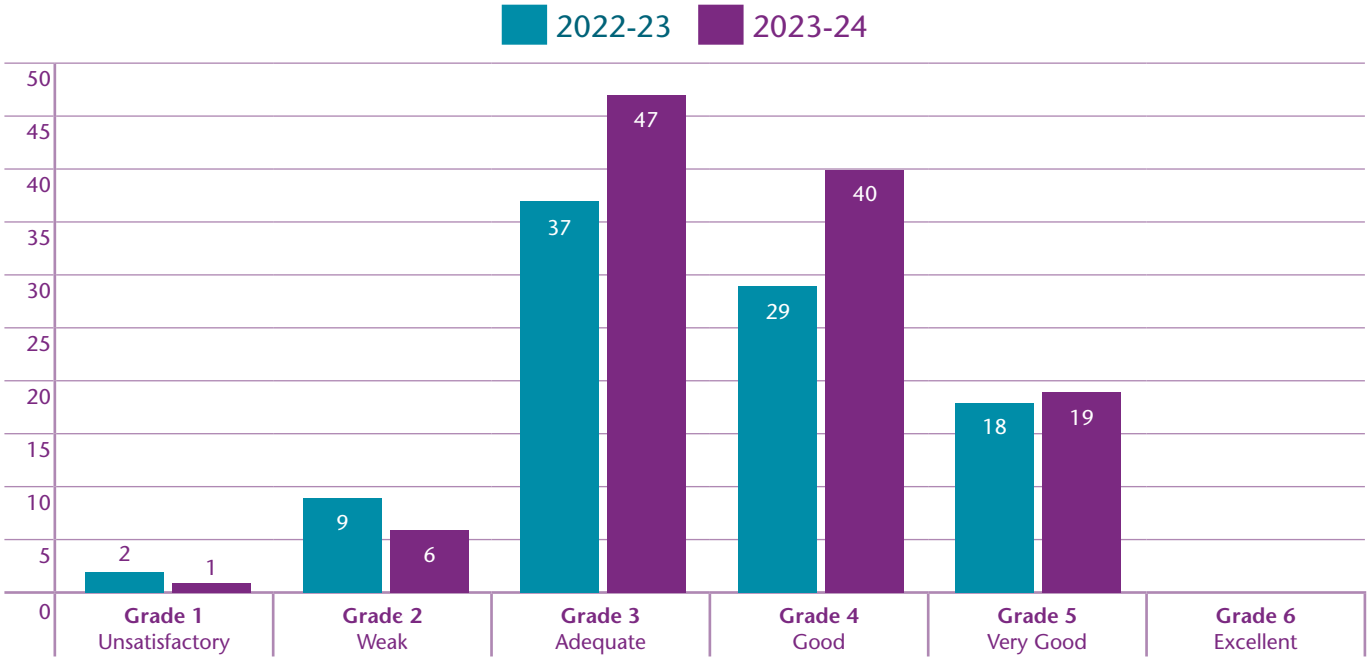


Figure 16: Fife Registered Services (Private/Voluntary) Inspections conducted during 2022-2024



*Please note one of the providers has been inspected but no grades published.

Adult Support and Protection Inter-Agency Audit

An Adult Support and Protection Inter-agency Audit took place in October 2023. The Audit Team included colleagues from NHS Fife, Police Scotland, Fife Council Housing Services, Scottish Fire and Rescue Service, Fife Social Work Services and the Adult Support and Protection Team.

The Audit Team reviewed 46 cases, including a combination of 134 partnership papers. These are some of the key findings from the review.

- Auditors reported correct application of the three-point criteria in 87% of case records (40 out of 46 cases).
- 35 chronologies recorded, 86% of the 35 are of an acceptable standard. An increase of 16% from 2022.
- Key strengths recorded for 26 chronologies ranging from 'accurate facts, well documented, good quality, informative and detailed'.
- 81% of the 30 risk assessments included evidence that multi-agency partners' views have informed the assessment.
- It was evident from 91% of the 34 files that the sharing of information was effective and 94% shared appropriately.
- 44 of the 46 cases (96%) recorded a duty to inquire should have been carried out.
- 36 of the 44 (82%) involved all relevant partners in the duty to inquire. This is an increase of 9% from 2022.
- There was evidence of independent advocacy being offered to 27 of the 46 cases (59%). This is an increase of 4% when compared to 2022.
- 26 of the 46 records (57%) evidenced an improvement in the individual's circumstances because of their journey.

Key strengths were recorded for 34 cases including:

- multi-agency working
- advocacy offered
- fully supported
- focused on service users needs
- process fully applied

Overall, individuals primarily stated that they feel safe and protected.

Getting it Right For Everyone – Fife Pathfinder

From February 2023, Fife has worked with Scottish Government on the development of a new practice model for adults known as GIRFE (Getting it Right for Everyone).

During December 2023 to March 2024, Fife's GIRFE Team were involved in the third phase of GIRFE development work. In this phase we participated in various Scottish Government workshops, along with other pathfinder areas, to support the development of prototypes to support testing of a new practice model (GIRFE). During this time, Fife held a workshop with various stakeholders, including service users and carers, focusing on the experience of transitions from GIRFEC to GIRFE and how this journey can be improved for our local young people and young people across Scotland. Our findings have been fed back directly to the Scottish Government's wider project team and are informing the developing model of practice.

Fife GIRFE Team will step back from active involvement in GIRFE at the end of March 2024. From April 2024, Fife will take on a role as partner consultants and support critical practice input into the testing of the new model going forward. The learning we have gained through this work will be taken into existing developments around our local transition practices.

Getting It Right for Everyone

Financial Performance and Best Value

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.

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

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

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

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

Systems leadership continues to be a priority for us, and we want to create the conditions where all of our leaders work together towards a common vision by focussing on relationships; building trust and putting people at the centre of everything we do. 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 2023-24 our services continued to deal with high demand which puts significant pressure on our systems and finances. We need to make the best use of our restricted budgets and resources by redesigning services and doing things differently to ensure the health and social care needs of the most vulnerable people in our communities are met. Robust financial management is a key priority, we are exploring options to achieve efficiencies by improving our systems and processes, for example through better coordination of services or providing alternative delivery models.

Statistics show that the population of Fife has decreased, however older age groups will increase by 2043 and therefore demand for our services is likely to increase further in the coming years. We aim to deliver integrated care through increased coproduction and multi-agency collaboration, and transform the way that people think about their own health and wellbeing. There will be a greater focus on prevention, early intervention and supported self-management will enable individuals to avoid, or reduce, the impact of some health conditions, and to achieve better health and wellbeing for longer.

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

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 2023-24 accounts have been:

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

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

	Budget £000	Actual £000	Variance £000	Variance %
Delegated and Managed Services	705,270	738,258	32,988	0.05%
Set Aside Acute Services	50,920	50,920	0	

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

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

The Acute Set Aside services budget was delegated to the IJB and the services are managed by NHS Fife. There was an overspend on these services of £12.296m but these costs were borne by the Health Board. The cost to the IJB is the same as the budget of £50.920m and there is a break-even position.

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

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

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

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

The inability to recruit means a greater reliance on locums and agency staff. Increased volume and cost per item within prescribing and increased social care placements are the main reasons for the overspend. This is partly offset by underspends on staffing vacancies and services which are currently being re-designed to better suits users' needs. Underspends in core areas are mostly attributable to staffing vacancies, many of which continue to be difficult to recruit to, especially for specialist roles. Work is ongoing to review the skill mix in a bid to successfully recruit to vacant posts.

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

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

Financial Outlook

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

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

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

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

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

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

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 2023 to March 2024).

We have continued to work with individuals, carers, local communities and service providers to deliver the best out-comes that we can for the people of Fife. By listening to local views, engaging with employees and other experts, and by working together as Team Fife, we have continued to ensure that people can access the services that they need - the right care, at the right time, provided in a place that is right for them

The Partnership is currently facing significant budget challenges and pressures. Our Medium-Term Financial Strategy (MTFS) sets out the resources that are available and ensures they are directed effectively to help deliver the outcomes of our Strategic Plan. This informs our decision making and identifies the actions required to support financial sustainability in the medium term. The MTFS estimates any financial gap between the resources available and those required to meet our strategic ambitions for the people of Fife. The MTFS also includes plans to bridge the budget gap, for example proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver our services in the most effective way whilst still balancing the budget.

The demand for health and social care services continues to increase, Fife has an ageing population with increasingly complex and/or multiple health conditions. The longer-term impact of COVID-19 and the cost-of-living crisis, also places additional pressures on our services. One approach we are taking to address these challenges is to redesign our systems and processes and do things differently. For example, increased use of digital solutions such as technology enabled care, and implementing new delivery models which enable individuals to stay healthy and well at home for longer.

Moving forward, we will continue to improve the quality of care that is available, encourage prevention and self-management, and by working together, we will enable the people of Fife to live independent and healthier lives.

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 Governance

Fife 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.

Voting Members

- The Chair of the IJB is Arlene Wood
- Alastair Grant
- Dr Chris McKenna
- Colin Grieve
- David Alexander
- Dave Dempsey
- Janette Keenan
- John Kemp
- Lynn Mowatt
- Lynne Parsons
- Margaret Kennedy
- Mary Lockhart
- Rosemary Liewald
- Sam Steele
- Sinead Braiden

Professional Advisors (Non-Voting)

- Fiona McKay (Chief Officer of IJB, Interim Director of Fife Health and Social Care Partnership)
- Audrey Valente (Chief Finance Officer)
- Dr Helen Hellewell (Deputy Medical Director/GP Rep)
- James Ross (Chief Social Work Officer)
- Lynn Barker (Associate Nurse Director/Nurse Rep)
- Jackie Drummond (Medical Representative)

Other Stakeholders (Non-Voting)

- Amanda Wong (Associate Director, Allied Health Professionals)
- Debbie Fyfe (Joint TU Secretary)
- Eleanor Haggett (Staff, Fife Council Representative)
- Ian Dall (Public Rep) Kenny Murphy (Third Sector Rep)
- Morna Fleming (Carers Rep)
- Paul Dundas (Independent Sector Rep)
- Wilma Brown (Staff, NHS Representative

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.

The IJB is commonly referred to as Fife Health and Social Care Partnership. This is the public facing aspect of Fife Integration Joint Board and is essentially the employees from both organisations working in partnership to deliver health and social care services.

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

The Senior Leadership Team provides operational management for Fife Health and Social Care Partnership under the leadership of Fiona McKay, Interim Director of Health and Social Care.

Fiona Mckay
Chief Officer and Interim Director of Health & Social Care

Operational Service Delivery

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

Lisa Cooper
Head of Integrated Primary & Preventive Care Services

Lynne Garvey
Head of Integrated Community Care Services

Jillian Torrens
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

Strategic Planning Group

Fife Health and Social Care Partnership delivers a wide range of health and social care services to individuals and communities across Fife. Working with partner agencies, organisations in the independent and third sectors, local groups and national bodies, the Partnership supports and cares for people of all ages, and with very different circumstances, needs, and aspirations.

The Strategic Planning Group is responsible for the development and oversight of the Strategic Plan for the Partnership. This includes:

- supporting Fife Integration Joint Board to review the Strategic Plan at least every three years,
- contributing to the development of supporting strategies, delivery plans and annual reports,
- monitoring progress and assessing performance in relation to the implementation of the Strategic Plan, and,
- ensuring compliance with relevant legislative and statutory requirements.

During 2023 – 2024 the Strategic Planning Group (SPG) met five times; these are some of the activities completed.

The SPG contributed to the development of these strategies

- Advocacy Strategy
- Alcohol and Drug Partnership Strategy
- Carers Strategy
- Commissioning Strategy
- Home First Strategy
- Prevention and Early Intervention Strategy
- Primary Care Strategy

And reviewed reports/updates for these strategies and plans

- Armed Forces Covenant Duty
- Children's Services Plan
- Digital Strategy
- Local Housing Strategy
- Mental Health Strategy
- Participation and Engagement Strategy
- Workforce Strategy

The Strategic Planning Group also supported the development of the Partnership's Annual Performance Report 2022 – 2023. Our Annual Performance Reports, along with easy read translations, are published on our website: **www.fifehealthandsocialcare.org**.

Leadership Teams

Extended Leadership Team

We continued to run our face-to-face Extended Leadership Team sessions (ELT) through the year, running seven sessions, attended by a total of 285 senior leaders across the Partnership, including our Trade Unions and Human Resources (HR) Business Partners to work together on a range of crucial work areas for the Partnership. This is a summary of key activities over the last year.

April 2023

Group work on our Innovation Hubs, which included the development of our new Health and Social Care Partnership website. Our Director of Psychology also ran a workshop on Trauma-Informed Practice.

June

Input from our Independent Sector Lead on the role of the independent sector. Launch of the Alcohol and Drugs Partnership strategy work. Learning and thinking together about the design of services for the future utilising a range of organisational models.

August

Input from the Chief Executive, Fife Voluntary Action on the role of the voluntary sector within the Partnership. The Strategic Planning and Performance Team delivered a workshop on the design of our new Performance Framework. Children's Services also ran a workshop on their role, and how we as a Partnership can continue to promote children's rights in all we do.

October

We ran a workshop that connected Children's Rights, Disabilities and Transitions to the work the Partnership has been doing related to 'Getting It Right For Everyone' (GIRFE) followed by an update on the results of the Local Partnership Forum (LPF) Annual Report. We also ran a short input to establish our Partnership Anchor Working Group.

November

This session was run by our Systems Leadership Group who gave an overview and ran workshops around their learning from the programme.

January 2024

Following an excellent presentation on postural, we focused on our transformation and budget challenges by working together to look at future changes.

March

The whole session focused on our savings programme for 2024 to 2025 and how we will work together to achieve these.

Our first Partnership Systems Leadership Programme

In 2023 the Partnership designed and delivered our first leadership programme, with participants drawn from across the whole partnership including operational, professional and business enabling portfolios, and the independent and third sector alongside partners in Acute Services, Public Health and Pharmacy.

The group had access to individual behavioural coaching, mentoring with the Senior Leadership Team, facilitated group learning, inputs on models and theories of leadership and individual and group exercises to support them in working together on what they thought are the 'wicked problems' we face as a Partnership. The group also spent a day with the Edinburgh Futures Institute learning about the Scottish Prevention Hub they've established and working with the Director and her Team on their real work issues.

We worked alongside Brigid Russell as our External Learning Partner on the programme. Brigid is writing a full evaluation which will be published soon. Feedback from participants included:

> 'Really informative, it's helped me re-visit my behaviours and areas of my leadership style I need to work on'.
>
> 'Taking back what I've learned to my teams – a culture change to having more open and honest conversations and being understanding and thoughtful to get the best out of people'.
>
> 'I've learned it's not just about what is in my gift, as one person can't fix everything, it has been about integration and that you need a wider network and systems leadership to drive improvements and sustainable change'.
>
> 'This has been a different learning experience – I've learned a lot although it doesn't feel like learning in the traditional sense. It's also been about building relationships, how you see yourself and how others see you'.
>
> 'Opportunity for time and space to reflect on your own leadership style – to challenge yourself and how you work with your own teams'.

Further information, and more photographs, are available in this Sway:
https://sway.cloud.microsoft/2Mh6hC9rF4vVnA5n?ref=email

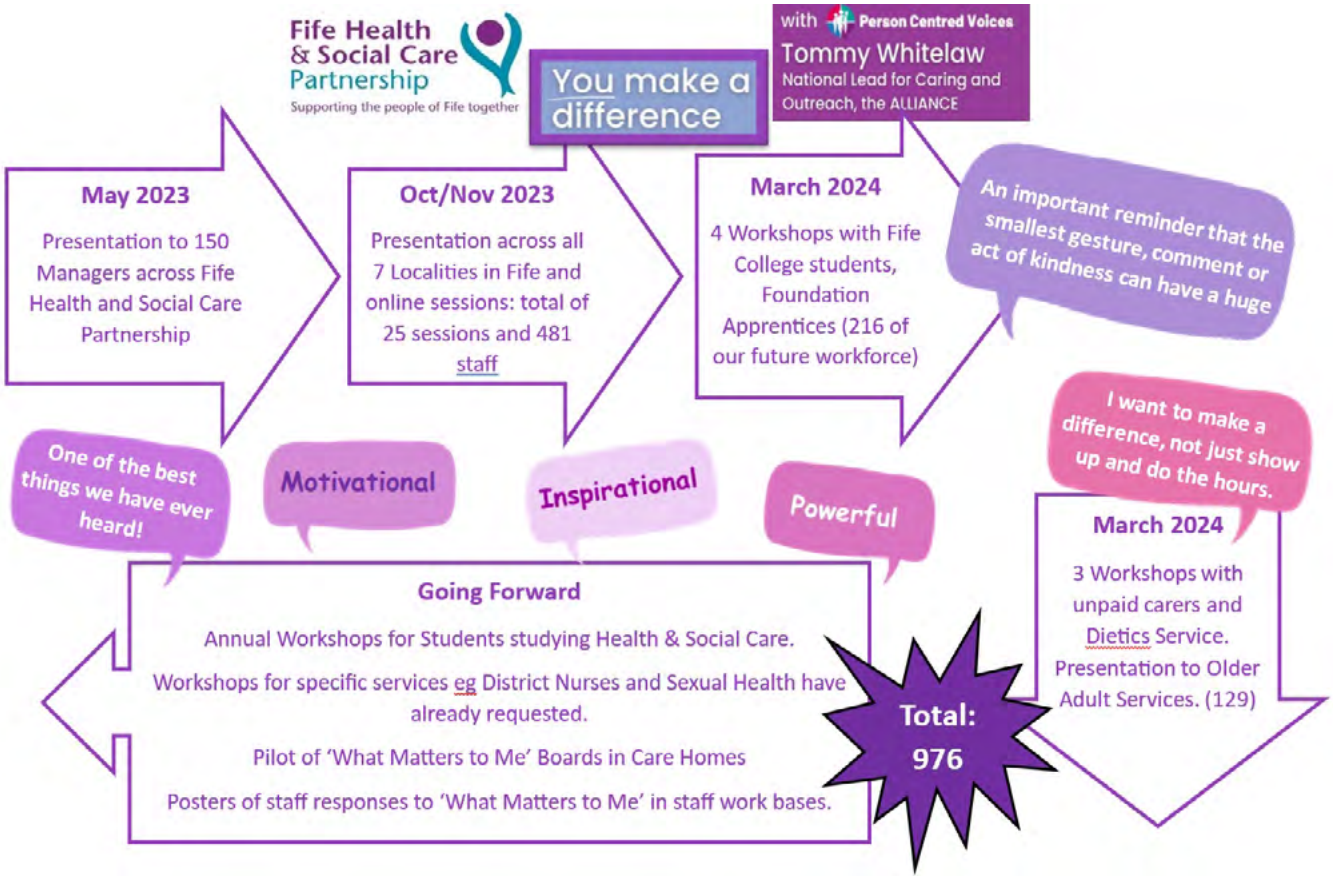
Integrated Leadership Team

In 2023 we built on the success of our ELT by introducing our Integration Leadership Team (ILT) through two half-day development sessions and beginning our 'Keeping Connected' working group, led by our Organisational Development and Culture Service. This team includes the managers who are direct reports to the Partnership's ELT members and our partners across our independent and voluntary Sectors.

Our initial sessions have focused on bringing this group of leaders together, with an opportunity to learn more about each other. This included having information stalls hosted by organisations, services or teams and sharing successes through posters.

In May 2023 we held a half-day gathering in the Rothes Halls. With the Partnership's Director of Health and Social Care and Tommy Whitelaw from Alliance Scotland as key speakers, and tabletop workshops, we had 200 people attend. Tommy spoke passionately about how 'You Make a Difference' – Intelligent Kindness. In November 2023 we met again, this time at the Vine Church in Dunfermline, where 147 people attended. Our key speaker was Dr David Hamilton who continued the theme of 'Kindness' and the impact and links to improve people's mental health.

Those attending our May session were so inspired by Tommy's presentation that we invited Tommy to come back to Fife later in the year. We supported Tommy to deliver 21 sessions across the seven Fife localities and two online sessions, with staff and volunteers across the Partnership invited to attend. We then followed this up in March 2024 with a further nine sessions, this time including specific sessions for Foundation Apprentices, students from Fife College on relevant courses and unpaid carers.



Our first Integrated Leadership Team (ILT) Leadership Programme

To further develop the leadership capabilities of our ILT, a new Leadership Programme aimed at this group was developed and launched in October 2023. The programme was well received with 16 leaders from across the whole Partnership and NHS participating. The programme itself was under pinned by Insight Discovery, a model built to help people understand themselves, understand others, and make the most of the relationships in the workplace. We had five group sessions:

1. **Leading self** – an introduction to Insights Discovery and how to use this to better understand your leadership and strengths that you bring.
2. **Leading others** – a focus on systems leadership and compassionate leadership.
3. **Leading change** – learning how to be 'agile' to cope with change and support others.
4. **Communication** – an introduction to coaching conversations and the importance of feedback – giving and receiving.
5. **Culture** – assessing your team culture and starting to think about how you can create a positive team culture.

At the end of the programme each participant received 1:1 coaching sessions and were mentored by participants in the Systems Leadership Programme aimed at our ELT group.

To gain more in-depth feedback, we ran a review session with the cohort; 100% of participants said it was 'Vital, brought leadership to life'.

When asked what the main change participants were going to make as a result of attending the course, the key theme was around greater personal awareness and the impact of their leadership on others:

> 'Self-awareness and awareness of personality types within my team - this has changed how I communicate with them and my expectations. It drew my attention to the culture within my service and what I can do to improve it'.

When asked for any other comments or views, there was a great appreciation of being with people across the whole partnership and the learning from each other:

> 'I've learnt so much from the course and the other people on it – thank you!'.
>
> 'Feeling invested in as a manager! Really enjoyed the course and learned so much'.
>
> 'Loved the course, leadership courses can be very dry and all theory based. This was very person centred and allowed me to understand myself more and how others see me. Facilitators are great, inspiring'.

Two team members became accredited Insights Discovery Psychometric Tool Client Practitioners undertaking extensive training. As mentioned above Insights Discovery underpinned our Integrated Leadership Team Leadership Programme. The response to the tool has been phenomenal and we have had many requests for delivery to teams throughout the partnership. We aim to ensure the tool will create a common language and is only a springboard to work with teams, and leaders to tackle the challenges that are standing between them and peak performance and finding an environment that inspires them to do their best work.

Further information on the progress of the Workforce Strategy 2022 - 2025 is available in this Sway: **https://sway.cloud.microsoft/yXgYRiqhuqT4wtYl?ref=Link**

Appendix 2
National Outcomes and Priorities

National Health and Wellbeing Outcomes for Health and Social Care	Fife Strategic Themes	Fife Strategies and Plans
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	Local, Sustainable, Wellbeing, Outcomes	• Advocacy Strategy • Alcohol and Drug Strategy • Carers Strategy • Commissioning Strategy • Dementia Strategy • Digital Strategy • Home First Strategy • Learning Disability Strategy • Locality Action Plans • Local Housing Strategy • Medium Term Financial Strategy • Mental Health Strategy • Participation and Engagement Strategy • Prevention and Early Intervention Strategy • Primary Care Strategy • Risk Management Strategy • Workforce Strategy
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.	Local	
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	Wellbeing	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Local, Wellbeing	
5. Health and social care services contribute to reducing health inequalities.	Outcomes	
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.	Sustainable	
7. People using health and social care services are safe from harm.	Outcomes	
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Integration	
9. Resources are used effectively and efficiently in the provision of health and social care services.	Sustainable, Integration	

Further information is available here:
www.gov.scot/publications/national-health-wellbeing-outcomes-framework

Health and Social Care Standards	Fife Strategic Themes
1. I experience high quality care and support that is right for me	Local, Wellbeing, Outcomes
2. I am fully involved in all decisions about my care and support	Local, Wellbeing, Outcomes
3. I have confidence in the people who support and care for me	Local, Wellbeing, Outcomes
4. I have confidence in the organisation providing my care and support	Sustainable, Integration
5. I experience a high-quality environment if the organisation provides the premises	Outcomes, Sustainable, Integration

Further information is available here:
www.gov.scot/publications/health-social-care-standards-support-life

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

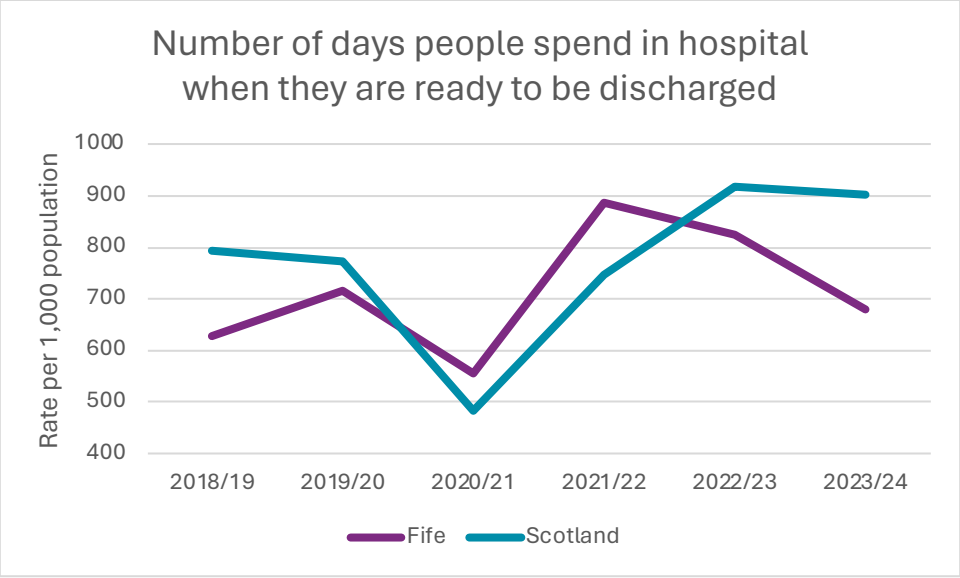
Further information is available here:
www.gov.scot/publications/scotlands-public-health-priorities

Appendix 3
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.

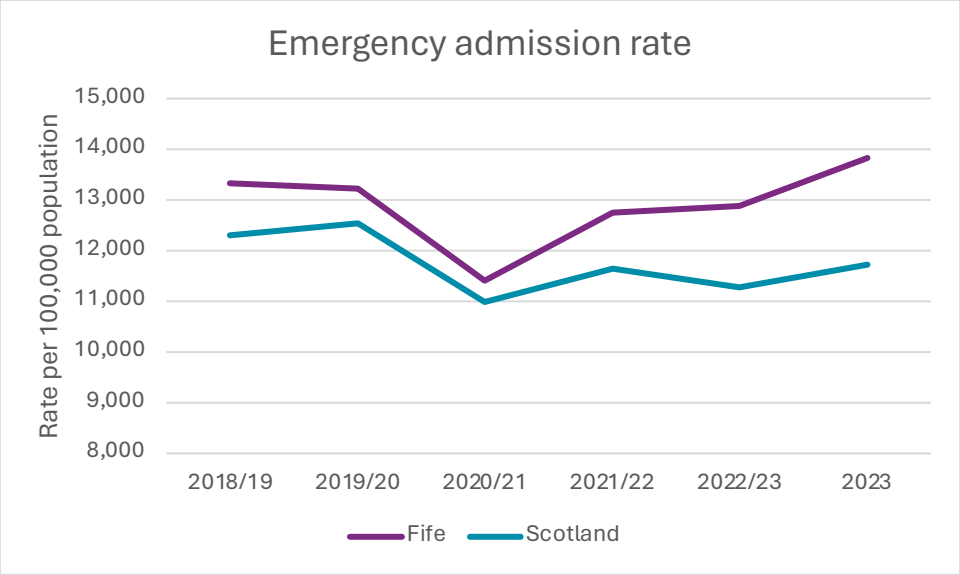
During the period 2020 to 2022 many of the services that we provide in Fife were impacted negatively by COVID-19, for example by national lockdown restrictions (such as limiting face-to-face contact) or by staff redeployment to support critical services. These necessary changes have impacted on the services that we can provide and may have had a direct impact on people's experience. Some areas have improved over the last two years, these are highlighted in green, and further information is provided in the main section of the Report. For example, the 'percentage of carers who feel supported to continue in their caring role' (Indicator 8) has increased from 27.6% in 2012-2022, to 30.3% in 2023-2024. This is linked to the update for Community Led Support (page 21) and the section on 'Refreshing the Carers Strategy' (page 37). These improvements have been delivered through our Carers Strategy 2023-2026. We have also significantly reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This is specifically linked to update 9 'In-Reach Test of Change' on page 33 of the report, update 10, the 'Home First Programme Discharge Hub' (page 34) and update 36 'Delayed discharge due to incapacity' on page 62.

We have also significantly reduced the number of days that older adults spend in hospital after they are ready to be discharged home (Indicator 19). This is specifically linked to update 9 'In-Reach Test of Change' on page 32 of the report, update 10, the 'Home First Programme Discharge Hub' (page 33) and update 36 'Delayed discharge due to incapacity' on page 61.



This graph shows Fife's performance compared to the Scotland rate since 2018-2019. The improvements for this indicator are linked to our Home First Strategy 2023-2026.

Our performance for some indicators has dropped, for example the 'rate of emergency admissions per 100,000 population for adults (Indicator 12) has increased over the last year. In Fife and across Scotland as a whole, the rate of emergency hospital admissions has been consistently increasing over time from 2002 to 2019. As shown in the graph below, there was a drop in the number of emergency admissions during the years 2019-2020 to 2021-2022; this is linked to changes to services arising from COVID-19.



Over the last year we have implemented several changes which aim to reduce the number of preventable emergency hospital admissions, for example the 'Levenmouth Test of Change' highlighted on page 27, and the introduction of 'District Nursing Advanced Nurse Practitioners' highlighted in update 6 on page 31. These changes, along with other service innovations, will support improvements in this area over the next year.

The Partnership will continue to focus on remobilisation and recovery, being mindful of the learning gained during COVID-19 as well as the impact of other external factors including the cost-of-living crisis, higher inflation rates, climate change, and national issues with workforce retention and recruitment.

The financial challenges currently faced by Health and Social Care Partnerships across Scotland are significant. The level of funding that Fife will receive from the Scottish Government for its core activities is likely to reduce given the national financial position. Moving forward we will continue to work with partner agencies, including the third and independent sectors, to address identified issues and ensure that we continue to positively support you, the people of Fife, to live independent and healthier lives.

Fife's performance for 2023 – 2024 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 results for indicators 2, 3, 4, 5, 7 and 9 for 2023/24 are not comparable to previous years due to changes in survey wording. Also results for 2019/20 and 2021/22 for indicators 2, 3, 4, 5, 7 and 9 are comparable to each other, but not directly comparable to figures in previous years due to changes in survey wording and methodology. Where available (NI1-9) results were checked for statistical significance.

Use of 2023 calendar year data instead of 2023/24 financial year data for indicators 12, 13, 14, 15 and 16.

The primary source of data for these indicators are Scottish Morbidity Records (SMRs) which are nationally collected discharge-based hospital records. In accordance with the recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available with complete and robust data is calendar year 2023. Reporting on 2023 calendar year rather than 2023/24 financial year may not fully reflect local activity, however, this is still recommended due to data completeness levels at the time of reporting.

** 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-2-july-2024/

Outcome Indicators		Fife Partnership Rate	Scotland Rate
NI - 1	Percentage of adults able to look after their health very well or quite well	91.4%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	70.0%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	51.0%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	53.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	63.0%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	65.1%	68.5%
NI - 7	Percentage of adults supported at home who agree that their services and sup-port had an impact on improving or maintaining their quality of life	67.0%	69.8%
NI - 8	Percentage of carers who feel supported to continue in their caring role	30.3%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	69.1%	72.7%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work.	NA**	NA**
NI - 11	Premature Mortality Rate per 100,000 persons	436	442
NI - 12	Emergency admission rate (per 100,000 popu-lation)	13,809	11,707
NI - 13	Emergency bed day rate (per 100,000 popula-tion)	103,586	112,883
NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	118	104
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.7%	89.1%
NI - 16	Falls rate per 1,000 population (65+)	28.1	23.0
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	68.7%	77.0%
NI - 18	Percentage of adults with intensive care needs receiving care at home	59.2%	64.8%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	681	902

Outcome Indicators		Fife Partnership Rate	Scotland Rate
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 MSG Indicators

(Ministerial Strategic Group for Health and Community Care)

** Figures are for all ages except MSG4 Delayed Discharge bed days which is individuals aged 18 and over.

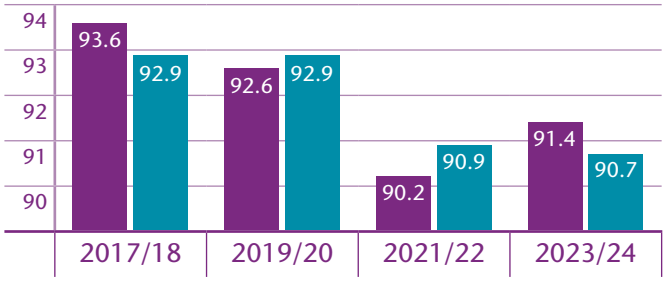
ID	Indicator	Previous period	Latest period	Previous period figure - Fife	Latest period figure – Fife	Comparison to previous period - Fife
MSG 1a	Emergency Admissions*	2022/2023	2023	44,212	47,150	↑ 2,938
MSG 2a	Number of unscheduled hospital bed days*	2022/2023	2023	275,529	250,403	↓ 25,126
MSG 3a	A&E Attendances	2022/2023	2023/2024	90,750	94,191	↑ 3,441
MSG 4	Delayed Discharge bed days	2022/2023	2023/2024	43,363	37,839	↓ 5,524
MSG 5a	Proportion of last 6 months of life spent at home or in a community setting*	2022	2023	89.7%	90.7%	↑ 1.0%

* Data completeness for emergency admissions and bed days for Fife is 92% as at December 2023.

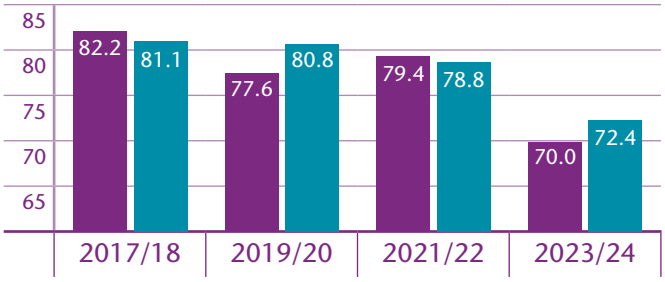
** Figures are for all ages expect MSG4 Delayed Discharge bed days which is individuals aged 18 and over.

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 4 (Delayed Discharge bed days) shows that Fife's performance has improved by 5,524. The arrow points downwards because a drop in the number of bed days (when compared to the previous reporting period) is an improvement.

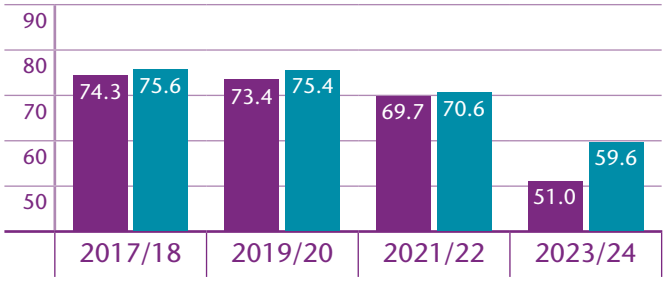
NI-1 Percentage of adults able to look after their health very well or quite well



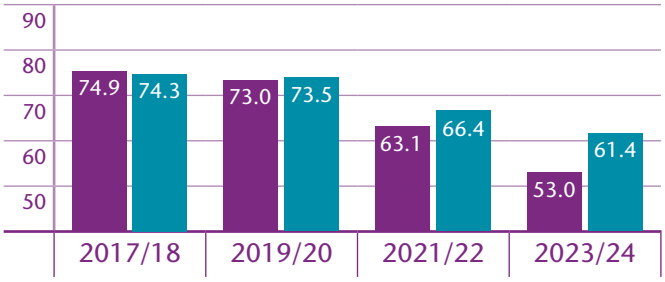
NI-2 Percentage of adults supported at home who agree that they are supported to live as independently as possiblel



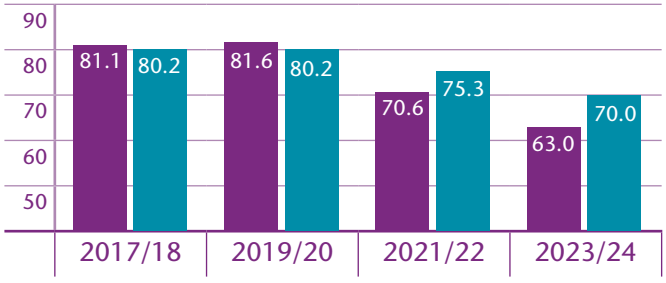
NI-3 Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided



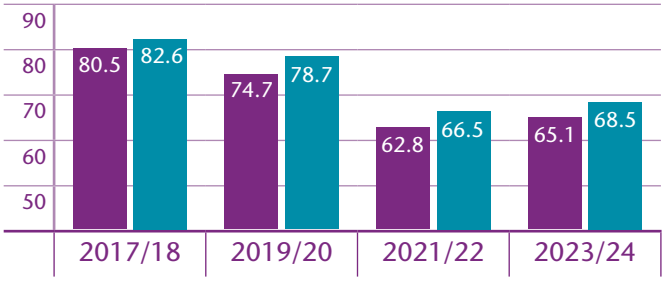
NI-4 Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated



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

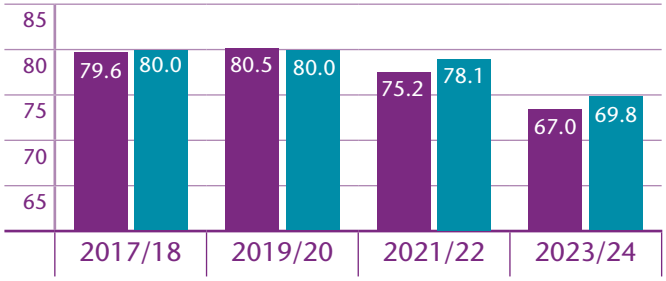


NI-6 Percentage of people with positive experience of care at their GP practice

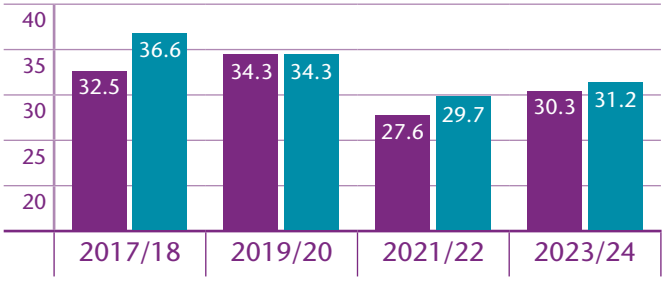


Fife Scotland

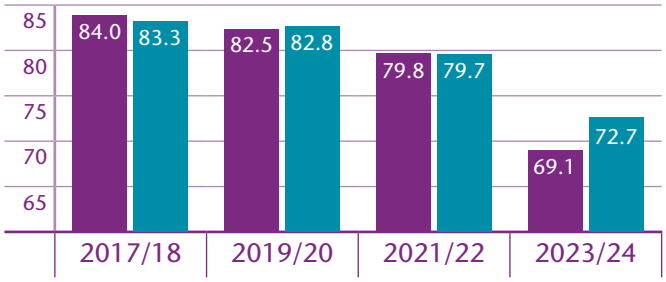
NI-7 Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



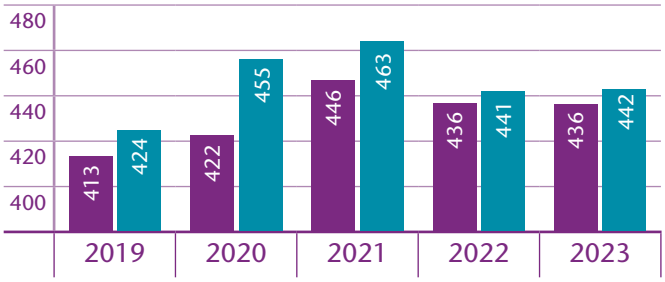
NI-8 Percentage of carers who feel supported to continue in their caring role



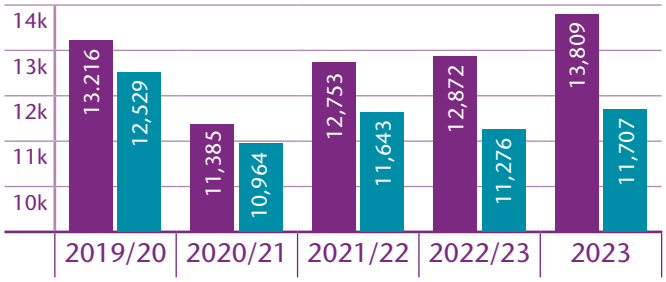
NI-9 Percentage of adults supported at home who agree they felt safe



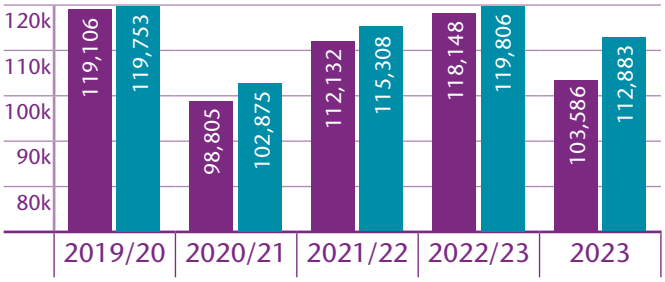
NI-11 Premature mortality rate (per 100,000 persons)



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

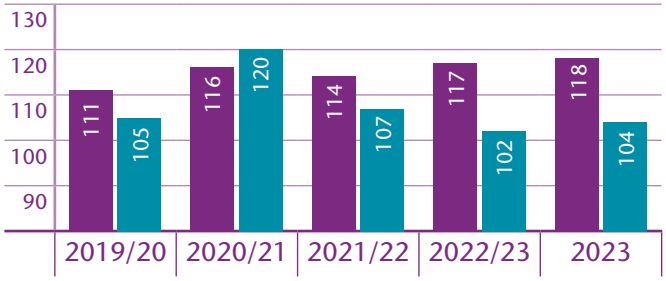


NI-13 Emergency bed day rate (per 100,000 population)

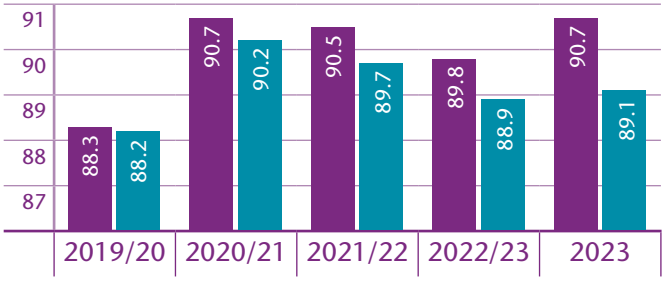


Fife Scotland

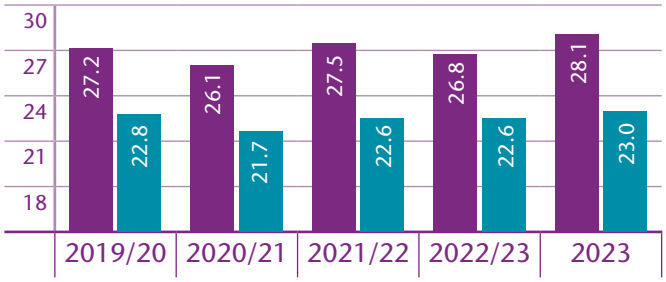
NI-14 Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)



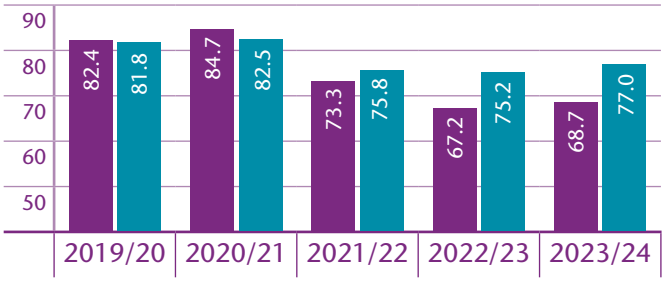
NI-15 Proportion of last 6 months of life spent at home or in a community setting (%)



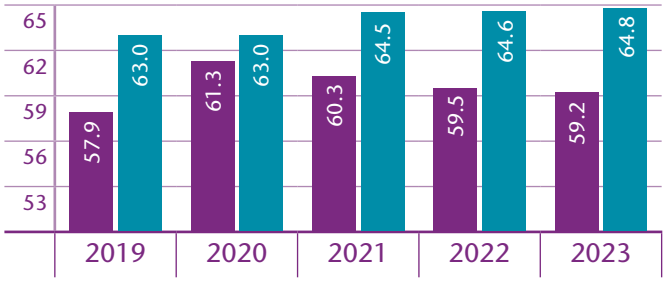
NI-16 Falls rate per 1,000 population aged 65+ (%)



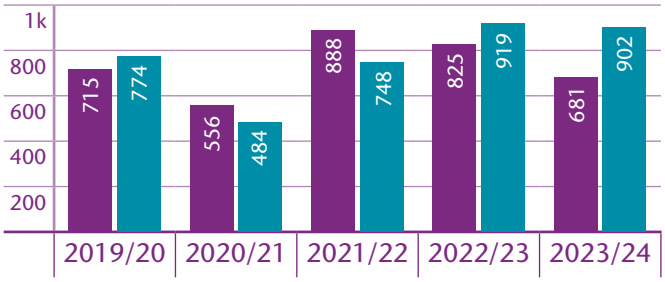
NI-17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)



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)



Fife Scotland

Appendix 4
Financial Information 2019 to 2023

Delegated Services (as at 31 March)	2019			2020			2021			2022			2023		
	Budget	Provisional 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	97.812	93.586	-4.226	107.695	102.295	-5.4	123.319	120.719	-2.600	117.475	109.699	-7.776	131.850	116.531	-15.319
Hospitals and Long-Term Care	52.867	55.259	2.392	54.839	57.197	2.358	56.000	56.666	0.666	59.103	64.717	5.614	66.468	77.071	10.603
GP Prescribing	72.293	74.448	2.155	73.807	73.799	-0.008	70.979	70.955	-0.024	75.581	76.337	0.756	79.202	85.643	6.441
Family Health Services	93.005	92.911	-0.094	99.765	99.749	-0.016	103.878	104.367	0.489	115.186	115.554	0.368	122.801	124.329	1.528
Children's Services	15.37	14.897	-0.473	17.544	17.077	-0.467	18.202	16.913	-1.289	16.198	15.789	-0.409	17.893	17.737	-0.156
Social Care	196.627	206.252	9.625	204.635	214.814	10.179	243.682	239.459	-4.223	262.759	256.113	-6.646	279.741	282.222	2.481
Housing	1.574	1.432	-0.142	1.665	1.656	-0.009	1.324	1.324	0.000	1.699	1.329	-0.37	1.737	1.737	0.000
Total Health & Social Care	**529.548**	**538.785**	**9.236**	**559.95**	**566.589**	**6.639**	**617.384**	**610.403**	**-6.981**	**648.001**	**639.538**	**-8.463**	**699.692**	**705.27**	**5.578**

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/
- **Health and Social Care Standards**
  www.gov.scot/publications/health-social-care-standards-support-life
- **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