This report provides NHS Fife Board with an update on key areas of activity being progressed by the Health and Social Care Partnership in relation to:-

- The meeting of the IJB on 22 September 2016
- Addressing financial pressures;
- The establishment of the Integrated Professional Advisory Group;
- The establishment of GP clusters;
- Primary Care Transformation Fund/Mental Health Funding;
- Taking forward localities arrangements; and
- Addressing Delayed Discharge.

This report is being provided to the Fife NHS Board for information.

2. IJB Meeting of 22 September 2016

The IJB met on 22 September. It thanked Cllr Rodger for his leadership of the IJB to date and welcomed Rona Laing as the incoming chair. It approved the Communications Strategy for the Partnership 2016-19 and the Workforce and Organisational Development Strategy Implementation Plan 2016/19. The board was also updated on the transformation tests of change and received a Finance & Performance Report. The Board also noted the approval by the IJB Audit & Risk Committee of the annual accounts for 2015/16 allowing the accounts to be signed and finalised.

3. Addressing Financial Pressures

A set of Investment and Savings proposals were agreed in principle by the Integration Joint Board on the 4th August.

At the end of July 2016 the combined H&SCP delegated services as reported to NHS Fife and Fife Council are reporting a projected outturn overspend of £11.733m. This is as a result of the budget shortfall, increased demand and significant overspend within prescribing.
A draft financial recovery plan was developed and discussed at a special meeting of the Finance and Performance Committee on 6th October 2016. An updated version of the recovery plan with revised proposals will be discussed at the IJB development session on 27 October. Careful consideration will require to be given to further benchmarking and impact analysis of the whole system with particular reference to service users, families and staff across the Partnership. The plan will also reference how it sits in the context of the winter plan and financial projections for the rest of this financial year.

The overall recovery plan takes account of the specific financial recovery plan in relation to prescribing that is being progressed in partnership with NHS Fife.

The Partnership is in the process of building capacity to implement savings and investments as agreed by the IJB on 4 August 2016 and this will extend to the Financial Recovery Plan to ensure approved actions progress at pace.

The Financial recovery plan and regular updates of progress in relation to this and the approved investment and savings will be reported to the Partnership’s Finance and Performance Committee and the Integration Joint Board.


An IPAG has been established for Fife’s Health and Social Care Partnership which will provide and support clinical and professional leadership within the Partnership. Comprising of a wide range of clinical and professional leads from across disciplines, the IPAG’s primary function will be the provision of advice and recommendations to the IJB and its Senior Leadership Team to ensure that the Partnership delivers safe and effective services in accordance with national standards and professional governance. It will maintain strong links with the Area Clinical Forum: NHS Fife Board’s Professional Advisory Committee and will also work closely, as required, with the groups within the Partnership that provide clinical and care governance, as well as those responsible for quality improvement. Specifically the remit of the IPAG includes providing:

- A multi-professional perspective on the strategic objectives of the Partnership, including specialist knowledge of potential risks and benefits;
- An informed response and recommendations regarding local impact/implementation of national policy;
- Advice and recommendations on the design and delivery of services within the Partnership in line with the evidence base, best practice and awareness of local needs and circumstances; and
- Recommendations on and contribute to the development of a safe and effective system of clinical and care governance within the Partnership and promote and support professional leadership within the Partnership.

The IPAG met on 14 September. It appointed Carolyn McDonald (Associate Director of AHPs) as Chair and John Mills (Head of Housing Services) as Vice Chair. The group will meet 2 monthly.
Out of Hours Review

A National Review of Out of Hours Health Services was undertaken by Sir Lewis Ritchie which recommended that a whole system approach will enable a safe, sustainable, patient centred service model to be developed to enable better joint working. The work of this group is also in line with the clinical strategy.

The review makes a total of 28 recommendations and urges that we look at we think anew about what is required 24/7 to meet peoples urgent care needs.

The review recommends a model for out of hours and urgent care in the community that is clinician led but delivered by a multi-disciplinary team that recognises that patients will be seen by the most appropriate professional to meet their individual needs. This is underpinned by the following guiding principles:

Person-centred - for those who receive and those who deliver services
Intelligence-led - making the most of what we know about our people and their needs
Asset-optimised - making the most of all available assets and resources
Outcomes-focused - making the best decisions for safe and high quality patient care and wellbeing

In addition to these guiding principles, such services should be:
Desirable – high quality, safe and effective, embedding multidisciplinary education and excellence
Sustainable - resilient on a continuous basis
Equitable - fair and accessible to all
Affordable - making best use of public funds

Within Fife we have established a multi-disciplinary and multi-agency steering group to lead the Review of Primary Care Out of Hours Services. This group is chaired by the Associate Medical Director of the HSCP, Dr Seonaid McCallum and includes acute and community services, social work, paramedics, pharmacy and NHS 24.

The Review of Out of hours working group is currently focusing on two key areas:

Short Term Work: The development of an urgent care centre; Focusing on the Queen Margaret Hospital site to build on the assets already within this area to strengthen the model and develop an urgent care hub. A scoping exercise and protocol is to be drawn up so that appropriate skill mix in team, blending previous separate services.

Medium Term Work: Developing Urgent Care Resource Centres across Fife; based on the model described by Sir Lewis Ritchie to transform care across Fife from the current position to full implementation of the recommendations. This will include looking at an intelligence clinically led service from first point of contact and ultimately close multidisciplinary working and coordination across the whole of Fife. Request has been made to involve the IMPACT team to assist with this work.
NHS Fife Board Meeting

There are two established work streams to ensure momentum in progressing this work which will report to the next Health and Social Care Partnership Clinical and Care Governance Committee.

6. Mental Health Redesign

The IJB agreed to invest £330k in 2016/17 in mental health redesign at its meeting of 4 August 2016. Weekly meetings are now progressing with relevant clinicians and managers to progress a desk top exercise considering the needs of patients with protracted hospital stays and potential for discharge across the three sites, Stratheden Hospital, Whyteman’s Brae Hospital and Queen Margaret Hospital. This desk top exercise will identify the likely models of care required in the community to support people to live independently. Housing colleagues are key partners in these meetings and they have identified new build plans in Fife and housing availability to allow consideration of models (for example core and cluster access to 24 hour support) pending the outcome of the desk top exercise. It has been scoped that whilst central Fife has supported accommodation options available, there is a lack of community support services in both west Fife and north east Fife.

Queen Margaret wards 3 and 4 amalgamated in the summer of 2015. This resulted in two wards with 18 beds temporarily becoming one ward with 24 beds. The functioning and bed usage of this ward has been subject to internal audit. A progress report was presented to the Executive Directors Group (EDG) in September 2016. A further report is to be presented to EDG in November 2016 for consideration of proposed permanent plans for wards 3 and 4 particularly in the context of further redesign plans as referred to above.

7. The Establishment of GP Clusters

General Practitioners (GPs) are independent contractors with a nationally agreed contract. There is a new GP contract being negotiated nationally and interim arrangements have been agreed for 2016/17. As part of this, GP practices are required to form into clusters. There have been meetings with GPs across Fife, led by two of the HSCP Clinical Directors and agreement of 7 cluster formations has been reached: 3 in East division and 4 in West Division. Practice Quality Leads for each practice have now been nominated by each practice. One practice in NE Fife has requested to cluster with Perth and Kinross practices and this was considered at SLT and Clinical and Care Governance Committee, and then escalated to the IJB. The IJB agreed the recommendation that the practice should cluster with those within Fife but support informal links with neighbouring Perth and Kinross.

All cluster quality leads will be appointed in partnership with the local GPs, the LMC and the HSCP by the end of September (bar one) in line with Scottish Government guidelines. The job description for this role incorporated a leadership role within the cluster (with appropriate allocated time), linking with the medical management within the partnership, secondary care and the localities. This will ensure that the clinical voice of GPs links via the medical management structure to the Senior Leadership Team and also with the localities to enhance the delivery of integration along with the primary function of the cluster: continuous quality improvement.
8. **Primary Care Transformation Fund/Mental Health Funding**

The Partnership recently successfully submitted a combined bid for funding to the primary care transformation fund and the mental health primary care transformation fund to develop new ways of working to support primary care. The overall bid was aimed at improving the management of frail older people including those with mental health problems, using a multidisciplinary and multiagency model.

The bid included developing a Fife wide primary care system to identify and record frail older people in GP practices in order to undertake a comprehensive review of their care and develop multidisciplinary management plans.

It also included provision of dedicated Consultant Old Age Psychiatrist time and mental health liaison nurses for care home liaison. We would propose there would be development of a system whereby the GPs and Hospital @ Home teams in Fife could promptly access the expertise of the Consultant Psychiatrist on the same day for advice and request a prompt assessment by the mental health liaison nurse and/or consultant.

Out of hours PCES (or the urgent care resource hub) would be able to request a next working day urgent assessment in conjunction with a rapid medical assessment, to avoid admission and lessen the burden on the local GP.

We plan to expand the already successful model of local area co-ordinators. This role has been developed in partnership with third sector organisation called Fife Forum. We aim to develop this model further across Older People and Adult Services, linked directly to GP clusters. This in turn would divert individuals through signposting and allow GP’s to focus on more complex targeted care and ensure quality and leadership.

The Scottish Government has confirmed the monies have been allocated to the partnership and a project group is being set up to implement to bid and monitor outcomes.

9. **Update on Locality Planning**

The Partnership continue to support the development of Locality Plans across the 7 areas, work is on-going with support from the NSS LIST team who have supported the data analysis. Further work is planned once all the GP clusters are in place, to discuss the way forward including some initial planning to encourage debate with local communities, service users and
families in shaping the priorities for their individual areas.

The partnership are pleased that a Locality Co-ordinator has now been appointed, with a start date still to be determine, but hopefully in the very near future.

10. Delayed Discharges

The number of people remaining in delay across adults and older people’s services remains a challenge for the partnership. Data is produced monthly by ISD, with September seeing the first publication under the new data definitions and national data requirements which came into effect on 1st July 2016. The revised definitions have been introduced to improve data quality and alignment of census information with bed days lost. The aim is to provide more robust and consistent reporting across Scotland. It was anticipated this would increase the number of patients recorded as being in delay by 15%.

Scotland wide there has been a 4% increase in delayed discharges as reported from the most recent July census. Fife’s total number in delay as reported at this time was 118 as detailed below.

The total number currently in delay is 91 (4/10/16). Using the revised definition this is a 41% improvement from last October at this time as can be seen below.

![Number of delayed discharges at each census point: All delay reasons: NHS Fife, 2015/16-2016/17](chart.png)
The Delay Discharge Task Group continues to meet on a weekly basis to implement the partnership wide action plan and drive forward improvements.

The spend plan below describes the priority areas where funding will be directed to support the new models of care agreed by the partnership. This includes an additional 8 STAR and 8 assessment beds as well as augmenting homecare with additional capacity. Homecare has currently completed its review and a re-design model is being rolled out to support faster access directly from hospital settings.

**Short Term Assessment Review Team (START) – Investment (£445,000) Saving (£125,000).**

Designed to support the 72 hour discharge target by enabling people who require a care package to return home as quickly and as safely as possible. The plan has developed to include both in-house homecare and external providers. Work is underway to further enhance this service as initial feedback has been positive.

**Assessment Units - Investment (£650,000)**

The assessment unit has now been implemented within Kirkcaldy with other assessments units in planning. Further dialogue is required to ensure the assessments units can be fully supported by Primary Care to ensure people can move as quickly as possible out of hospital when they no longer require medical care.

Modelling for this winter – plotting anticipated demand against capacity – is in hand. It will be available before the end of October and will be discussed at the NHS Board F&R Committee in early November.

11. **Recommendation**

This report is provided to NHS Fife Board for Information.

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**Objectives: (must be completed)**

- Healthcare Standard(s): Public Bodies (Joint Working) (Scotland) Act 2014
- HB Strategic Objectives: Public Bodies (Joint Working) (Scotland) Act 2014

**Further Information:**

- Evidence Base:
- Glossary of Terms:
- Parties / Committees consulted prior to Health Board Meeting:

**Impact: (must be completed)**

- Financial / Value For Money
- Risk / Legal: The Partnership was required to ensure that full integration
Quality / Patient Care: In relation to principles set out in the Act as set out in the Act was achieved by 1st April 2016

| Workforce: | The Legislation will mean changes for staff in terms of reporting arrangements and developing models of integrated working. There is staff side involvement in key aspects of the organisational and governance structures. |
| Equality: | This report, provided for information, does not require an EQIA. EQIA’s have been completed throughout the programme of work to establish the Partnership. |