

NHS Fife Public Health & Wellbeing Committee

Mon 09 September 2024, 10:00 - 12:15

MS Teams

Agenda

10:00 - 10:00 **1. Apologies for Absence**

0 min

John Kemp

10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

John Kemp

10:00 - 10:00 **3. Minutes of Previous Meeting held on Friday 12 July 2024**

0 min

Enclosed *John Kemp*

Approval


 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240701.pdf (11 pages)

10:00 - 10:00 **4. Chair's Assurance Report presented to Fife NHS Board on 30 July 2024**

0 min

Enclosed *John Kemp*

For Information

 Item 4 - Chair's Assurance Report presented to Fife NHS Board on 30 July 2024.pdf (3 pages)

10:00 - 10:20 **5. Matters Arising / Action List**

20 min

Enclosed *John Kemp*

Assurance

 Item 5 - Public Health & Wellbeing Action List 20240909.pdf (4 pages)

5.1. Review of Committee's Terms of Reference

Enclosed *Dr Gillian MacIntosh*

 Item 5.1 - SBAR Review of Committee's Terms of Reference.pdf (3 pages)

 Item 5.1 - Appendix 1 Terms of Reference Sept 24.pdf (4 pages)

10:20 - 10:45 **6. GOVERNANCE MATTERS**

25 min

6.1. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed *Dr Shirley-Anne Savage*

Assurance

- 📄 Item 6.1 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (6 pages)
- 📄 Item 6.1 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC as at 200824.pdf (9 pages)
- 📄 Item 6.1 - Appendix 2 Assurance Principles.pdf (1 pages)
- 📄 Item 6.1 - Appendix 3 Risk Matrix.pdf (2 pages)

6.1.1. Pandemic Preparedness Risk Deep Dive

Enclosed *Duncan Fortescue-Webb*

Decision

- 📄 Item 6.1.1 - SBAR Pandemic Preparedness Deep Dive.pdf (6 pages)
- 📄 Item 6.1.1 - Appendix 1 Pandemic Preparedness Risk Deep Dive.pdf (5 pages)

6.2. Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2025/26

Enclosed *Hazel Thomson*

Decision

- 📄 Item 6.2 - Proposed Public Health & Wellbeing Committee Dates 2025-26.pdf (1 pages)

6.3. Delivery of Annual Workplan 2024/25

Enclosed *Hazel Thomson*

Assurance

- 📄 Item 6.3 - Delivery of Annual Workplan.pdf (6 pages)

10:45 - 11:00 7. STRATEGY / PLANNING

15 min

7.1. Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report

Enclosed *Susan Fraser*

Decision

- 📄 Item 7.1 - SBAR Annual Delivery Plan 2024-25 Scottish Government Response and Quarter 1 Report.pdf (6 pages)
- 📄 Item 7.1 - Appendix 1 Scottish Government Feedback - Fife Response.pdf (11 pages)
- 📄 Item 7.1 - Appendix 2 Quarter 1 Update.pdf (21 pages)

7.2. Prevention & Early Intervention Strategy

Enclosed *Lisa Cooper*

Assurance

- 📄 Item 7.2 - SBAR Prevention & Early Intervention Strategy.pdf (7 pages)
- 📄 Item 7.2 - Appendix 1 Prevention & Early Intervention Strategy.pdf (25 pages)
- 📄 Item 7.2 - Appendix 2 Prevention & Early Intervention EQIA.pdf (24 pages)
- 📄 Item 7.2 - Appendix 3 Prevention & Early Intervention Participation and Engagement Phase 1 Report.pdf (23 pages)
- 📄 Item 7.2 - Appendix 4 Prevention & Early Intervention Participation and Engagement Phase 2 report.pdf (20 pages)
- 📄 Item 7.2 - Appendix 5 Prevention and Early Intervention Strategy – Short Version.pdf (11 pages)

11:00 - 11:40 8. QUALITY / PERFORMANCE

40 min

8.1. Integrated Performance & Quality Report

Enclosed *Susan Fraser*


Assurance

- 📄 Item 8.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
- 📄 Item 8.1 - Appendix 1 Integrated Performance & Quality Report.pdf (15 pages)

8.1.1. Development of Public Health Indicators

Enclosed *Esther Curnock*


Assurance

 Item 8.1.1 - SBAR Development of Public Health Indicators.pdf (5 pages)

8.2. High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report

Enclosed *Fiona Forrest*

Assurance

 Item 8.2 - SBAR High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report.pdf (6 pages)

 Item 8.2 - Appendix 1 - High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report.pdf (38 pages)

11:40 - 11:50

10 min

9. INEQUALITIES

9.1. Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24

Enclosed *Esther Curnock*

Assurance

 Item 9.1 - SBAR Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023-24.pdf (5 pages)

 Item 9.1 - Appendix 1 Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023-24.pdf (23 pages)

11:50 - 12:10


20 min

10. ANNUAL REPORTS / OTHER REPORTS

10.1. Alcohol & Drugs Partnership Annual Report 2023/24

Enclosed *Elizabeth Butters*

Decision

 Item 10.1 - SBAR Alcohol & Drugs Partnership Annual Report & Survey 2023-24.pdf (8 pages)

 Item 10.1 - Appendix 1 Alcohol & Drugs Partnership Annual Report 2023-24.pdf (48 pages)

 Item 10.1 - Appendix 2 Annual Reporting Survey 2023-24.pdf (32 pages)

10.2. Health Promoting Health Service Annual Report 2023/24

Enclosed *Lisa Cooper*

Assurance

 Item 10.2 - SBAR Health Promoting Health Service Annual Report 2023-24.pdf (7 pages)

 Item 10.2 - Appendix 1 HPHS Outcomes and Indicators.pdf (3 pages)

10.3. Primary Care Strategy Year 1 Report 2023/24

Enclosed *Lisa Cooper*

Assurance

 Item 10.3 - SBAR Primary Care Strategy Year 1 Report 2023-24.pdf (7 pages)

 Item 10.3 - Appendix 1 Primary Care Strategy Year 1 Report 2023-24.pdf (40 pages)

12:10 - 12:15

5 min

11. LINKED COMMITTEE MINUTES

11.1. Equality and Human Rights Strategy Group held on 6 August 2024 (unconfirmed)

Enclosed


 Item 11.1 - Minute Cover Paper.pdf (1 pages)

 Item 11.1 - Equality and Human Rights Strategy Group Minutes (unconfirmed) 20240806.pdf (4 pages)

11.2. Public Health Assurance Committee held on 12 June 2024 (confirmed)

Enclosed

 Item 11.2 - Minute Cover Paper.pdf (1 pages)

 Item 11.2 - Public Health Assurance Committee (confirmed) 20240612.pdf (5 pages)

12:15 - 12:15 12. ESCALATION OF ISSUES TO NHS FIFE BOARD

0 min

12.1. To the Board in the IPQR Summary

Verbal *John Kemp*

12.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Verbal *John Kemp*

12:15 - 12:15 13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 SEPTEMBER 2024

0 min

12:15 - 12:15 14. ANY OTHER BUSINESS

0 min

12:15 - 12:15 15. DATE OF NEXT MEETING - MONDAY 11 NOVEMBER 2024 FROM 10AM - 12.30PM VIA MS TEAMS

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 1 JULY 2024 AT 10AM VIA MS TEAMS

Present:

Pat Kilpatrick, Chair (*from agenda items 5.2.1 onwards*)
Arlene Wood, Non-Executive Member (*Acting Chair for agenda items 1 – 5.2*)
Lynne Parsons, Employee Director
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Chris Conroy, Clinical Services Manager (*agenda item 8.2 only*)
Lisa Cooper, Head of Primary and Preventative Care Services (*deputising for Nicky Connor*)
Esther Curnock, Consultant in Public Health Medicine (*agenda item 8.2 only*)
Lucy Denvir, Consultant in Public Health (*observing and agenda item 6.5*)
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance
John Kemp, Non-Executive Member (*observing*)
Jocelyn Lyall, Chief Internal Auditor (*agenda item 1 - 5.1 only*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fiona McKay, Head of Strategic Planning, Performance and Commissioning (*deputising for Nicky Connor*)
Fay Richmond, Executive Officer to the Chair & Chief Executive
Nicola Robertson, Director of Nursing, Corporate (*deputising for Janette Keenan*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to John Kemp, Non-Executive Member who is observing today's meeting, prior to taking on the Chairing role from 1 August 2024.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member Alistair Morris (Non-Executive Member), Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director) and regular attendees Nicky Connor (Director of Health & Social Care) and Kirsty MacGregor (Director of Communications & Engagement).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 13 May 2024

The following updates/additions were made to the previous minutes, as follows:

- Item 5.1 – The Equalities & Human Rights Steering Group Annual Assurance Statement will be circulated to members for comment via email.
- Item 6.4 – The Committee **agreed** with the principles outlined in the draft strategy, however concern was raised around the status of the document.
- Item 7.2 - A request was made to include a tracker which outlined the new trajectory for Child & Adolescent Mental Health Services from April 2024 – January 2025.

The minute from the previous meeting was then **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

The Director of Public Health highlighted that an initial meeting is scheduled to discuss the Committee's Terms of Reference on 9 July 2024, and that the discussion will also include future Development Sessions and how those are progressed.

5. GOVERNANCE MATTERS

5.1 Internal Audit Annual Report 2023/24

The Chief Internal Auditor was welcomed to the meeting and spoke to the report. It was advised that the Audit & Risk Committee considered the report as part of their wider portfolio of year-end governance assurance, and that the report will be presented to all the July Standing Governance Committees for information.

It was highlighted that the report provides an overall significant level of assurance that there are effective and adequate internal controls in place. Agreement has been made to address two internal controls that have been assessed as moderate and one that merits attention. It was reported that context has been provided on the internal and external environment, and that the report focusses on improvement work and building on the governance arrangements already in place.

An update was provided on the Internal Control Evaluation report, with it advised that steady progress is being made, with some slippage. The key themes in the report, in relation to elements that are vital for future success, were highlighted, including the continued implementation of the Population Health & Wellbeing Strategy and maintaining a focus on public health measures; investing in preventative measures and implementing service reforms to ensure services are sustainable in the future, as detailed in the NHS Audit Scotland 2023 Report; and reference to the role of NHS Scotland and investing in public health interventions and prevention.

An overview was provided on the other key elements of the report, and in terms of the Reform, Transform, Perform work, it was reported that the first month's reporting has been presented through the governance structures, and performance will be continually monitored. The Chief Internal Auditor highlighted the timely completion of the Blueprint for Good Governance self-assessment, and the Scottish Government's agreement on the action plan. A move in the financial position, since the time of writing the report, was also highlighted, which was advised as being due to the late change in the Integrated Joint Board's financial position and the additional brokerage sought from the Scottish Government as a result of late identification of an overspend. It was noted that performance will continue to be challenging and progress will be monitored through the Integrated Performance & Quality Report.

The Chief Internal Auditor confirmed that public health will be more prominent within the 2024/25 report, albeit specific audits in relation to public health are currently unknown.

The Committee took a **“significant” level of assurance** from the report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health reported on the four corporate risks aligned to the Committee, noting that an update is provided within the paper. The work underway for the Reform, Transform Perform work, was highlighted, which will contribute to transformation and support delivery of the Population Health & Wellbeing Strategy. The health inequalities risk was also highlighted, and it was advised that there is an opportunity for more deliberate actions through the Fife Partnership, which has agreed to scope a Marmot place approach building on, work already underway within Plan For Fife.

It was reported that work continues to evolve and review the Corporate Risk Register, and that the Risk & Opportunities Group are progressing work around emerging risks.

A request was made to strengthen the level of assurance that all actions are being taken for the Population Health & Wellbeing Strategy risk, particularly in relation to the focus on monitoring. A request was also made to strengthen the risk oversight using new metrics within the Integrated Performance & Quality Report. It was advised that there is delegated responsibility within the frameworks underpinning the Strategy and metrics which are embedded in these. The Director of Public Health agreed to take forward an action to enhance visibility of the mitigating actions for the Population Health & Wellbeing Strategy risk.

Action: Director of Public Health

The Committee took a **“moderate” level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

5.2.1 Primary Care Services Risk Update

The Head of Primary and Preventative Care Services was welcomed to the meeting and provided an update on the Primary Care Services risk. Background detail was provided, and it was advised that a moderate risk level target was agreed for the Primary Care Services risk the previous year. It was reported that a further review on the position of the risk has been carried out, along with identifying actions to manage this risk, which are detailed within the report. The external factors were highlighted, in relation to managing the risk, and an explanation was provided on the rationale for the current risk rating of high.

It was reported that the Primary Care Strategy was approved by both the Integrated Joint Board and NHS Fife Board in July 2023, and that it provides a focus on recovery of primary care, improving the quality of primary care services and making primary care systems sustainable. An overview was provided on the governance routes for oversight on delivery of the strategy, and it was reported that a Performance & Assurance Framework has been approved, which will support providing assurances around improving performance and delivery of the strategy.

Discussion followed, and it was highlighted that there is effective working in place, between the Health & Social Care Partnership delegated responsibilities within Primary Care Services, and the Medical Director's overarching responsibilities, which was noted as an improved position from earlier in the year. It was reported that the use of regular locums is helping with risk management alongside professional oversight. The Strategic Implementation Group have confirmed that actions from year-one of delivery of the strategy are on track and will be provided within the Primary Care Services Annual Report, for assurance.

Challenges in understanding the metrics relating to access were outlined, particularly in relation to identifying the number of patients accessing dentists, accessing General Practice, and waiting times for those services. It was reported that the Performance & Assurance Framework will be presented to the next Committee meeting and will provide further detail. It was also reported that the vision is to reduce the reliance on Board managed general practices. It was also noted that access is a particular challenge for dental services. An overview was provided on dental registration and accessing preventive services if not registered, it was noted that there are limitations locally in what we can change. Assurance was provided that close working is being carried out with the Scottish Government and Chief Dental Office to improve access, which forms part of the strategy. It was noted that recommendations have been made to the Chief Dental Officer and a response is awaited, and the Chief Executive agreed to advise the Scottish Government at the Chief Executives' meeting the following week.

Action: Chief Executive

The risks associated with 2C General Practitioners were highlighted, and it was advised that a Primary Care Oversight Group has been established to manage those risks.

The Committee took a **“moderate” level of assurance** from the actions being taken noting delivery of these will be closely monitored.

5.3 Delivery of Annual Workplan 2024/25

The Director of Public Health advised that the Implementation of the Promise National Strategy; Prevention & Early Intervention Strategy; No Cervix Exclusion Audit; and

Adult Support & Protection Annual Report 2023/24, have been deferred, and that potential Development Sessions, as noted on the workplan, will be taken forward following a fundamental review of the Committee's Terms of Reference.

The Committee took **assurance** from the tracked workplan.

6. STRATEGY / PLANNING

6.1 Corporate Objectives

The Chief Executive reported that the corporate objectives had been considered at the recent Remuneration Committee and are being presented to the Standing Governance Committees before formal sign off by NHS Fife Board in July 2024.

The challenges in linking the 'Improve Health & Wellbeing' high-level corporate objectives from a committee perspective were raised. It was reported that the Remuneration Committee have been provided with the granular detail, and taken assurance, and that the objectives are also contained within Directors' personal objectives. Furthermore, the Prevention & Early Intervention Strategy will provide the detailed actions being taking forward. It was noted that the 'Deliver Value & Sustainability' objective is also aligned to this Committee.

The Committee took a "**significant**" level of **assurance** that the Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.

6.2 Annual Delivery Plan Scottish Government Response 2024/25

The Associate Director of Planning & Performance reported that the Annual Delivery Plan was submitted to the Scottish Government on 24 March 2024, and subsequently, feedback was received on 8 May 2024, advising that the Scottish Government were satisfied that NHS Fife broadly meet the requirements for the Medium-Term Annual Delivery Plan. The quarter 1 update will provide a response to the queries within the feedback letter.

Discussion followed, and it was advised that the plan includes a focus on what can and cannot be delivered, within available funding, and that this will be explored further to assess what can be achieved. It was advised that assurance has been provided to the Scottish Government that the plan reflects the Scottish Government's priorities.

It was reported that there are national issues with Child & Adolescent Mental Health Services, and that improvement plans are being developed. An overview was provided on the work being carried out to explore different models and working with third sector organisations within schools. It was highlighted that there has been significant improvement in this area, particularly for those on the lower level of the waiting list. Further detail can be provided to the committee on specific details, if required.

It was requested that any queries in relation to the Scottish Government's feedback, within the recovery drivers' section, are submitted to the Director of Planning & Performance, who will provide a written response to each of the comments within the

quarter 1 report, to enable the Committee to have a fuller understanding on the implications within Fife.

Action: Non-Executive Members

The Committee took a **“limited” level of assurance** from the paper.

6.3 Annual Delivery Plan 2023/24 Quarter 4 Report

The Director of Planning & Performance introduced Annual Delivery Plan 2023/24 Quarter 4 Report.

Further detail in relation to the deliverables with a status of amber or red was requested and the actions in place for mitigation. The Director of Planning & Performance agreed to take this forward as an action and feedback to the Committee. It was noted that any actions from the previous year which are not complete, are carried over to the following year.

An update was provided on the Mental Health Strategy, and it was advised that a draft version is currently going through the relevant governance routes, with the final approved version expected in September 2024. It was advised that the strategy will include an improvement plan. The formulation of the strategy was described, and it was noted that consideration is underway in terms of including the Suicide Prevention Improvement Plan. It was also noted that the strategy is required to be aligned to other strategies, such as the Prevention & Early Intervention Strategy, and that it will be linked to the Reform, Transform, Perform work. It was confirmed that the Sexual Health and Blood Borne Virus Framework Annual Report 2023/24 will be presented to the Committee in January 2025.

It was noted that the management actions for the amber risk relating to the national variant and mutation plan can now be addressed following receipt of an allocation to Boards from Scottish Government last month. An update paper is being prepared in relation to the East Region Health Protection service and this will include an update on the variant mutation plan and will be brought back to the Committee. Assurance was provided that this area is being monitored through the Annual Delivery Plan.

The Committee took a **“moderate” level of assurance**.

6.4 Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

The Chief Executive advised that the letter will be presented to the NHS Fife Board in private session at their July 2024 meeting, and that it is provided to the Committee for information and awareness. An overview was provided on the contents of the letter, with it noted that there is a strong emphasis on Acute Services. Discussion took place on how the Scottish Government’s framework will influence the development of NHS Fife’s Reform, Transform, Perform programme of work, and the Chief Executive agreed to feedback NHS Fife’s perspective into national discussions.

The Committee took **assurance** from the letter.

6.5 Update on Plan for Fife and Shared Ambitions

The Director of Public Health introduced this item, which was tabled following discussion at the March meeting, to set out progress made through the 10 year Plan4Fife and highlighted the benefits of being part of the community planning partnership (Fife Partnership).

The Consultant in Public Health highlighted the key areas from the 10-year Plan4Fife and advised that, since the last review in 2021, a further review has been carried out and a Recovery & Renewal Leadership Group was established with three priorities of economic recovery, tackling poverty and addressing the climate emergency. It had been agreed that the 13 ambitions still stand, and that greater focus was required around those three priority areas. An update was provided on the process to review governance arrangements.

It was reported that the draft strategic assessment, produced by Fife Partnership is currently out for consultation, and some proposals have been developed from initial findings. It was advised that Fife Partnership are progressing discussions to become one of three national Marmot Places pilot sites in Scotland. The Marmot Places will have a common Framework will support a focus on tackling health inequalities, and that there is a commitment from the Scottish Government to have a national perspective in this area. Discussion took place on the Marmot Framework, and suggestion was made to consider a Development Session, to ensure that all the preparatory work is ready, should Fife be included in one of the three pilots. It was agreed that external discussions should be carried out around the Marmot Framework to support and influence our application as part of Fife Partnership. The Director of Public Health agreed to take this forward as action.

Action: Director of Public Health

A proposal for a programme for collaborative working was highlighted, and the Committee **discussed** how best to support and take opportunities to collaborate in partnership working to support the Plan for Fife.

6.5.1 Food4Fife Strategy & Action Plan 2024-2029

The Director of Public Health advised that the Food4Fife Strategy & Action Plan 2024-2029 provides a complementary update on the Plan for Fife and highlights the benefits of collaborate working. It was noted that the Good Food Nation (Scotland) Act 2022 created a requirement for public bodies to create good food nation plans, and that an extensive programme of engagement with Fife Council and producers has been undertaken to develop the strategy. Committee members discussed the next steps for the strategy and noted the increasing concerns about food poverty. The Director of Public Health explained that a detailed delivery plan will be developed as the next stage and will include detail on achieving safe, affordable, healthy food and this will also include actions to address food poverty in Fife. The delivery plan will be brought to the Committee, once developed.

Action: Director of Public Health

The Committee took a **“significant” level of assurance** that completion of the Food4Fife strategy fulfils the requirement for NHS Fife to put in place a Good Food Nation plan.

6.6 Creating Hope for Fife: Fife's Suicide Prevention Action Plan

The Head of Primary and Preventative Care Services advised that the paper provides background to development of the plan and is in line with the national suicide action plan. It was reported that the plan will be delivered in partnership across the whole system. It was further reported that development of the plan commenced in February 2024, and that a conference was held with representatives from 50 organisations. Robust oversight of the plan will be carried out through the Mental Health Strategy Implementation Group, and an assurance framework will be developed.

The committee welcomed the plan and noted the detailed actions set out within it which would benefit from sharing with the Board. Chair agreed to consider a Board Development Session on suicide prevention, alongside mental health.

Discussion followed and the impact on successful completion of the actions was questioned. It was noted that those not accessing mental health services will also be targeted, using a prevention and early intervention approach. In terms of the level of assurance, it was advised that this is difficult to assess, due to the small numbers of completed suicides and inevitable fluctuation in the data as a result. It was noted the importance is on evidence-based interventions that will in the longer-term lead to suicide reduction and fewer attempted incidents. The risk factors were queried, and it was reported that Fife is comparable at a national level, with some nuances, such as areas of deprivation.

Assurance was provided that the governance arrangements are being reviewed.

The Director of Public Health highlighted that the Health Promotion Team received a Health & Wellbeing Celebrating Success Award last year, as a result of their suicide prevention work with Scottish Fire and Rescue Service who had experienced a suicide within their workforce. An overview was provided on the large amount of awareness raising that has been undertaken within the team. It was also highlighted that a national confidential inquiry is undertaken for all suicides where individuals are in contact with mental health services.

Members complimented the report, and the Health Promotion Team who have led this work, were thanked for all their hard work.

The Committee took a **“significant” level of assurance** from the action plan.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Head of Strategic Planning, Performance and Commissioning provided an update and advised that there is an issue has been identified in relation to the smoking cessation data, and that an update will be presented at the September Committee meeting. It was noted though, that significant work has been undertaken, particularly within maternity, however, overall, the position is below the trajectory. It was also reported that there is further work to be carried out within the Child & Adolescent Mental Health Services, and that there are still staffing issues within Psychological Therapy services. The Director of Public Health provided an overview on the immunisation data.

Discussion followed and it was advised that detail around the Mental Health Primary Care is being reviewed to ensure it is not sitting as a separate area. It was reported that the majority of alcohol brief interventions are delivered through General Practice, and that work is underway in terms of understanding why these continue to outperform, and the areas of focus were outlined.

An update was provided on the expansion of public health indicators, and it was advised that it is expected that by September 2024, a decision will be made on public health indicators to include within the IPQR. The Head of Strategic Planning, Performance and Commissioning and Associate Director of Planning & Performance were thanked for progressing the additional mental health indicators at pace. The Chief Executive provided an update on the proposal for reporting public health metrics within the IPQR at Board level.

The Head of Strategic Planning, Performance and Commissioning agreed to discuss mental health learning disabilities delayed discharge, with the Chair, outwith the meeting.

Action: Head of Strategic Planning, Performance and Commissioning

The Committee discussed, examined and considered the NHS Fife performance, as summarised in the IPQR, and to take a **“moderate” level of assurance** from the report.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Fife Child Protection Annual Report 2023/24

The Head of Primary and Preventative Care Services advised that this is the second annual report provided by the Child Protection Team and provides a comprehensive summary of all the activities undertaken by the team throughout 2023/2024, including challenges and successes within delivery of its function. It was noted that the majority of work for the team was around the planning for implementation of the refreshed guidance for child protection. The review of the education & training plan was also highlighted, and how the plan will support the workforce across health & social care in terms of delivery of child protection. Further work being undertaken to refresh the team in terms the vision was also highlighted.

Clarification was provided that the report is provided for NHS Fife and delegated services contribution to child protection, and that the Child Protection Committee have oversight of all the multi-agency groups.

The Committee took **assurance** from the report.

8.2 Annual Immunisation Report, including Immunisation Strategic Framework 2024 – 2027

The Clinical Services Manager advised that the report provides an overview on the vaccine preventable disease surveillance and vaccine uptake data in terms of vaccine in Fife and an overview of the work completed under the previous Fife Immunisation Strategic Framework for 2021 - 2024. It was advised that the strategic framework has

been reviewed and refreshed, in line with the requirements for 2024 – 2027, and it was noted that the priorities within the revised framework are aligned to the areas of improvement, which are highlighted within the report. It was further advised that the Community Immunisation Services Programme Board continue to provide scrutiny.

Discussion followed, and it was reported that as part of the development for the strategic framework, a workforce plan was created, and that continues to be scrutinised through the Immunisation Board to ensure viability within funding streams. It was advised that a restructure of delivery, and the addition of workstreams, will ensure the clear alignment of key areas and localities. It was advised that no risks, including financial, have been identified as a result of the proposed structural changes.

It was reported that there has been a decline in Scotland for immunisation, which is mirrored across Scotland and the UK. Vaccination programmes are becoming more complex, in terms of the different vaccines being offered and changes to the schedule are challenging to accommodate. National research has been carried out which has highlighted the importance of community engagement in increasing uptake, and this compliments the findings from the childhood immunisation review which was carried out in Fife.

The committee discussed specific points within the annual immunisation report. An explanation was provided on the change to the shingles programme delivery, which resulted in lower uptake over last year. It is anticipated that the issues have now resolved. There was discussion about the improvement work underway to increase uptake of HPV, and it was reported that an improvement programme was put in place over the Spring 2024, with additional clinics offered in the summer. Initial activity suggests that this has had a positive impact on uptake for girls. The Area Immunisation Steering Group are reviewing sexual health data as part of their workplan, and they are seeking to understand uptake amongst people who attend sexual health services.

The Committee **noted** the findings of the NHS Annual Report and **noted** the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for a “**moderate**” level of assurance.

9. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

9.1 Public Health Assurance Committee held on 17 April 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair’s comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to highlight that the Committee have requested that the suicide prevention strategy work be included within the mental health strategy and highlighted at a future Board development session.

11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

The reflections from the meeting & agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

12. ANY OTHER BUSINESS

It was advised that John Kemp, Non-Executive Member, will take on the role of Chair from 1 August 2024.

Date of Next Meeting - Monday 9 September 2024 from 10am – 12.30pm via MS Teams.

Meeting: Public Health & Wellbeing Committee

Meeting date: 1 July 2024

Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 Deferred

- The Implementation of the Promise National Strategy
- Prevention & Early Intervention Strategy
- No Cervix Exclusion Audit
- Adult Support & Protection Annual Report 2023/24

1.2 Ad hoc

- Update on Plan4Fife and Shared Ambitions
- Creating Hope for Fife: Fife's Suicide Prevention Action Plan
- Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

2. The Committee considered the following items of business:

2.1 The Chief Executive agreed to advise the Scottish Government at the July Chief Executive's meeting around the recommendations made to the Chief Dental Officer to improve access to dental.

2.2 The Committee took a "limited" level of assurance from the Annual Delivery Plan Scottish Government Response 2024/25 report.

- Improvement plans are being developed for Child & Adolescent Mental Health Services.

2.3 The Committee took a "moderate" level of assurance from the Annual Delivery Plan 2023/24 Quarter 4 Report.

- Further detail requested on the deliverables with red or amber status, and the actions in place for mitigation requested by the Committee.
- Draft version of the Mental Health Strategy is going through the relevant governance routes, and final version expected in September 2024.
- Management actions for the amber risk relating to the national variant and mutation plan can now be addressed following receipt of an allocation to Boards from Scottish Government last month.
- An update paper is being prepared in relation to the East Region Health Protection service.

2.4 The Committee noted the findings of the NHS Annual Immunisation Report and noted the refreshed Fife Immunisation Strategic Framework and outlined priorities for 2024-2027, for a "moderate" level of assurance.

- Workplan has been created as part of the development for the strategic framework and will be scrutinised through the Immunisation Board to ensure viability within funding streams.

3. Delegated Decisions taken by the Committee

3.1 It was agreed that external discussions should be carried out around the Marmot Framework to support and influence our application as part of Fife Partnership.

3.2 Discussion took place on how the Scottish Government's framework will influence the development of NHS Fife's Reform, Transform, Perform programme of work, and the Chief Executive agreed to feedback NHS Fife's perspective into national discussions.

4. Update on Performance Metrics

4.1 Smoking Cessation

An issue was identified in relation to the smoking cessation data, and an update will be presented at the September Committee meeting. Significant work has been undertaken, particularly within maternity.

4.2 Child & Adolescent Mental Health Services and Psychological Therapies

Further work still to be carried out for CAMHS, and there are staffing issues within PT services. Detail around the Mental Health Primary Care is being reviewed to ensure it is not sitting as a separate area.

4.3 Alcohol Brief Interventions

Work is underway in terms of understanding why Alcohol Brief Interventions, delivered through General Practice, continues to overperform.

4.4 Public Health Indicators

Consideration is being given to public health indicators to include in the IPQR.

4.5 There were no performance-related matters to escalate to the Board.

5. Update on Risk Management

5.1 The Committee took a "moderate" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate the corporate risks aligned to the Public Health & Wellbeing as far as is possible to do so.

5.2 Population Health & Wellbeing Strategy Risk

Enhancing visibility of the mitigating actions for the Population Health &

Wellbeing Strategy risk are being taken forward as an action. Noted the work underway for the Reform, Transform Perform work will contribute to transformation and support delivery of the strategy.

5.3 Health & Inequalities Risk

There is an opportunity for more deliberate actions through the Fife Partnership, which has agreed to scope a Marmot place approach building on work already underway within Plan For Fife.

5.4 Primary Care Services Risk

This risk has been reviewed and an explanation was provided on the rationale for the current risk rating of high.

A Performance & Assurance Framework has been approved, which will support providing assurances around improving performance and delivery of the strategy.

A Primary Care Oversight Group has been established to manage the risks associated with 2C General Practitioners.

5.5 Policy Obligations in Relation to Environmental Management and Climate Change Risk

There was nothing new to highlight for this risk, since the previous meeting.

6. Any other Issues to highlight to the Board:

6.1 Creating Hope for Fife: Fife's Suicide Prevention Action Plan

Members complimented the report, and the Health Promotion Team who have led this work, were thanked for all their hard work.

6.2 Suicide Prevention Strategy Work

The suicide prevention strategy work to be included within the mental health strategy and will be discussed at a future Board development session.

Pat Kilpatrick
Chair
Public Health & Wellbeing Committee

KEY:	Deadline passed / urgent
	In progress / on hold
	Closed

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST
Meeting Date: Monday 9 September 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	01/07/24	Integrated Performance & Quality Report	To discuss mental health learning disabilities delayed discharge, with the Chair, outwith the meeting.	FM		September 2024
2.	13/05/24	Development Sessions	To have a Development Session on Child & Adolescent Mental Health Services and Psychological Therapies.	FM/HT	Timeframe to be agreed.	TBC
3.	13/05/24		To have a Development Session on aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards.	FM/HT	Timeframe to be agreed.	TBC
4.	13/05/24	Delivery of Annual Workplan 2024/25	To consider inclusion of mid-year reports to the workplan.	JT/HT	In progress, and Executive Leads asked for input.	November 2024
5.	13/05/24		To add regular reports from the transformation schemes to the workplan.	JT/HT	Reporting of relevant transformation schemes will fit within the Reform, Transform, Perform Governance Framework, following the established formal assurance processes.	November 2024
6.	13/05/24		To revisit the Integrated Performance & Quality Report metrics in relation to the Population Health & Wellbeing Strategy activities.	JT/SF	In progress. Scoping meetings took place in June with H&SCP and Public Health teams. Meeting date to be confirmed to finalise selection of metrics for IPQR.	November 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
7.	13/05/24	Integrated Performance & Quality Report	A deep dive to be provided on the smoking cessation service.	NC	Deferred from July - there is an issue with the data nationally and the information that we have received needs further scrutiny to get a picture for Fife. FM not available for September meeting, and therefore deferred to the November meeting.	November 2024
8.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To confirm timelines for roll-out of the risk dashboard to Committees.	MM	Currently a work in progress. Timescale extended.	November 2024
9.	01/07/24	Update on Plan for Fife and Shared Ambitions	To take forward as an action regarding external discussions being carried out around the Marmot Framework to support and influence our application as part of Fife Partnership.	JT	Progress is underway, and an application to participate in the national Marmot Places initiative was circulated on 16 August (closing date 23 September). Early discussions have taken place with Fife Partnership, and an update will be provided at the Committee November meeting about the outcome of the process.	November 2024
10.	04/03/24	Annual Review of Public Health & Wellbeing Committee Terms of Reference	To discuss the membership of the Committee with the Chair, as part of her overall review of committee placements.	GM	Further committee reassignments to be made on the appointment of the Board's new Non-Executive member, to address as a priority the current Non-Executive vacancy on Public Health & Wellbeing.	August 2024
11.	04/03/24	Development Sessions	To have a Development Session around the focus of the Committee, followed by a fundamental review of the Terms of Reference.	JT/HT	Initial discussion scheduled for 9 July 2024, then dates for the Development Session will be explored.	October 2024
12.	04/03/24		To have a Development Session on Oral Health Prevention & Treatment.	JT/HT	Complete – arranged for 18 October 2024.	October 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
13.	01/07/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To take forward an action to enhance visibility of the mitigating actions for the Population Health & Wellbeing Strategy risk.	SF	Mitigating actions are identified as part of risk management. One of the mitigations is the production of the mid-year report and annual report of the Population Health & Wellbeing Strategy that documents the actions taken across the system to deliver the ambitions of the strategy and will include examples of outcomes. Timeline for both is included on the workplan.	September 2024
14.	01/07/24	Primary Care Services Risk Update	To advise the Scottish Government at the Chief Executives' meeting regarding the recommendations that have been made to the Chief Dental Officer and that a response is awaited.	CP	Closed. Unscheduled care and the pressures felt across all aspects of primary care (including dental services), were discussed at the recent Chief Executives' meeting.	September 2024
15.	01/07/24	Annual Delivery Plan Scottish Government Response 2024/25	It was requested that any queries in relation to the Scottish Government's feedback, within the recovery drivers' section, are submitted to the Director of Planning & Performance, who will provide a written response to each of the comments within the quarter 1 report, to enable the Committee to have a fuller understanding on the implications within Fife.	Non-Exec Members	The draft Q1 update has been submitted and this includes a separate report on the response to the feedback from the ADP from the Scottish Government.	September 2024
16.	15/01/24	Internal Controls Evaluation Report 2023/24	To feedback to the team, the request to add further detail to the report, in terms of the Committee's risk reduction approach.	MM	The Auditors are currently reviewing and will incorporate into the report.	September 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
17.	01/07/24	Food4Fife Strategy & Action Plan 2024-2029	Delivery plan to be brought to the Committee, once developed.	JT	Delivery plan will be presented to the Committee in March 2025. Added to workplan.	March 2025

Meeting:	Public Health & Wellbeing Committee
Meeting date:	9 September 2024
Title:	Review of Committee's Terms of Reference
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Gillian MacIntosh, Board Secretary

Executive Summary:

- This paper provides the suggested text of an updated remit for the Public Health & Wellbeing Committee.
- Proposed changes (tracked within) relate to enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of quality and performance, particularly those within Primary Care and Mental Health, for which the IJB sets the strategic priorities.
- This closes the outstanding action for the Committee to review its Terms of Reference following earlier discussion at its March 2024 meeting, with further reflection to be undertaken by the new Committee Chair via routine agenda planning / workplan review, to ensure any gaps in reporting are addressed.

1 Purpose

This report is presented for:

- Decision

This report relates to:

- Local policy

This report aligns to the following NHSScotland quality ambition(s):

- Effective

2 Report summary

2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter each May.

2.2 Background

The current Terms of Reference for the Public Health & Wellbeing Committee were last reviewed in March 2024, as per the above cycle. At that discussion, it was suggested a further in-depth review should be undertaken of the Committee's remit and workplan, and that has now been undertaken, with the input of the new Board Chair and Committee Chair. The main changes are to reflect enhancing the Committee's oversight of delegated services the Board remains legally responsible for in regards of quality and performance, particularly those within Primary Care and Mental Health, for which the IJB sets the strategic priorities.

The proposed changes enclosed in this paper would be an in-year adoption, given that the next cycle of formal review is over six months away.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease.

Following review and endorsement by the Committee, an amended draft will be forwarded to the Board for formal approval, after which the Board's Code of Corporate Governance will be updated accordingly.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	x			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The regular review and update of Committee Terms of Reference ensures appropriate governance across all areas and that effective assurances are provided to the Board.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Board Chair, Committee Chair, Lead Executive Director and Interim Director of Health & Social Care and their input is reflected within.

2.4 Recommendation

This paper is provided to members for:

- **Decision** – consider the attached changes to the remit and approve a final version for further consideration by the Board.

3 List of appendices

- Appendix 1 – Public Health & Wellbeing Committee's revised Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~28 May 2024~~TBC

1. PURPOSE

- 1.1 To assure Fife NHS Board that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.
- 1.2 To exercise scrutiny and challenge over the delivery performance of a range of services, [including those delegated by the Board to the Integration Joint Board](#), for which NHS Fife is accountable to Scottish Ministers.
- 1.3 To strengthen collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks in Fife (particularly Fife Partnership Board), to address health inequalities and improve the wider determinants of health for our population.
- 1.4 To assure the Board that appropriate mechanisms and structures are in place for public health and wellbeing activities to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including services delivered by partners, to reflect NHS Fife's ambition to be an anchor institution within its population area.

2. COMPOSITION

- 2.1 The membership of the Public Health & Wellbeing Committee will be:
 - Four Non-Executive or Stakeholder members of the Board (one of whom will be the Committee Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or Area Clinical Forum)
 - Employee Director
 - Chief Executive
 - Director of Finance & Strategy
 - Director of Nursing
 - Director of Public Health
 - Medical Director
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the lead Executive officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Director of Property & Asset Management
- Associate Director, Planning & Performance
- Board Secretary

2.3 The Director of Public Health shall serve as the lead Executive officer to the Committee.

3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless at least three members are present, two of whom should be Non-Executive members of the Board. There may be occasions when due to the unavailability of the above Non-Executive members, the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. This will be drawn to the attention of the Board.

4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times per year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Non-Executive Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

5. REMIT

5.1 The remit of the Public Health & Wellbeing Committee is:

- To agree key areas of focus within the public health priorities that will be taken forward every–each year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.
- To ensure that a strategic plan is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.
- To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.
- To receive assurance that the performance and risks relating to primary care and community services are addressed in line with the directions set by the Integration Joint Board and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national or local standards or targets.

- To receive assurance that the performance and risks relating to mental health provision are addressed in line with the directions set by the Integration Joint Board and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national or local standards or targets.

- To support the work of the Anchor Institute Programme Board and receive updates on progress and outcomes.
- To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy.
- To support the ambitions set out in the Plan for Fife (Community Planning Partnership) through collaboration on agreed areas of influence.
- To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.
- To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.
- To undertake an annual self-assessment of the Committee's work and effectiveness.

5.2 The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's areas of responsibility.

5.3 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June and thereafter to the Board.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements" and the Scottish Public Finance Manual.

5.5 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Public Health & Wellbeing Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

- 7.1 The Public Health & Wellbeing Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 Each Committee of the Board will scrutinise the Corporate Risks aligned to that Committee on a bi-monthly basis.

Meeting: Public Health and Wellbeing Committee
Meeting date: 9 September 2024
Title: Update on Corporate Risks Aligned to the Public Health and Wellbeing Committee
Responsible Executive: Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author: Dr Shirley-Anne Savage Associate Director for Risk & Professional Standards, NHS Fife

Executive Summary

- The report highlights a number of updates to existing risks where a combination of service demand/capacity and the financial context are increasing the overall risk levels in a number of areas.
- The report also reflects potential risks emerging in the system,

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the corporate risks aligned to this Committee since the last report on 1 July 2024. The Committee is invited to:

- note details of the corporate risks as at 20 August 2024 at Appendix 1;

- review all information provided against the Assurance Principles at Appendix 2, and the Risk Matrix at Appendix 3;
- consider and be assured of the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment



The Strategic Risk Profile as at 20 August is provided in Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. A review of Risk Appetite is currently underway with the Board members.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		

The risks aligned to this Committee are summarised in Table 2 below and at Appendix 1.

Table 2: Risks Aligned to the Clinical Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	<div style="display: flex; justify-content: space-around;"> 1 2 - - </div>	◀▶	<ul style="list-style-type: none"> 1 - Population Health and Wellbeing Strategy 2 - Health Inequalities 4 - Policy Obligations in Relation to Environmental Management and Climate Change 	Risk 1 – Target date changed to 31/03/2025 Risk 2 – Target date changed to 31/10/2024 and mitigations updated. Risk 4 - Mitigations updated. Risk 10 – Mitigations updated.
 To improve the quality of health and care services	<div style="display: flex; justify-content: space-around;"> 1 - - - </div>	◀▶	<ul style="list-style-type: none"> 10 - Primary Care Services 	Risk 10 – Mitigations updated.

Since the last report to the Committee on 1 July 2024:

- The four risks aligned to the Committee are as previously reported.
- The risk level breakdown is unchanged at - 2 High and 2 Moderate.

Key Updates

Risk 1- Population Health & Wellbeing Strategy

The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions although the service, workforce and financial challenge may have an impact on the scope and pace of the delivery of the ambitions within the Strategy. The current risk level is moderate 12 and the aim is to maintain this level by end of March 2025.

Risk 2 – Health Inequalities

Fife Partnership have agreed to submit an application to work with the Institute of Health Equity and become a Marmot place. One of the ambitions is to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.

Prevention and early intervention strategy will be ratified in September and the establishment of the ‘fair financial decision making’ checklist.

Unfortunately, there remains significant funding uncertainty for the income maximisation worker to support maternity services. This is currently scheduled to conclude in October. These budgetary pressures at UK and Scotland-level will restrict flexibility and in particular impact on discretionary areas of spend.

Risk 4 - Policy obligations in relation to environmental management and climate change

The objectives for this risk are set out and monitored through Section 10 of the ADP. There are 11 deliverables in the ADP – 10 are Green (on track) and 1 at risk at Q1.

Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.

Risk 10 - Primary Care Services

The Annual Report for year one of delivery of the Primary Care Strategy was presented and approved at the Primary Care Governance and Strategy Oversight Group (PCGSOG) on 16 August 2024 and will now progress through committees to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan. A report describing progress of the Primary Care Improvement Plan (PCIP) 23/24 was also presented and supported at PCGSOG.

Details of all risks are contained within Appendix 1.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position. There is work currently underway with the Board to review the Risk Appetite.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more

co - ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks aligned to this Committee continue to be maintained, including through close monitoring of agenda, work- plans, and clear governance through appropriate groups and committees; these include the Public Health Assurance Committee, the Primary Care Governance and Strategy Oversight Group, and the National Sustainability Assessment Tool (NSAT) Working Group tasked with developing the Board's progress against the standard national question set.

The Committee is asked to note the risk appetite status of its corporate risks.

Risks 1, 2 and 4 align to *Strategic Priority 1: 'To Improve Health and Wellbeing'*.

The Board has a High appetite for risks within this domain.

Risks 1 and 4 have a current risk level of Moderate and are therefore below risk appetite.

Risk 2 has a current risk level of High and is therefore within risk appetite.

Risk 10 aligns to *Strategic Priority 2: 'To improve the Quality of Health and Care Services'*.

The Board has a Moderate appetite for risks within this domain.

The risk is currently assessed as High and is therefore above appetite. This reflects the sustained level of challenge across all aspects of Primary Care Services delivery.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG. The outcome of that assessment concluded that no further action was required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage, specifically, Corporate Risk 4 - 'Policy obligations in relation to environmental management and climate change' which is aligned to this Committee for assurance purposes.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects stakeholder input including risk owners and members of the ROG.

2.3.8 Route to the Meeting

- Fiona McKay, Acting Director of Health & Social Care, on 23 August 2024
- Susan Fraser, Associate Director of Planning & Performance, on 23 August 2024
- Neil McCormick, Director of Property & Asset Management, on 23 August 2024
- Margo McGurk, Director of Finance & Strategy, on 23 August 2024
- Dr Chris McKenna, Medical Director, on 23 August 2024
- Carol Potter, Chief Executive, on 23 August 2024
- Dr Joy Tomlinson, Director of Public Health, on 23 August 2024

2.4 Recommendation

- **Assurance** – For Members' information. This report provides the latest position in relation to the management of corporate risks linked to this Committee. Members are asked to take a “**moderate**” level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 20 August 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix

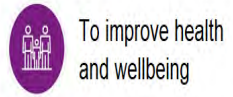
Report Contact

Dr Shirley-Anne Savage

Associate Director for Risk and Professional Standards

Email shirley-anne.savage@nhs.scot

**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee
as at 20 August 2024**

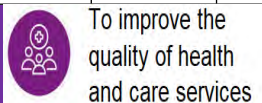
								
	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (HIGH)	Risk Owner	Primary Committee
1	<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>NHS Fife's 3-year Medium Term Plan 2024/25 is yet to be agreed by Scottish Government and the Annual Delivery Plan 2024/25 was agreed by Scottish Government. The service, workforce and financial challenge may have an impact on the scope and pace of the delivery of the ambitions within the Strategy.</p> <p>The transformation agenda taken forward through RTP will inform opportunities to work towards the delivery of the strategic ambitions.</p>	Mod 12	Mod 12 by 31/03/25	◀▶	Below	Chief Executive	Public Health & Wellbeing

		For 2024/25, the PHW Strategy Mid Year Report and Annual Report was approved in January and May 2024 respectively by NHS Fife Board. The Annual Report included an update on the risks in delivery of the PHW Strategy.						
2	Health Inequalities There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy is monitoring actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Public Health working on approach to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.</p> <p>Development of Anchors strategic plan. Key achievements to date:</p> <ul style="list-style-type: none"> - Real Living Wage accreditation achieved 	High 20	High 15 by 31/10/24	◀▶	Within	Director of Public Health	Public Health & Wellbeing

		<ul style="list-style-type: none"> - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife. <p>Fife Partnership have agreed to submit an application to work with the Institute of Health Equity and become a Marmot place. One of the ambitions is to identify which interventions are most impactful in closing the health inequalities gap. This will also provide an opportunity to learn from other areas.</p> <p>Prevention and early intervention strategy will be ratified in September and the establishment of the 'fair financial decision making' checklist.</p> <p>Unfortunately, there remains significant funding uncertainty for the income maximisation worker to support maternity services. This is currently scheduled to conclude in October. These budgetary pressures at UK and Scotland-level will restrict flexibility and in particular impact on discretionary areas of spend.</p>						
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4	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and representation on the National Board ongoing.</p> <p>Active participation in Plan 4 Fife continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.</p> <p>Our objectives are set out and monitored through Section 10 of the ADP.</p> <p>11 Deliverables in the ADP – 10 are Green (on track) and 1 at risk at Q1.</p> <p>Work is ongoing with SG, Fife Council and East Region to include innovation in energy generation etc.</p> <p>The Board's Climate Change Annual Report was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total including an energy manager who will</p>	Mod 12	Mod 10 by 01/04/2025	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing
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		<p>be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews was prepared for submission to the Fife Partnership board in May 2024. This set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife.</p>						
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To improve the quality of health and care services

	Risk	Mitigation	Risk Level / Rating	Target Risk Level & Rating by date	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
10	<p>Primary Care Services</p> <p>There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand</p>	<p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3-year strategy focused on recovery, quality</p>	High 16	Mod 12 by 31/03/25	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing

	<p>on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife into the short, medium and longer term.</p>	<p>and sustainability. The Annual Report for year one of delivery of the strategy was presented and approved at the PCGSOG on 16 August 2024 and will now progress through committees to the IJB and NHS Fife Board. Of 41 actions, 25 are complete and the remaining 16 are on track as we move into year two of the plan.</p> <p>Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of January 2024. Completed – this will go to the Primary Care Governance and Strategic Oversight Group for ratification. Complete</p> <p>Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB.– Complete as above</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government.</p>						
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		<p>A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. A Primary Care Strategy Stakeholder workshop for year two is now being planned. A report describing progress of PCIP 23/24 was presented and supported at PCGSOG – 16 August 2024 and will now progress via Committees of IJB and NHS Fife.</p> <p>Local negotiations in relation to MOU2 transitional payments are complete and agreement has been reached and implemented for 23/24. Awaiting further direction and/or guidance from Scottish Government for 24/25. Guidance now received and detailed within PCIP report above. Discussions continue locally.</p> <p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024. - Complete</p>						
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		<p>Pharmacotherapy and CTAC models for care continue to be developed and implemented throughout 2024/25. A General Practice Pharmacy Framework has been issued by the Directors of Pharmacy which outlines the vision to transform the pharmacy service in GP Practices.</p> <p>Pharmacotherapy, CTAC and In Hours Urgent Care have been accepted to HIS Primary Care Improvement Collaborative</p> <p>MOU2 remains the national direction regarding delivery of PCIP. Programme of work continues with regular monitoring and oversight by GMS groups and governance structures of the IJB. Awaiting further direction and/or guidance from Scottish Government for 24/25– see above re PCIP report.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024– Complete. Level of 82% achieved for CTAC. All practices (52 across Fife) have access to Pharmacotherapy service.</p> <p>Primary Care Strategic Communication Plan has been developed and approved at PCGSOG and is now a key deliverable of the year two strategy.</p>						
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Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change
- ▼ Deteriorated - Risk Increase

Assurance Principles

General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances – which monitor the application of controls/actions?
- Assessing Controls
 - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
 - 1st line – management/performance/data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or
 - Escalation
 - Recording
- Scrutiny or risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the Committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

Risk Assessment Matrix

A risk is assessed as **Likelihood x Consequence**

Likelihood is assessed as Remote, Unlikely, Possible, Likely or Almost Certain

Figure 1 Likelihood Definitions

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence is assessed as, Negligible, Minor, Moderate, Major or Extreme.

Risk Level is determined using the 5 x 5 matrix below based on the AUS/NZ Standard. The risk levels are:

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Figure 2 Risk Matrix

<u>Likelihood</u>	<u>Consequence</u>				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

Risks once identified, must be categorised against the following consequence definitions

Figure 3 Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable.	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Objectives / Project	Barely noticeable reduction in scope / quality / schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope or quality, project objectives or schedule.	Significant project over-run.	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim/. Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. Minor error due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

Based on NHS Quality Improvement Scotland (February 2008) sourced AS/NZS 4360:2004: Making it Work: (2004) and Healthcare Improvement Scotland, Learning from Adverse Events: A national framework (4th Edition) (December 2019)

Meeting: Public Health and Wellbeing Committee
Meeting date: 9 September 2024
Title: Pandemic Preparedness Risk
Responsible Executive: Joy Tomlinson, Director of Public Health
Report Author: Duncan Fortescue-Webb, Consultant in Public Health
Medicine

Executive Summary:

- It was agreed that a new corporate risk describing '*Pandemic*' risk, should be developed in recognition of the ongoing risk from threats from infectious diseases.
- The risk '*Pandemic*' considers a situation with disseminated community transmission of an unfamiliar infection that causes notable morbidity or mortality, causing substantial population-level harms
- The risk has been explored in a Deep Dive following agreement of risk descriptors. The main components of risk management have been described by the World Health Organisation, 5 C's and provide a useful framework for pandemic response

1 Purpose

This report is presented for:

- Discussion
- Decision

This report relates to:

- Emerging issue
- Legal requirement
- Local policy

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective

2 Report summary

2.1 Situation

The risk related to the COVID-19 pandemic was previously monitored on the corporate risk register. This risk was closed in January 2024 following a Deep Dive review. EDG agreed to consider a new risk describing biological threats. Two new related risks were proposed and accepted by EDG for NHS Fife: '*Pandemic*' risk will be added as a new corporate risk and a separate '*Emerging infectious disease*' risk will have oversight through the Public Health Assurance Committee. The risk descriptor for '*Emerging infectious disease*' risk is available on request.

A deep has since been completed for the *Pandemic* risk (**Appendix**), and this is brought to PHWC which includes the risk description for discussion and agreement.

PHWC is asked to discuss the Deep Dive and take assurance from the addition of the '*Pandemic*' risk to the Corporate risk register.

2.2 Background

A report of the 'COVID-19 Pandemic risk' was presented to the Clinical Governance Committee on 12th January 2024 and it was agreed that this risk should be closed. However, it was noted within the Deep Dive completed at that time that the root causes for the pandemic remain significant risks worldwide. It was agreed that a corporate risk should be considered in recognition of the ongoing risk from similar threats from infectious diseases in future. Scrutiny and learning from the COVID-19 pandemic continue at local and national levels, and a structured way to implement this learning will be important to prepare effectively for future threats.

The [UK National Risk Register](#) considers these two risk areas separately, and local preparation along similar lines would align our responses with national planning.

The risk '*Pandemic*' considers a situation with disseminated community transmission of an unfamiliar infection that causes notable morbidity or mortality, causing substantial population-level harms and widespread disruption to healthcare, supply chains and social

functioning. International and UK-level discussions focus on a respiratory infection such as influenza.

The risk '*Emerging infectious diseases*' considers a situation where there may be limited community transmission of an unfamiliar infection along a spectrum of severity and transmissibility. Recent examples include viral haemorrhagic fevers and Mpox.

International approaches such as the [WHO PRET](#) framework (preparedness and resilience for emerging threats), alongside anticipated UK and Scottish guidance, will support local planning.

The WHO has recommended that Preparedness and Resilience for Emerging Threats should be applied using a 'mode of transmission lens' to prepare for future pandemics. The first of the approaches focusses on respiratory pathogens in recognition that there will be future pandemics and large-scale health emergencies caused by respiratory pathogens.

2.3 Assessment

Currently the corporate risk register does not include the '*Pandemic*' risk, which may cause significant harm and disruption. Addition of this to the corporate risk register will support prioritisation of time and resources to planning how to mitigate harms from these events.

The UK National Risk Register assesses both of these scenarios to have a five-year risk of 5-25%. Considerations such as climate change, war, worldwide travel, and large-scale migration events will contribute to this likelihood.

Management of both new risks will be supported by ongoing attention to the management actions and pathways described in the deep dive for the closure of the COVID-19 Corporate risk. These include surveillance, testing, vaccination, and treatments, communication and advice, and specific support to vulnerable settings such as care homes.

Pandemic risks are impacted by a combination of factors. The likelihood of animal to human spill-over infection and closer proximity of wild animals to populations with high density is one element. Population immunity and human behaviours, such as global travel, are other elements which increase the likelihood of future pandemic risk.

The same systems, capacity, knowledge and tools can be used to develop plans suitable for different pathogens. Many of the actions within the healthcare system which were taken to manage the COVID-19 pandemic could be adapted to future response plans.

The WHO have noted four key learning points from the COVID-19 pandemic:

- Preparedness works
- Health is everyone's business
- No-one is safe till everyone is safe
- Response must be agile and adaptive

An Emerging Infectious Disease could cause significant pressure for health services and increase morbidity and mortality within the population even if it does not result in a pandemic. Climate change will change the risk from infectious diseases, although there remains considerable uncertainty. The [Health Effects of Climate Change, Chapter 7](#), produced by the UK Health Security Agency, sets out the issues and potential impacts.

Vector-borne diseases are described in the same report [HECC, Chapter 8](#). Vector-borne diseases are highly sensitive to climate change and surveillance will be necessary to ensure detection of vectors and infections. These diseases cover a spectrum of impacts, including larger numbers of people with relatively self-limiting illness e.g. Dengue fever, or small numbers with High Consequence Infections, which will benefit from clear local pathways for management with links to regional and national services.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Pandemic preparations and planning responses that manage emerging infectious diseases will support delivery and quality of safe patient care. Pandemic response requires an agile emergency workforce to deliver scale-able interventions such as testing, contact tracing, new treatment pathways and rapid communications at pace. Preparations that ensure a clear pathway of management for emerging infectious diseases will protect service delivery.

Robust pathways for infectious disease management, and particularly high consequence infectious diseases, will support early management of any emerging infectious diseases or pandemic situation, and also provide robust starting point to provide care systems that are safe and can be scaled rapidly depending on risk assessments and business continuity planning.

Any pandemic will cause disruption to all services, and careful business continuity planning will facilitate continuity of other services while providing support to a pandemic response.

2.3.2 Workforce

Planning and active risk management for emerging infectious diseases and pandemic preparedness will provide greater protection for healthcare staff. Key elements in planning which will protect the workforce include access to Personal Protective Equipment, healthcare environments designed and adapted to reduce risk of transmission, clear identification of higher risk areas and procedures and assessment of individuals who may be at greater risk because of underlying health issues. A pandemic is likely to directly increase absence rates due to staff illness and family caring responsibilities.

2.3.3 Financial

There will be significant consequences from any future pandemic that would require additional resource to mount a response and support continuity of service delivery. A pandemic will require significant remobilisation with equipment and emergency workforce costs and may last several years.

2.3.4 Risk Assessment / Management

The '*Pandemic*' risk aligns with the UK National Risk Register 2023 which sets out that pandemics are most likely to be respiratory but may be spread by any route. It considers an unmitigated pandemic with a likelihood of 5-25% of occurring during the next five years and causing the most severe 'catastrophic' [5/5] impact. The pandemic scenario is up to half the population becoming unwell, 4% of symptomatic infections requiring hospital care, and a 2.5% case fatality rate. Management will depend on the nature and transmission routes of the illness, with disruption across all sectors potentially lasting several years.

The risk has been explored in a Deep Dive following agreement of risk descriptors. The main components of risk management have been described by the [World Health Organisation, 5 C's](#) and provide a useful framework for pandemic response:

- Emergency coordination
- Collaborative surveillance
- Community protection
- Clinical Care
- Access to countermeasures

The 'Emerging Infectious Diseases' risk includes lower impact but more widely spread infections as well as the more severe situation described in the national risk register's 'outbreak of an emerging infectious disease' which may have a high fatality rate and lack effective prophylaxis, diagnosis or treatment. It considers this has a likelihood of 5-25% of occurring during the next five years and causing a 'significant' [4/5] impact. The national central scenario is of a small number of imported cases causing an outbreak of up to 2000 cases with a case fatality of up to 25% and up to 200,000 contacts requiring to be traced and isolated or monitored.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

People in our population who are more affected by health inequalities are likely to face higher levels of direct and indirect harms as the result of a pandemic.

Emerging infectious diseases may affect particular sub-groups in the population differently depending on the mode of spread. This means that initial risk assessment is particularly important and population level surveillance of infectious disease will help pin-point risk groups.

2.3.6 Climate Emergency & Sustainability Impact

Climate change is creating conditions which heighten the risks from infectious disease and increasing the frequency of environmental threats. The UKHSA [Health Effects of Climate Change 2023](#) report sets out how climate change is creating conditions that increase risks from infectious diseases, including emerging infectious diseases, antimicrobial resistance, and pandemics. It notes how climate change may cause establishment of mosquito species that spread viruses such as Chikungunya, Dengue and West Nile. It also sets out what interventions may be effective and win-win strategies to manage climate change risks and improve health.

2.3.7 Communication, involvement, engagement and consultation

Misinformation is highlighted as an area which poses a risk to pandemic response [Global Preparedness Monitoring board 2023 report](#) : A Fragile State of Preparedness. General preparedness remains fragile and some aspects have even declined now the urgency of the COVID-19 crisis has faded. Enhancing community engagement to maintain

and establish trust remains crucial, particularly in the absence of international systems to address health-related misinformation and disinformation. Communication has been considered as part of the Deep Dive for this new risk.

2.3.8 Route to the Meeting

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

- Public Health Assurance Committee 6 December 2023

The SBAR recommending closure of the COVID19 Pandemic was tabled with EDG and Clinical Governance Committees.

- Executive Directors Group 21st December 2023
- Clinical Governance Committee 12th January 2024

'Pandemic' and 'Emerging infectious disease' risk descriptions were agreed at:

- Executive Directors Group 6th June 2024

2.4 Recommendation

This paper is provided to members for a "**limited**" level of assurance from the addition of the Pandemic risk onto the Corporate Risk Register.

Members are also asked to **consider** and **agree** the 'Pandemic' risk description and identified management actions within the Deep Dive review, as set out in the appendix.

3 List of appendices






- Appendix 1 - Pandemic Preparedness Risk Deep Dive

Report Contact

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Deep Dive Review – Pandemic Risk

V3 dated 27 August 2024

Corporate Risk Title	Pandemic			
Strategic Priority	 To improve health and wellbeing			
Risk Appetite	Medium (This risk appetite assessment of 'medium' reflects the need to 'steer a course between complacency and overreaction'; balancing the high levels of concern within the organisation about pandemic risks, with the many competing priorities for resources.)			
Level of Risk Assurance	Substantial Assurance 	Reasonable Assurance 	Limited Assurance 	No Assurance 
Confirm Assurance Level (Add a Yes)			Yes	
Risk Description	<p>A novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.</p> <p>The infection could be novel to healthcare; previously common only in other areas of the world; or an adaptation of something well known. A disease with pandemic potential is most likely to have respiratory transmission, in line with international and UK-level discussions.</p> <p>Impacts will be unequally distributed, with clinically vulnerable and disadvantaged groups likely to be more affected. Harms to health may be long-term effects of infection, or from disruption of healthcare and other systems.</p> <p>A trained and adaptable workforce will be required, able to deliver surveillance and access countermeasures, as well as resilient systems for clinical care and community protection. Depending on a disease's characteristics, different parts of the system will experience different pressures. Large portions of the healthcare system will need to change how they operate to remain safe and adapt to reallocation of resources. Social and supply chain disruption, and the impacts of staff illness will add to the difficulty.</p> <p>Preparation should consider both the earliest phase of a pandemic when the character of the threat will be unclear and there will be a focus on surveillance and information gathering; and the next phase which will require ramping up of protective measures. It may be some time before a national response is able to provide effective vaccination and chemoprophylaxis at scale.</p>			

Root Cause (s)

As noted within the January 2024 Deep Dive to close the COVID-19 Pandemic risk, the root causes for the pandemic remain significant risks worldwide and there is ongoing risk from similar threats from infectious diseases in future.

Pandemic risk is impacted by an array of factors. Climate change will change the risk from infectious diseases, with issues and implications set out by UKHSA in [Health Effects of Climate Change, Chapter 7](#); the likelihood of animal to human spill-over infection increases with closer proximity of wild animals to populations with high density; and changing human behaviours, such as global travel, increase the future pandemic risk.

The Global Preparedness Monitoring Board, co-convened by WHO and the World Bank, recognised a lack of preparedness for future respiratory pandemics in their 2019 annual report [A World at Risk](#). In their 2020 report they noted *"the COVID-19 pandemic has revealed a collective failure to take pandemic preparedness and response seriously and prioritise it accordingly....it has exploited inequalities, reminding us in no uncertain terms that there is no health security without social security."* The [GPMB 2023 annual report: A Fragile State of Preparedness](#), recognises some areas of improvement following COVID-19. However, the report highlights significant weaknesses in preparedness and ongoing threats from outbreaks of infectious disease.

Pandemic prevention and preparedness require sufficient financial and technical resources. Early assessments of preparedness such as the one published by [Audit Scotland: lessons to be learned in Pandemic response](#) highlighted that there were areas which should be strengthened. Not all actions identified from earlier pandemic preparedness exercises were fully implemented. In particular, demand for personal protective equipment was significant and there were shortages early in the pandemic.

The same systems, capacity, knowledge and tools can be used to develop plans suitable for different pathogens. Many of the actions within the healthcare system which were taken to manage the COVID-19 pandemic could be adapted to future response plans. [Scotland's Strategic Framework](#) sets out the strategic approach to the response and associated longer term harms. Reports of the COVID-19 inquiries will also provide recommendations, notably the [UK Covid-19 Inquiry report 'Module 1 – Resilience and preparedness'](#).

Robust pathways for infectious disease management, and particularly for high consequence infectious diseases, will support early management of any emerging infectious disease or pandemic situation, and also provide a robust starting point to provide care systems that are safe and can be scaled rapidly depending on risk assessments and business continuity planning.

The WHO has recommended that their [Preparedness and Resilience for Emerging Threats \(PRET\)](#) framework should be applied using a '*mode of transmission lens*' to prepare for future pandemics. Their initial approaches focus on respiratory pathogens in recognition that there will be future pandemics and large-scale health emergencies caused by respiratory pathogens.

	<p>The PRET framework will inform local management actions, with its 5 Cs approach:</p> <ul style="list-style-type: none"> • Emergency coordination • Collaborative surveillance • Community protection • Clinical care • Access to countermeasures <p>The risk rating aligns with the UK National Risk Register 2023. The current and target risk rating are both 20, reflecting that the likelihood of a pandemic is not within local control and, although consequences may be mitigated through local preparation, consequences will remain extreme,</p> <p>Management actions detailed here will largely be the responsibility of the Pandemic Framework Group for detailed consideration and coordination.</p>			
	Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood 4 - Likely	Consequence 5 - Extreme	Level 20 - High
	Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood 4 - Likely	Consequence 5 - Extreme	Level 20 - High
Management Actions (current)				
Action	Status		Impact on Likelihood/ Consequence	
Establish an NHS Fife Pandemic Framework Group to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.	Completed		Reduce consequence	
Monitor national risk registers.	Not started		Reduce consequence	
Collate lessons from the COVID-19 response and outputs of related inquiries, and implement these locally.	On track		Reduce consequence	
Implement recommendations from international and national pandemic response plans.	Not started		Reduce consequence	
Develop a pandemic preparedness framework that accounts for lessons from COVID-19.	Not started		Reduce consequence	
Align local pandemic preparedness framework with those of partner organisations.	Not started		Reduce consequence	
Enhance emergency coordination through regular testing and exercising of the pandemic framework and related plans, including with local and national partner organisations	Not started		Reduce consequence	

Maintain local expertise and pathways to manage emerging infectious threats including high-consequence infectious diseases (HCID).	Significant level of delivery challenge	Reduce consequence
Design NHS Fife's built environment to be adaptable to changing needs and inherently safe against respiratory infection.	Significant level of delivery challenge	Reduce consequence
Agree frameworks and contingency matrices for how resources will be reprioritised rapidly while minimising disruption to other healthcare. This should provide capability to adapt to pressures within the system, to deliver therapeutics and treatments, and to stand up pandemic response teams including for contact tracing, community swabbing, laboratory testing, treatment, and immunisation.	Not started	Reduce consequence
Develop robust pathways for regular PPE fit-testing at scale (including for independent practitioners), record keeping of staff fitted to types of mask, appropriate stockpiling, and procurement pathways.	Not started	Reduce consequence
Plan for community protection measures including for care home settings, clinically vulnerable individuals in the community, and care at home settings; while supporting appropriate movement between community and clinical settings.	Not started	Reduce consequence
Develop public communication strategies to provide trusted population advice about travel, workplaces, ventilation, testing, isolation, and immunisation. These strategies should include ways to overcome barriers to communication, and include advice tailored to specific higher risk settings and individuals.	Not started	Reduce consequence
Agree mechanisms to protect and support vulnerable settings including infection prevention and control (IPC) training in line with the National Infection Prevention and Control Manual and local recommendations.	Not started	Reduce consequence
Be prepared to deliver large-scale population immunity and immunisation campaigns.	On track	Reduce consequence
Be prepared to deliver large-scale community swabbing, including staffing and procurement of equipment.	Not started	Reduce consequence
Maintain capacity for swabbing and laboratory testing of large populations in line with national or local recommendations for clinical and surveillance purposes.	Significant level of delivery challenge	Reduce consequence

Implement the Infection Prevention Workforce Plan including for all parts of our laboratory-based workforce	Significant level of delivery challenge	Reduce consequence
Ensure local support for national surveillance systems including for primary care (Community Acute Respiratory Infections, CARI), secondary care (Secondary care Acute Respiratory Infections, SARI), and others such as wastewater monitoring.	Not started	Reduce consequence
Develop local analytic capacity to make best use of available national and local surveillance, and to understand local groups with higher risks.	Not started	Reduce consequence
Provide local input into development of a national e-surveillance system	Not started	Reduce consequence

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

PUBLIC HEALTH & WELLBEING COMMITTEE

DATES FOR FUTURE MEETINGS

Date
12 May 2025
1 July 2025
15 September 2025
10 November 2025
12 January 2026
2 March 2026

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **10am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9.30am**

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**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024 / 2025**

Governance - General							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Assurance Statement for Public Health Assurance Committee and Equality & Human Rights Strategy Group	Director of Public Health	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Population H&W Strategy	✓ Primary Care Services	✓ Pandemic Preparedness Environmental deferred due to timings of data	✓ Environmental Health & Inequalities	✓	✓
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Alcohol and Drugs Partnership Strategy 2024-27 (and related topics)	Director of Health & Social Care	✓ Strategy					
Anchor Institution Programme Board Update	Director of Public Health	✓ Update on Anchor Institution Programme Strategic Plan Metrics Baseline			✓		
Annual Delivery Plan Scottish Government Response 2024/25 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy	✓ Draft	✓				
Annual Delivery Plan Quarterly Report <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy		✓ Q4	✓ Q1	✓ Q2		✓ Q3
Corporate Objectives	Director of Finance & Strategy		✓				
Greenspace Strategy Update	Director of Property & Asset Management			Deferred – work still under progress	✓		
Implementation of the Promise National Strategy	Director of Health & Social Care		Deferred – awaiting national performance framework		✓		
Mental Health Estates Initial Agreement Update	Medical Director					✓	
Mental Health Strategy Implementation	Director of Health & Social Care						✓
Prevention & Early Intervention Strategy	Director of Health & Social Care		Deferred	✓			
Population Health & Wellbeing Strategy Update <i>(also goes to SGC)</i>	Director of Finance & Strategy	✓			✓		
Post Diagnostic Support for Dementia	Director of Health & Social Care					✓	
Quality / Performance							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
CAMHS Performance Update	Director of Health & Social Care	✓			✓		✓

Quality / Performance (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Dental Services & Oral Health Improvement	Director of Public Health					✓ TBC	
Eating Well & Having a Healthy Weight and Staying Physically Active	Director of Public Health					✓	
Green Health Partnership Update	Director of Public Health				✓ TBC		
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report	Director of Pharmacy & Medicines			✓			
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health			Deferred	✓		
No Cervix Exclusion Audit	Director of Public Health		Deferred		✓ Final audit report expected		
Psychological Therapies Standard Update	Director of Health & Social Care	✓			✓		
Spring Booster Campaign	Director of Health & Social Care	✓					
East Region Health Protection	Director of Public Health			Deferred - East Region Programme Board meet in October	✓		
Inequalities							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equalities Outcome Annual Report <i>(also goes to CGC)</i>	Director of Nursing						✓ 2025 Report
Participation & Engagement Report	Director of Nursing					✓	
Tackling Poverty & Preventing Crisis Action Plan & Annual Report 2023/24	Director of Public Health			✓			

Annual Reports / Other Reports							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Adult Support & Protection Annual Report 2023/25 <i>(also goes to CGC)</i> <i>(mid-year report not feasible)</i>	Director of Nursing	Deferred to May 2025					
Alcohol & Drugs Partnership Annual Report 2023/24	Director of Health & Social Care			✓			
Annual Climate Emergency and Sustainability Report 2023/24	Director of Property & Asset Management				✓ Mid-year		✓
Director of Public Health Annual Report 2023/24 <i>(and additional updates, based on agreed priorities)</i> <i>(also goes to CGC)</i> <i>(no mid-year report available)</i>	Director of Public Health			Deferred	✓		
Fife Child Protection Annual Report 2023/24 <i>(also goes to CGC)</i>	Director of Nursing		✓				
Health Promoting Health Service Annual Report 2023/24 <i>(propose moving to business-as-usual)</i>	Director of Public Health			✓			
Immunisation Annual Report, including Strategy Strategic Framework 2024 – 2027 <i>(consider splitting adult & children's data)</i>	Director of Public Health		✓				
Public Health Screening Programmes Annual Report 2023/24 <i>(no mid-year report available)</i>	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2023/24 <i>(mid-year report in May 2025)</i>	Director of Pharmacy & Medicines				✓		
Primary Care Strategy Year 1 Report 2023/24	Director of Health & Social Care			✓			
Sexual Health and Blood Borne Virus Framework Annual Report 2023/24	Director of Health & Social Care					✓	
Violence Against Women Annual Report 2023/24	Director of Health & Social Care						✓

Linked Committee Minutes							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Equality and Human Rights Strategy Group	Director of Nursing	-	02/05	✓ 06/08	-	✓ 07/11	-
Public Health Assurance Committee	Director of Public Health	✓ 21/02	✓ 17/04	✓ 12/06	✓ 21/08 & 23/10	✓ 18/12	TBC
Ad Hoc Items / Additional Items							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Update on Plan4Fife and Shared Ambitions	Director of Public Health		✓				
Equality And Health Inequalities Impact of Financial Decisions	Director of Public Health	✓					
Draft Public Participation and Community Engagement Strategy 2024-2028	Associate Director of Communications	✓					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024	Director of Public Health / Director of Health & Social Care	✓					
Creating Hope for Fife: Fife's Suicide Prevention Action Plan	Director Health & Social Care		✓				
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		✓				
Response Plan for Alcohol and Drugs Deaths	Director of Health & Social Care			Deferred due to data	✓		
Food4Fife Delivery Plan	Director of Public Health						✓
Matters Arising							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Updated Public Health & Wellbeing Committee Terms of Reference	Board Secretary			✓			

Development Sessions							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Oral Health Prevention & Treatment	Director of Public Health			✓ 18/10/24			
Focus of Committee, followed by a fundamental review of the Terms of Reference	Director of Public Health		09/07/24 – Initial discussion				
Child & Adolescent Mental Health Services and Psychological Therapies	Director of Health & Social Care	TBC					
Aspects of the Fife Alcohol and Drug Partnership Strategy 2024-27 and the MAT standards	Director of Health & Social Care	TBC					
Joint Working with Fife Partnership – TBC 2025	Director of Public Health						
Health & Transport – TBC 2025	Director of Public Health / Director of Estates & Property Management						

Meeting: Public Health and Wellbeing Committee
Meeting date: 9 September 2024
Title: Annual Delivery Plan 2024/25 Scottish Government Response and Quarter 1 Report
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

Executive Summary

- This report contains the service response to feedback received from Scottish Government in relation to Annual Delivery Plan (ADP) for 2024/25 as well as a Q1 update on progress.
- Services feedback provided further detail as part of ADP 2024/25.
- Some restrictions on Scottish Government funding has meant that a number deliverables cannot be delivered this year. The ADP submission indicates where this is the case.
- As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'**, one of which relate to this committee.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2 Report summary

2.1 Situation

This report contains the service response to feedback received from Scottish Government in relation to Annual Delivery Plan (ADP) for 2024/25 as well as a Q1 update on progress.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2024/25 was distributed to territorial NHS Boards on 4 December 2023. The planning priorities set out in the guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

2.3 Assessment

Fife Response to Scottish Government Feedback

Services were asked to provide a response to the feedback provided. This is summarised below.

SG Feedback	Fife Response
Primary and Community Care	
Confirmation that funding for Mental Health and Wellbeing in Primary Care and Community Settings has been paused with all further activities being delivered within existing resources.	Confirmed by Fife HSCP, who have highlighted that the initial project objective of MDT Primary Care teams is not deliverable due to pause in funding.
Continued deployment of OpenEyes	Fife HSCP have stated commitment to this but require to review model and revise planning due to funding position. This is a key deliverable within the Primary Care Strategy implementation plan.
Urgent and Unscheduled Care	

Further information on plans to deliver a 24-hour approach to Urgent Care, including HSCP-led MIUs and Urgent Care Centres.	Fife are currently reviewing the model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.
Improve the delivery of Mental Health support and services	
Scottish Government acknowledged that high demand and recruitment challenges would impact on meeting RTT targets.	Fife HSCP welcomed ongoing engagement with national team.
Recovering and improving the delivery of Planned Care	
Scottish Government stated they will work with Boards relating to actions within Planned Care Plan, acknowledging significant financial pressures may have an impact on performance.	Revised Planned Care Plan submitted in Jul-24. Waiting times are monitored weekly with a focus on long waits.
Cancer	
Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 2024/25 with any improvements being cost neutral.	Bids for the optimal pathways have been put forward through the DCE funding source. Optimising Lung and Head & Neck cancer pathways requires ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. There will be revenue costs associated with this service improvement.
The plan states that RCDS is at risk if no additional funding is secured.	Funding has been extended until end of Mar-25 and the service will continue with no anticipated risk.
The radiology strategic plan is unfunded so at risk it will not deliver the additional imaging capacity required to support cancer pathways.	There is no identified funding source for this capital or revenue investment.
Additional references to CMPs would be helpful.	Regional working ongoing in respect of implementation of the CMPs.
Health Inequalities	
References to the general ADP Strategic Plan and actions are extensive but it would be helpful to have more focus on the specific areas that the Board leads on.	Addiction Services have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines, as well as operational development of Rapid Access Clinics, as part of the commitment to same day prescribing and retention in services. Psychology and Therapy Services are leading a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership.
Child and Maternal Health	
Plan expresses some concerns around delivery of continuity of carer, and it	The projection for the successful implementation of continuity of carer is now

would be helpful to include more detail on this. On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges	more positive and is predicted to be achieved within timeframe. This is due to the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts.
Implementation of the Workforce Strategy	
Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.	NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.
Digital and Innovation	
Future plans should set out how NHS Fife will implement NHS Scotland Scan for Safety Programme by Mar-26	Details will be provided at the end of 2024/25 Q2.
Climate Emergency and Environment	
No Circular Economy detail is provided, and it would be useful to include information on this.	NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. Since its launch, it has over 450 members and has delivered over £39k in savings.
The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated	A multi-disciplinary Entonox mitigation SLWG in place, led by the chair of the local medical gas committee.

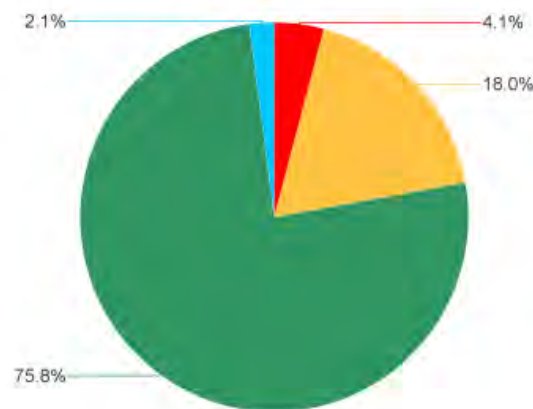
2024/25 Quarter 1 Update

There are 194 deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to the implementation of the RTP. Additionally, there are 35 deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=159
1. Primary and Community Care	23
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	28
7. Women & Children Health	13
8. Workforce	16
9. Digital & Innovation	19
10. Climate	12

Recovery Driver	n=194
All	2
To Deliver Value & Sustainability	58
To Improve Health and Wellbeing	36
To Improve Staff Experience and Wellbeing	20
To Improve the Quality of Health and Care Services	78

As of end of Jun-24 (quarter 1 of 2024/25), there are 4 deliverables that are **'complete'**, all of which were carried over from 2023/24. The majority of deliverables (75.8%/147) are **'on track'** with 8 deliverables that are **'unlikely to complete on time/meet target'** (listed below).



The following table summarises the 8 red (unlikely to complete on time) deliverables, these will continue to be monitored throughout 2024/25. There are two red deliverables that relate to this committee (**in bold**).

Deliverable	Comment
Surge Capacity (RTP)	Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.
Development of a new OP specialist Gynaecology Unit	Approval of funding received from FCIG to commence architect commission and scope of work.
Delivery of New Laboratory Information system (LIMS)	Complete local implementation and secure revised timeline for national build, likely to be Q4 2024/25.
Increase capacity for providing in-hours routine and urgent dental care	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Work continues with Scottish Government to explore all options available locally, whilst contributing to national policy development/considerations.
Business Transformation (RTP)	Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Work is ongoing with senior leads in Acute and HSCP to improve target timeframes. However, the Directorates internal processes in relation to the complaint handling procedures requires further focus to improve consistency.
Hospital Pharmacy Redesign	Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway.
SLA and External Activity (RTP)	Ongoing discussion with NHS Lothian and NHS Tayside on financial planning assumptions.

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

	amount of residual risk or none at all.	moderate amount of residual risk.		
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2.3.1 Quality, Patient and Value-Based Health & Care

The main aim of ADP process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

2.3.5 Equality and Human Rights, including children’s rights, health inequalities and Anchor Institution ambitions

Equality and Diversity is integral to any redesign based on the ADP process.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

2.3.8 Route to the Meeting

This paper has been approved by Director of Finance & Strategy and Associated Director of Planning & Performance.

2.4 Recommendation

This Committee is asked to:

- **Decision** – approve submission of Q1 update and response to ADP feedback to Scottish Government
- **Assurance** – this report provides a moderate level of assurance.

3 List of appendices

- Appendix 1 - NHS Fife ADP 202425 - SG Feedback - Fife Response
- Appendix 2 - NHS Fife ADP 202425 Quarterly Report Q1

Report Contact

Susan Fraser

Associate Director of Planning and Performance

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Annual Delivery Plan 2024/25 SG Feedback - Response

Recovery Driver: Primary and Community Care

Priority Areas: None

SG Development and Improvement Feedback

It is welcome that the Board's plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.

The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on "quick wins" and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.

It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.

The plan briefly references the Board's own locally funded and managed 'Glaucoma Shared Care Scheme' and then references "the national service" - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife's eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.

As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.

It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).

Fife Response

In line with the transforming urgent care and transforming nursing role programmes, the nursing infrastructure is now well established within primary care out of hours. Through implementation of the Primary care improvement plan and development of the in hours urgent care model, we are continually seeking opportunities to synergise and note your comments and will ensure the ADP updates reflects the progress being made.

Regarding the MHWBPC programme, we confirm that MHWBPCS funding has been paused and that all further activities are being delivered within existing resources. The initial project objective of MDT primary care teams is not deliverable due to the pause in funding in its current form. The programme has already carried out extensive participation and engagement, utilising a coproduction approach, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Fife was regarded as a pathfinder when it successfully led a local initiative to establish shared care for people requiring management of glaucoma between secondary care and community optometry. In response to the statement regarding NHS Fife eHealth's position, a working group is established and exploring opportunities to deploy OpenEyes to enable the expansion of the programme. Due to the funding position, we are reviewing our modelling and will revise our planning and present via relevant groups and committees for decision. Fife HSCP remain committed to the continued expansion, and this will remain within our ADP as an objective and is also a key deliverable within our Primary Care Strategy's implementation plan 2023/26 for year 2 – 3.

Recovery Driver: Urgent and Unscheduled Care

Priority Areas: None specific to the plan itself; however the Board should continue to work closely with the Scottish Government Unscheduled Care Policy and Performance Team to drive improved performance.

SG Development and Improvement Feedback

The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.

The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.

Fife Response

Fife continues to monitor our agreed trajectories and have already taken supportive action to remodel how care is delivered within the Emergency Department utilising FNC and CBC redirections and alternatives to admission. This has been discussed with CfSD and led through our Integrated Unscheduled Care Programme Board (IUCPB).

Aligning to the Unscheduled Care Programme, Fife are currently reviewing our model for MIUs jointly between Acute and HSCP services. Following consultation and engagement and an options appraisal, recommendations will be presented via Committees for both the IJB and NHS Fife by Q3 of 2024/25.

The strategic focus will remain on delivering resilient and sustainable services which support care being delivered in the right place at the right time by highly effective multi-disciplinary teams, maximising resources, and technology. EQIAs and a robust communication plan will underpin any recommendations and implementations made to ensure no impact on equity and access to care. Advice and support are being taken from HIS presently regarding potential for major service change and planning will be based around the outcome of these discussions.

There is an integrated SLWG across Acute and HSCP chaired and co-chaired by both General Managers for each area with the oversight of the group being led by our IUPCB.

Recovery Driver: Improve the delivery of Mental Health support and services

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Mental Health Team to drive improved performance.

SG Development and Improvement Feedback

The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.

The following areas in particular will be the focus on ongoing engagement:

The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPPCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

Fife Response

Fife HSCP welcome ongoing engagement with the Scottish Government Mental Health Team on the focus for CAMHS and Psychological Therapies.

The initial project objective of MDT primary care teams is not deliverable due to the absence of planned funding. The programme has already carried out extensive participation and engagement, with a significant response to this from our communities. This will guide future "quick wins" and longer-term developments within resources, these may include synergies with work already established via our strategic plans and workstreams.

Recovery Driver: Recovering and improving the delivery of Planned Care

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Planned Care Policy and Performance Team on actions needed on their associated Planned Care Plan.

SG Development and Improvement Feedback

Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.

Fife Response

An initial Waiting Times plan was submitted in Mar-24 covering 2024/25 trajectories with a revised plan re-submitted in Jul-24 following a finance review. The revised plan was delivered to NHS Fife FP&R Committee on 16th July.

Waiting times are monitored through weekly meetings against the expected month end position which are currently on target.

Waiting Times funding is being used differently with in-week list being funded to maximise efficiencies with staffing.

Focus is on the longest waiting patients both for outpatient appointments and IPDC procedures.

Recovery Driver: Cancer

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should work with the Scottish Government Cancer Access Team to drive improved performance.

SG Development and Improvement Feedback

It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.

A Rapid Cancer Diagnostic Service (RCDS) pilot has been operational since Jun-21 but is only funded until Sep-24. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after Sep-24. The plan states that the service is at risk if no additional funding is secured.

The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.

SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced, and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.

Fife Response

Bids for the optimal pathways have been put forward through the DCE funding source whilst meetings to improve the lung cancer pathway continues with good progress made.

Optimised Lung and Head & Neck cancer pathways require ongoing capacity from Radiology for timely acquisition and improved turnaround times for reports. NHS Fife will endeavour to keep costs to a minimum but there will be revenue costs associated with this service improvement.

Funding for RCDS service has been extended until end of Mar-25 and the service will continue with no anticipated risk. Same/next day CT reporting diagnostic pathway will continue to be optimised to 7 days.

The projected capacity for Radiology is 22% greater than projected in 2023/24 due to additional non-recurring funding and mobile MRI allocation from the Scottish Government. The funding will enable delivery of 100% of patients waiting less than 2 weeks for urgent and USC (Urgent Suspicion of Cancer) imaging and 90% of patients waiting less than 6 weeks for a routine CT, MRI, or US scan. It is unclear if a similar level of additional funding will be made available in 2025/26 but Radiology leads are working in partnership with the National diagnostics lead to develop the strategic plan and identify associated costs.

Significant improvements have been made to reduce variance and waste across the Radiology system. Patient focussed booking has resulted in a reduction of DNA rates and short notice cancellation processes have been developed to ensure loss of capacity is monitored and managed.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. There is no identified funding source for this capital or revenue investment.

The PMB pathway is currently undergoing a review in line with the joint guidance regarding unscheduled bleeding whilst on HRT. The aim is to have 2 vetting options: USC and Urgent. Those vetted USC will be appointed as a priority, with significantly reduced waiting times once the new pathway is embedded.

SPOCH supports initiation of the pathway within existing resource. Cancer Waiting Times non-recurring funding has been agreed to support radiology activity for Q1 and Q2.

Regional working ongoing in respect of implementation of the CMPs.

Recovery Driver: Health Inequalities

Priority Areas: None

SG Development and Improvement Feedback

On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.

Fife Response

Using MAT Standards funding, the NHS Fife Addictions in partnership with NHS Fife Addictions Psychology and Therapy Service have developed an innovative approach for the treatment and recovery of people physically and psychologically dependent on illicit benzodiazepines.

To support individuals to reduce their benzodiazepine use, those accessing the clinic are offered appropriate psychosocial interventions (e.g. Tier 1 & 2 interventions such as Decider Skills, Safety & Stabilisation, emotion regulation work, etc) in a timely fashion and the function of their problematic benzodiazepine use is understood via a psychological formulation. These interventions are offered alongside any planned reduction of their benzodiazepine use to provide the individual with a new, more effective set of coping skills and resources to manage their symptoms of anxiety, distress, and (for a significant number of patients) trauma which are likely to be more noticeable as the individual relies less on substances as a form of coping. The combination of evidence-based psychological interventions provided concurrently with a planned benzodiazepine reduction over time will increase the likelihood of successful long-term reduction in benzodiazepines use and ultimately contribute to a reduction in harm and drug related deaths. A third sector service has also been commissioned to offer community and wraparound support to patients and help them develop recovery-based skills.

Using MAT Standards Funding, NHS Addiction Service leads on the operational development of Rapid Access Clinics as part of our commitment to MAT1 (same day prescribing) and MAT5 (retention in services).

NHS Fife Addiction Services runs Rapid Access Clinics in several different locations across Fife. The purpose of the clinics is to provide a rapid response and intervention to individuals with alcohol and drug problems when indicated, reducing the risk of drug or alcohol related morbidity and mortality. These include:

- Initiating assessment and treatment within 24 hours of requesting treatment (meeting MAT1).
- Rapid re-engagement in treatment of patients recently disengaged with treatment.
- Rapid assessment of patients already in treatment with high and complex needs and urgent physical, psychiatric, or social comorbidities.
- Rapid assessment of patients recently discharged from hospital, facilitating seamless transition from hospital care to community care.
- Rapid engagement of individuals released from prison.

NHS Fife Addictions Psychology and Therapy Service operationally leads on a workforce development plan across all commissioned and statutory services of the Fife Alcohol and Drugs Partnership (FADP). This contributes to the delivery of MAT 6 and 10 but also provides skills and knowledge to work more effectively on trauma and with people affected by alcohol use too. In 2024/25, the training programme will complete the actions below:

- Development of social networks across FADP services (Dec-24)
- Regular coaching/supervision for staff in key evidence-based psychosocial interventions (business as usual).
- Tier 1 training to continue (business as usual).
- Appropriate staff to be identified for Tier 2 training, and Tier 2 training to commence by Mar-25.
- Voice of lived experience to be fed into MAT 6 and 10 work, through regular surveys of service user care (Sep-24)
- Trauma walkthroughs to be completed with all FADP services (Mar-25)
- On exploring staff wellbeing and measures (as per MAT10), focus that can be put in place to support (Jan-25)

Recovery Driver: Child and Maternal Health

Priority Areas: None

SG Development and Improvement Feedback

Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.

High level assurance is provided in relation to the delivery of child health reviews.

It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.

Fife Response

Following the extension of the implementation date of Women's Health Plan to Jun-26 and successful staff recruitment to vacant posts, the projection for the successful implementation of continuity of carer is now more positive and is predicted to be achieved within timeframe. The team are currently meeting monthly with the Director of Midwifery to update on progress and status.

NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.

The recommendation to reduce from 4 ICU cot capacity to 0.5 will not allow us to function as an LNU providing short-term intensive care and will impact negatively on our ability to care for women experiencing multiple and late-premature births. The recommendation will mean we will not be able to provide care for other levels of sick neonates and will negatively impact on our ability to repatriate babies back to our unit as we will not be able to fulfil the requirement of repatriation criteria as outlined within Best Start.

Following review of data for the period Dec-22 to Jan-24, based on assumption that we would be working on the RSM cot and ICU capacity, there would be over 100 women annually between 26- and 34-weeks' gestation who would require in utero transfer out with NHS Fife. In addition, the working assumption within the RSM Report is that for every 10 actual neonatal admissions there will be 6 maternal admissions. This assumption would mean that a further additional 60 maternal admissions would require transfer out with Fife. There are inherent risks to both a mother and foetus associated with in utero transfer.

Recommendation is that NHS Fife maintain the status quo in terms of current capacity and cot designation until Spring 2025. This would enable the units not yet implementing the premature pathway to commence. If NHS Lothian are assured of their capacity to accept transfers in, capacity could decrease to 15 total cots, 3 of which are ICU.

Recovery Driver: Implementation of the Workforce Strategy

Priority Areas: None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.

SG Development and Improvement Feedback

Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place. NHS Fife's Delivery Plan provides sufficient high-level assurance of activity in relation to the implementation of the Workforce Strategy.

Fife Response

NHS Fife is continuing to implement the Board Workforce Plan for 2022-2025, in close collaboration with Planning & Performance, Finance and HSCP Workforce colleagues, pending receipt of the revised national workforce planning guidance.

The landscape has now changed with the commencement of the RTP Programme and the respective work streams.

Planning is underway for the impact of the non-pay elements of the 2023/24 AfC Pay Award, including the Reduction in the Working Week, the Band 5 Review of Nursing roles and the implementation of Protected Learning Time, with regular reporting to various fora within the Board.

Arrangements are in place for implementation of the Health and Care (Staffing) (Scotland) Act 2019, which is closely aligned to our eRostering Programme.

We have made good progress with enhancing our employability focus, including the new EMERGE programme. This is an initiative to encourage pupils at targeted schools an opportunity to gain a qualification through Fife College, whilst also gaining experience in a health care setting through placements, on-site visits, and speaker sessions.

In line with Improving Wellbeing and Working Cultures work on Equalities, our staff health & wellbeing support for staff and on Our Leadership Way is also progressing, with the launch of our LGBT+ Network in Jul-24.

Recovery Driver: Digital and Innovation

Priority Areas: None

SG Development and Improvement Feedback

Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of utmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.

It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.

It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365, and LIMS. The plan highlights a funding risk for e-rostering after Nov-24. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.

Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by Mar-26 as mandated in the Scottish Government's Directors Letter (2024) 3.

Fife Response

Work continues on the development of the plan for the implementation of the NHS Scotland Scan for Safety Programme. Details will be provided into the plan at the end of 2024/25 Q2.

Recovery Driver: Climate Emergency and Environment

Priority Areas: None

SG Development and Improvement Feedback

Overall, the plan is effective at meeting the climate emergency and environment planning priorities.

Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided, and it would be useful to include information on this.

The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.

The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include total land area, greenspace area and indicate greenspace types.

The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.

The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will be seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.

The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board's fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.

NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board's longer-term portfolio. Using the Jacobs Net Zero Route maps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.

The Board will need to ensure that they have a plan for Entonox mitigation. A clear program needs to be articulated Including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.

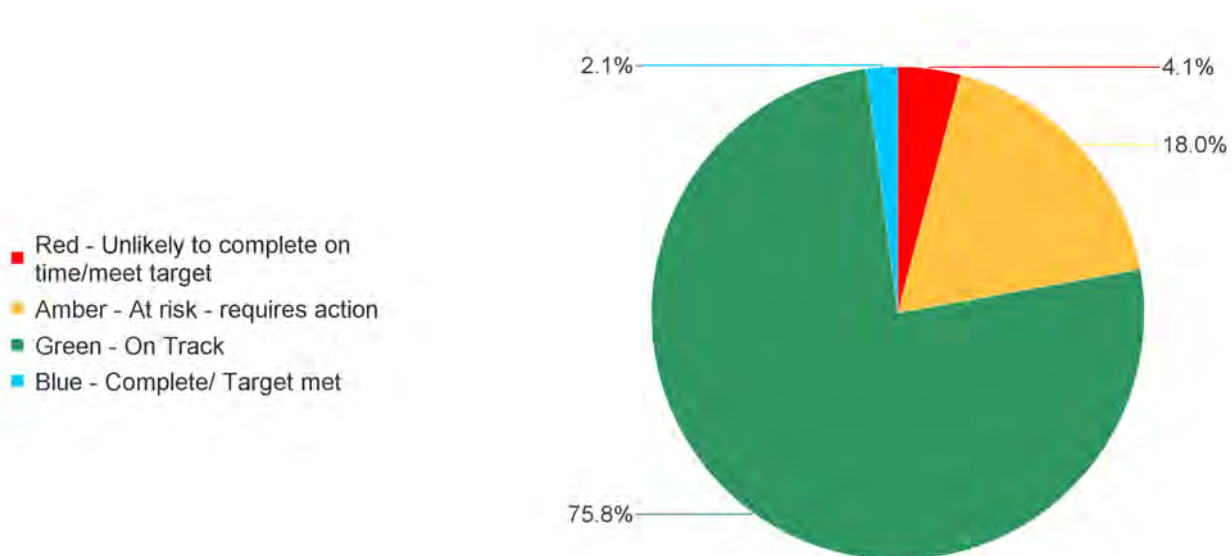
Fife Response

In terms of circular economy, NHS Fife launched the 'warp-it' system in March 2024. Warp-it is a web service and re-use platform, for redistributing surplus furniture and equipment. We are keen to get warp-it set up at NHS Fife as an efficient method of managing the flow of surplus assets across the NHS Fife estate and ensuring items are reused instead of sent to waste disposal where possible. Since its launch, it has over 450 members and has incurred over £39k in savings. We will continue to roll out the warp-it system, increasing its use and resultant environmental and financial benefits.

NHS Fife has an Entonox mitigation SLWG in place, led by the chair of the local medical gas committee. It is multi-disciplinary including clinicians, medical physics, estates, health and safety, and pharmacy. The Fife Quality Improvement Network have been approached to support in a programme capacity. A systems loss assessment within midwifery department is going ahead in Jul-24 – this will drive additional actions. Work is ongoing with midwifery around monitoring, and the team are working with the established national forum.

Annual Delivery Plan 2024/25 Progress Summary

Q1 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Total
1. Primary and Community Care	1	5	16	1	23
2. Urgent and Unscheduled Care	1	3	11		15
3. Mental Health		3	15		18
4. Planned Care			9		9
5. Cancer Care		1	5		6
6. Health Inequalities		3	24	1	28
7. Women & Children Health	1	3	8	1	13
8. Workforce		1	15		16
9. Digital & Innovation	2	6	11		19
10. Climate		1	11		12
Other	3	9	22	1	35
To Improve Health and Wellbeing	1	6	29		36
To Improve the Quality of Health and Care Services	2	10	64	2	78
To Improve Staff Experience and Wellbeing		5	15		20
To Deliver Value & Sustainability	5	14	37	2	58
ALL			2		2
Total	8	35	147	4	194



Annual Delivery Plan 2024/25 Progress Summary

RTP

Deliverable	Directorate	2024/25 Q1 Comment	2024/25 Q1 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status
Business Transformation	Digital	Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.		To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target
SLA and External Activity	Finance & Strategy	<p>Ongoing discussions with NHS Lothian on financial planning assumptions and the implications of the introduction of PLICS. NHS Fife have engaged with Scottish Government and plan to implement PLICS locally by December 2024.</p> <p>Ongoing discussion with NHS Tayside on financial planning assumptions. Deep dive commenced into referral volumes by locality and specialty. Clinical leads fully engaged in this review and proposals for repatriation of a small number of services in development.</p>	<p>Extrapolation of data on outpatient activity in other boards complete</p> <p>Initial and subsequent deep dive of data</p> <p>Discussions with clinical leads and directors</p> <p>Draft Performance Management group TOR developed</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	<p>Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.</p> <p>If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.</p> <p>Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.</p>	<p>Length of stay meetings continue.</p> <p>Overall surge is reduced.</p> <p>Improved discharge planning, fully utilising an MDT approach and PDDs.</p> <p>Implementation of ward access targets.</p>	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target

Deliverable	Directorate	2024/25 Q1 Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Considering redeployment to support the transition into a staff bank from existing system cost pressures	To Deliver Value & Sustainability	Amber - At risk - requires action
Procurement Savings within Acute Services	Acute Services	Implementation plan in place and a range of projects underway.	To Deliver Value & Sustainability	Amber - At risk - requires action
Estates Rationalisation	Property & Asset Management	<p>Hayfield House closed.</p> <p>Agile solutions in place at Queen Margaret, Lynebank, VHK staff club (St Andrews and Adamson Hospital to follow shortly).</p>	To Deliver Value & Sustainability	Green - On Track
Infrastructure - RTP	Digital	Development of Asset Management Approach Implement approach	To Deliver Value & Sustainability	Green - On Track
Infrastructure - Workforce	Digital	Provision Lynebank Decommission Hayfield	To Deliver Value & Sustainability	Green - On Track
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>Production of comprehensive communications plan to enhance optimisations work on all sides, involving a wide range of stakeholders including patients and clinicians, including medicines waste.</p> <p>Significant design and delivery work undertaken, including of targets and identification of staffing resource.</p> <p>Medicines waste campaign being developed, including updated materials</p>	To Deliver Value & Sustainability	Green - On Track
Non-compliant Rotas	Medical Directorate	<p>Recruitment and interviews complete, and candidates selected for Gateway EU Doctors joining August cohort.</p> <p>Revised medical rotas received final approval to go live for August cohort at 1A banding.</p> <p>Surgical rotas previously band 3 have had final approval to return to 1A banding for August cohort.</p> <p>Wellbeing & Engagement SLWG has drafted FAQ's, Induction information is currently being reviewed for use by SLWG.</p>	To Improve the Quality of Health and Care Services	Green - On Track

Annual Delivery Plan 2024/25 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	Whilst we are beginning to see some signs of improved access to GDS, there are still limited GDS open to NHS Registrations. Locally, there are limits on what we can do to influence this, in particular due to Fife having a significant amount of GPDs managed by Dental Body Corporates. however we are working with Scottish Government to explore all options locally available, whilst contributing to national policy development/ considerations.		1. Primary and Community Care	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	Contributing to Fife housing partnership ending homelessness together priority group pathways. Completed needs assessment for housing of young people experiencing substance misuse issues. Contributing to opportunities Fife partnership priorities.		6. Health Inequalities	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1			7. Women & Children Health	Amber - At risk - requires action
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services		7. Women & Children Health	Amber - At risk - requires action
National - Child Health Replacement	9.1			9. Digital & Innovation	Amber - At risk - requires action
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2					Amber - At risk - requires action
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)		Develop initial plans, in conjunction with national direction		1. Primary and Community Care	Amber - At risk - requires action
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	EQIA action plan implementation		1. Primary and Community Care	Green - On Track
Improve access for patients and carers through improved communication regarding transport options	1.7	Actions in action plan being progressed		1. Primary and Community Care	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6			2. Urgent and Unscheduled Care	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1			3. Mental Health	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	Fife CAMHS Early Intervention Service will build sustainable programmes of training and development to universal and additional service providers to ensure clear pathways of support are available and accessible across the spectrum of need. Fife CAMHS will ensure that a recurring recruitment programme is in place so that the workforce is maintained at full capacity. Fife CAMHS will continue to work towards achieving the standards set within the National CAMHS Specification, prioritising the development of specific clinical care pathways, improving access and response out of hours and service appraisal through improved service user participation and engagement.		3. Mental Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1		3. Mental Health	Green - On Track
Refreshed Mental Health and Wellbeing Strategy for Fife for 2023 - 2027	3.2	<p>Review of national situation, and national drivers identified.</p> <p>STEEP analysis of external environment.</p> <p>SWOT analysis of internal environment.</p> <p>Review and evaluation of the previous Mental Health Strategy (2020-2024)</p> <p>Collated financial budgets to produce an integrated overview of the Partnership's mental health services.</p> <p>Developed a first draft of new Mental Health and Wellbeing Strategy.</p>	3. Mental Health	Green - On Track
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	<p>Review recent alcohol/drug related death and harm including hospitalisation data published nationally and local data from ADP services to support planning for next one stop shops (KY Clubs).</p> <p>Attend relevant locality boards to present data and prioritisation for locality based approach</p> <p>Continue to review and evaluate progress of KY2 and KY5 one stop shops with subgroup of HSCP Locality Board</p> <p>Launch of additional one stop shop in Kirkcaldy in partnership with local third sector organisations</p>	6. Health Inequalities	Green - On Track
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.	6.2	<p>Finalise alert process and protocol with PH to be approved by ADP Committee in June 2024</p> <p>Perform live test of protocol to manage next alert</p> <p>Conduct lessons learned to refine process and ensure fit for purpose</p>	6. Health Inequalities	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Public Health provided advice on the content and implementation of ADP Annual Delivery Plan, continued to provide input to the MDDRG and contributed to associated actions and provided input to the Addressing Alcohol Harm and Death Group.	6. Health Inequalities	Green - On Track
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3		6. Health Inequalities	Green - On Track
Develop and maintain Smoking Cessation services	6.3	<p>Specialist clinical provision increase in most deprived areas in collaboration with community assets.</p> <p>Raise awareness of abstinence model with smoking cessation site access.</p> <p>Mobile unit to target local community venues to be visible and accessible in supporting local groups/events with appropriate networking.</p> <p>Maintain and establish connection to Fife maternity Services to capture early intervention of possible referrals at first point of contact with midwives.</p> <p>Delivery of smoking related training sessions through Health Promotion Training Programmes.</p> <p>Evaluation and review of current referral pathways into the service, develop if needed accessible pathway and plan campaign to raise awareness of any changes.</p> <p>Investigate and assess system for inpatient clinics and discharge hubs to have an opt out referral pathway to service (mirroring maternity referral pathway) for smoking related illnesses.</p>	6. Health Inequalities	Green - On Track
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Final draft strategy presented to Fife Council Cabinet Committee in May and to EDG and Public Health and Wellbeing Committee June and July	6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	<p>Continue to scope out opportunities whilst working through NHS Anchor strategic objectives.</p> <p>Continue to work with partners to scope opportunities and engagement relating to child poverty and the priority areas.</p> <p>Employability engagement sessions and future programmes are being developed. Links with partners are being strengthened to support ambitions.</p> <p>Continue to explore opportunities and promote Community Benefits Portal to attract bids.</p> <p>Employability and Community Wealth Building workshop is in early planning stage to strengthen our partnership working and also with third sector agencies and community planning groups.</p> <p>Progression framework being updated to evaluate progress within employability, procurement and land and assets pillars. The findings will be presented to ~Anchor Institution Programme Board in September 2024.</p>	6. Health Inequalities	Green - On Track
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.	6.5	<p>The Locality Delivery Plans to be reviewed and signed off by locality groups at June meetings.</p> <p>Locality Progress report presented to 7 area committees outlining outcomes achieved in 2023 and highlighting any areas of joint working with community planning partners.</p>	6. Health Inequalities	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	<p>Provide public health perspective on HRPMP Patient Safety Programme Board - Programme Board Transitioned to HRPMP Safety Group - PH Representation on this group</p> <p>Advise and support evaluation aspects of HRPMP Patient Safety Programme - Benefits/Evaluation Framework agreed and signed off</p> <p>HRPMP Patient Safety Programme stopped earlier than planned due to organisational financial challenges - areas of work will transfer to business as usual - support from PH re evaluation work will continue</p>	6. Health Inequalities	Green - On Track
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	<p>Establishment of all working groups is now complete</p> <p>Establishment of medicines safety and quality policy group with 8 weekly reporting cycles - complete</p> <p>Establishment of medicines safety minute index - completed</p>	6. Health Inequalities	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	<p>Conduct multi-agency review of collated wellbeing indicators.</p>	7. Women & Children Health	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	<p>The reporting data for April 2023- March 2024 is being prepared as part of the annual reporting for Fife Poverty Report.</p> <p>An SBAR will be prepared specifically on the income max pathway and also the poverty training element.</p> <p>Training has been scheduled for key staff groups.</p> <p>A new funding bid has been submitted for continuation dedicated money advisor post</p>	7. Women & Children Health	Green - On Track
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support	8.3	<p>Continue to review OH provision as part of Directorate service change proposals, taking account of succession planning, service resilience and business requirements.</p>	8. Workforce	Green - On Track
Children's speech, language and communication development Plan		<p>Having identified the relevant strategic strands within the Children's Services plan start to raise awareness of the need for a speech, language and communication development plan linked to their outcome measures.</p> <p>Understand the national action plan and what this means for Fife by involvement in local event - Creating the Conditions: Connecting people to nurture early communication.</p>	7. Women & Children Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		Public Health Intelligence have lead or contributed to a range of projects across the six Public Health priorities including child health and wellbeing, alcohol and drug hospital admissions and mental health.	6. Health Inequalities	Green - On Track
Develop and Enhance Children's Services		Fife Child wellbeing pathway refresh, guidance update and multiagency training commenced (GIRFEC)	7. Women & Children Health	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referral programmes		Extension of current OH System contract. Scoping activity being undertaken supported by D&I.	8. Workforce	Green - On Track
Ensure effective coordination and governance for adult screening programmes in Fife		Investigation and management of screening programme incidents and adverse events, including the National Cervical Exclusion Audit. We progressed the National Cervical Exclusion Audit in Fife by auditing over 4,000 patient records, and coordinated clinical management of patients referred to their General Practice or to gynaecology.	6. Health Inequalities	Green - On Track
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.		AISG met 03/06/24 and reviewed annual childhood data and approved annual report. Annual Immunisation Report submitted to Public Health & Wellbeing Committee at meeting 01/07/24 along with refreshed Strategic Framework 2024 - 2027	6. Health Inequalities	Green - On Track
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		Development work is being progressed to maximise successful quit attempts and retaining client contact with the service. Specialist service provision has increased across Fife: 28 community-based, & 15 GP/hospital-based clinics.	1. Primary and Community Care	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Compliance and performance metrics is reported quarterly through the Resilience Forum	2. Urgent and Unscheduled Care	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Develop training plan for sustainability within NHS Fife. Develop communications plan for sustainability e.g. Green Health Week. Green Health Partnership funding application has been submitted with an expected outcome November 2024. Local development plans for spatial planning meeting arranged to contribute to the "The place matters" call for sights and ideas, within the local development plan. Continue to contribute to LDP project delivery group following the review of LDP governance and delivery arrangements.	10. Climate	Green - On Track

To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets		The Patient Experience Team continues to review their own internal processes and work is ongoing with senior leads in acute and HSCP to improve target timframes. However the Directorates internal processes in relation to the complaint handling procedures varies.			Red - Unlikely to complete on time/meet target
Development of a new OP specialist Gynaecology Unit	7.2	Approval of funding from FCIG to commence architect commission and scope of work.		7. Women & Children Health	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1			2. Urgent and Unscheduled Care	Amber - At risk - requires action
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1			2. Urgent and Unscheduled Care	Amber - At risk - requires action
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Review processes in line with Psychological Therapies and interventions specification and reporting guidance.		3. Mental Health	Amber - At risk - requires action
Review of Specialty Paediatric Nursing workforce/ services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Review of service and redesign complete. CF nurse is now B7 team lead for specialist nurses with a generic B5 to support across all areas during periods of absence. Diabetes JD band review from 6-7 not upheld pre covid. Temporary uplift agreed in Q4 with funding only for 3 months.		7. Women & Children Health	Amber - At risk - requires action
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		Finalise MEG business case and support implementation Complete recruitment process for IPC Audit and Surveillance - dependancy on HR/Recitment and Banding of post Review IPC Education Starategy - in progress Publish IPC Education/Training Programme 2024/25 - in progress World Hand Hygiene Day promotion and launch of "gloves off" campaign - completed			Amber - At risk - requires action
Contribute Public Health perspective and evaluation support to Fife's Mental Health Strategy Implementation Group.				3. Mental Health	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Recruiting 2 x volunteers to support the gathering of patient feedback initiatives and Care Opinion. PET Officers have also started visiting the clinical areas to gather patient stories. Testing new investigation template (statement memo) within Medical Directorate to support quicker completion of complaint statements			Amber - At risk - requires action
Implement IP Workforce Strategy 2022-24		Continue bi-monthly LISDP Steering Group, reporting via ICC - continues Review recruitment and retention challneges in IPC, ICD and AMR-ongoing		1. Primary and Community Care	Amber - At risk - requires action
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.				1. Primary and Community Care	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Implement preventative podiatry service in care homes		Development of job descriptions, recruitment of staff	1. Primary and Community Care	Amber - At risk - requires action
Ongoing development of Community Treatment and care (CTACT) services, supporting more local access to a wider range of services.	1.2	Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services. Working with ENT and Audiology services to develop joint Ear Care strategy. Delivery of leg ulcer specialist clinics. Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team.	1. Primary and Community Care	Green - On Track
Targeted actions to improve the quality of our Immunisation services	1.2	Development of robust clinical pathways and process of SOP review	1. Primary and Community Care	Green - On Track
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Establish and test an Urgent Care Hub functioning over a 24-hour period to accept a high referral rate of urgent care referral to reduce same day urgent illness presentations within primary and secondary care.	1. Primary and Community Care	Green - On Track
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	Review and assess the role and impact of FICOS on supporting secondary and secondary care models	1. Primary and Community Care	Green - On Track
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	Stakeholder engagement workshops complete. Development of PID to support transformational savings. Start to develop scheduling of USC pathway for ambulatory patients to support avoidance of admission.	2. Urgent and Unscheduled Care	Green - On Track
Increase redirection rate utilising flow and navigation (NHS 24 78%, GP 19%).	2.2	Increased CBC calls. SLWG set up for scheduling of USC. Clinical Leads for Acute and HSPC and Primary Care involved.	2. Urgent and Unscheduled Care	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	Oversight group to be re-set up - reviewing ToR for group and membership	2. Urgent and Unscheduled Care	Green - On Track
(Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management)	2.5	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach H@H In-Reach Analyse TOC data and requirements for a permanent model. Recruit permanent post(s). Fife Rehab Model/D2A Model Establish workstreams and associated SLWGs Agree ToRs and membership Agree driver diagram Determine key deliverables and outcomes and plan how these will be achieved. Right Care for You: enhanced training available; purchase of specialist equipment Fife Rehab Model/D2A Model Review data available and undertake strategic needs assessment to determine optimal community rehab team staffing skill mix and numbers Develop appropriate D2A pathways and undertake Toc as appropriate	2. Urgent and Unscheduled Care	Green - On Track
Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6		2. Urgent and Unscheduled Care	Green - On Track
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6		2. Urgent and Unscheduled Care	Green - On Track
Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics Review current pathways between services to identify 1) gaps in provision and 2) overlap in resource Develop referral pathways between services to ensure increase & decrease of input level dependent on need to prevent readmissions to acute services	2. Urgent and Unscheduled Care	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Outcomes of Adult NDD Pilot project will be collated. Outcome report will include recommendations for pathway development and service delivery.	3. Mental Health	Green - On Track
Improve compliance with CAPTND dataset	3.1	On-going work with e-health & data analysts to build appointment management system that meets requirements.	3. Mental Health	Green - On Track
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Revision to Project Brief to condense timeline. Phase 2 of work to develop KPIs - co-chair now linked with national MHUC Network. Benchmarking now in progress.	3. Mental Health	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	CMHTs in Fife require further development - review of current provision and requirements to support improved service delivery Consistency across CMHTs in process and procedures achieved Longer term engagement with Alternatives to Admission pathway throughout 2024/25	3. Mental Health	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3		3. Mental Health	Green - On Track
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services.	3.3	Collation and reporting of coproduction work in 3 Localities; initial identification of areas for positive change .	3. Mental Health	Green - On Track
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4	Ongoing review and enhancement of the Fife multi-agency Mentally Disordered Offender Protocol to ensure that mental health assessment and support is coordinated through police custody and court liaison Delivery of multiagency training programme on mental health management and legislation	3. Mental Health	Green - On Track
Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Meetings planned to discuss flow workstreams and remodelling clinical use of the rehabilitation facilities	3. Mental Health	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6		3. Mental Health	Green - On Track
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	Weekly monitoring through waiting times groups with governance reporting structures in place. Q1 trajectories being met in the majority of specialities, but monitoring required in Urology.	4. Planned Care	Green - On Track
Enhance Theatre efficiency	4.1	Establishment of Theatre Utilisation Group that will meet fortnightly to monitor utilisation and specialty variances.	4. Planned Care	Green - On Track
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Daily review of cancellations and bed capacity tracking. Fortnightly review of theatre utilisation projections. Weekly monitoring of capacity to deliver trajectories.	4. Planned Care	Green - On Track
Maximising Scheduled Care capacity	4.3	Utilisation of NRAC money to support increased capacity. Monitored weekly through waiting times meetings with monthly oversight through Scheduled Care and IPCPB.	4. Planned Care	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	OMFS no issues Plastics plan in place for additional operating Vascular network remains in place - ongoing recruitment to Fife vacancy. National review of vascular pending.	4. Planned Care	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Weekly identification of cases suitable.	4. Planned Care	Green - On Track
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	ACRT expanding in all specialities and clinical teams supporting development of information.	4. Planned Care	Green - On Track
Undertake regular waiting list validation.	4.7	Patient Hub project working alongside NECU validation to ensure all patients on lists require to be seen. Targeting key specialities with long waits including Orthopaedics and ENT	4. Planned Care	Green - On Track
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Agree a robust communication plan, working with services to optimise proactive support and sharing of information about the HSCP Wells NHS Inform waiting well pages. Acute supported through Patient Hub text project for waiting list validation.	4. Planned Care	Green - On Track
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Updated the workforce section. Aligned the NHS Fife actions to the Cancer Action plan for Scotland 2023-26.	5. Cancer Care	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	Meetings with the services underway.	5. Cancer Care	Green - On Track
Expanding Endoscopy capacity and workforce	5.2	Waiting times for endoscopy well within trajectories	5. Cancer Care	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Actions identified for this year but awaiting the Framework being refreshed by the Scottish Government.	5. Cancer Care	Green - On Track
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	Analyse and understand experiential data from 2023/24 from 58 service users, 12 family members and 16 staff Develop MAT Standards Plan for 2024/25 for sustaining MAT 1 to 5 and improving MAT 6 to 10	6. Health Inequalities	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	Establishment of a rapid action group reporting to the Senior Leadership Team of the HSCP including representation from Education, Children Services, CPC, Community Children Services, Third Sector, Primary and Preventative Care Services Action Plan developed to include communications awareness raising approach, harm reduction messaging, improvements in referral pathways and responses, engagement and retention and services and workforce development to protect children and young people etc	6. Health Inequalities	Green - On Track
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	Continuity of carer: Ongoing review of community team caseloads and care pathways alongside data review with requirements identified Antenatal Education: test of change commenced Neonatal redesign-Best start: NHS Fife NNU team participated in a meeting with the East Region planning group for the new model of Neonatal Care redesign (Best Start 2017) on 19 Jun. The meeting focus was to discuss the cot modelling outlined within the RSM report of Jun-24 where concerns were outlined regarding the proposed model of cots. The concerns highlighted will be taken forward to Regional Chair discussions for consideration.	7. Women & Children Health	Green - On Track
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Analyse existing data received from current Health Visiting pathway.	7. Women & Children Health	Green - On Track
To meet the recommendations of the WHP by end Dec 2024	7.2	Ongoing implementation and review of WHP recommendations with particular focus on Endometriosis: Commencement of endometriosis nurse specialist to support women going through induced menopause. Signposting of women who have not completed their surgical journey to the Sore - Know More campaign to support pain management and understanding of the pain process,	7. Women & Children Health	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Organise meetings with strategic leaders from University of St Andrews on Joint, collaborative working and develop areas of focus for collaborative working	9. Digital & Innovation	Green - On Track
Local - Implement Paperlite / Electronic Patient Record	9.61	Agree E.H.R Plan	9. Digital & Innovation	Green - On Track
Continued development of digital front door for patients	9.62	Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.82	Receipt of guide from Scottish Government	10. Climate	Green - On Track
Comply with the requirements of the COVID enquiry; Operation Koper, Crown Office.		Provide information as requested by Police Scotland, liaising with the Care Home Collaboratives		Green - On Track
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Provide a 24/7 specialist health protection service for Fife	1. Primary and Community Care	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		VAM Plan document from PHS to remain in place, funding to achieve this confirmed; recruitment ongoing	1. Primary and Community Care	Green - On Track
Delivery of Clinical Governance Strategic Framework		Development of 2024/2025 workplan		Green - On Track
Delivery of Clinical Governance Strategic Framework - Adverse Events		Refreshed trigger list and new approach for SAERs, LEARs and CCRs		Green - On Track
Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Publication, and engagement within the Directorate Reporting process within Pharmacy PSLT developed Workplan for the first year at late stage of development	8. Workforce	Green - On Track
Delivery of the Risk Management Framework		Development of 2024/2025 workplan Review Board's risk appetite Policy to be incorporated in the Risk Framework		Green - On Track
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model		Shared Governance Model established with over-arching Professional Leadership Council and 5 sub councils. Review of band 7 and band 8 N&M staff commenced as part of workforce planning and framework development	8. Workforce	Green - On Track
Development of Medical Education Strategic Framework		First draft of framework complete		Green - On Track
Implement national Excellence in Care (EIC) objectives within NHS Fife in line with 3 Year strategy, embed in Fife by 2025.		Communication with senior nursing colleagues to ensure EIC is aligned to Care Assurance, SPSP, Documentation and Fundamentals of Care work		Green - On Track
Increase NHS Fife Innovation Test Bed activity		Support Mental Health SBRI in Phase 2. Manage evaluation and moderation of Phase 2 applications of RDD Programme. Inform successful and unsuccessful applicants to Phase 2. Manage drafting and signing of contracts for successful applicants	9. Digital & Innovation	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		Secure ongoing funding for the IPC Care Home Team- completed World Hand Hygiene Day Roadshow- completed Explore opportunities for implementing IPC Link Practitioner Framework into care homes - in progress	8. Workforce	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation		Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track
Local Enhanced Services Review			1. Primary and Community Care	Green - On Track
Non-compliant Rotas		Recruitment and interviews complete, and candidates selected for Gateway EU Doctors joining August cohort. Revised medical rotas received final approval to go live for August cohort at 1A banding. Surgical rotas previously band 3 have had final approval to return to 1A banding for August cohort. Wellbeing & Engagement SLWG has drafted FAQ's, Induction information is currently being reviewed for use by SLWG.		Green - On Track
Pandemic Preparedness: Critical to major incident levels.		Guidance is awaited from Scottish Government for Pandemic preparedness. COVID -19 Public Enquiry module 1 recommendations were published on the 18 July 2024		Green - On Track
Rheumatology workforce model redesign			1. Primary and Community Care	Green - On Track
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.		Continue to scope areas which would benefit from research and evaluation support - includes Mental Health & Wellbeing in Primary Care and Communities Settings and Green Health Partnership	6. Health Inequalities	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		Cohort 3 Fellows start 6 month lead in to August start date. Cohort 4 projects developed and submitted, joint proposal development meetings with University of St Andrews and NHS Fife.	8. Workforce	Green - On Track
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		SLWG Held on 30 May with Key Stakeholders. Meeting held also with Director of Public Health (SRO) where agreement strategic risks go to PHAC and operational risks to RF.	2. Urgent and Unscheduled Care	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (ongoing during 2023/24), which comes into force from 1 April 2024.		Review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews		Recommended revisions to Template for submissions to VP Research, Innovations and Collections Principals Office. SBS briefing documents not received and progressing without.	6. Health Inequalities	Green - On Track
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need		Substantive weekend rota in place from July 2024.		Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.			6. Health Inequalities	Blue - Complete/ Target met

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Carers will have access to information where and when they want, that helps them to manage their caring role.	6.1	We will measure carers' perceptions of the support we offer and commission		6. Health Inequalities	Amber - At risk - requires action
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time	6.1			6. Health Inequalities	Amber - At risk - requires action
National - eRostering	9.1			9. Digital & Innovation	Amber - At risk - requires action
PPD Succession Planning		A new Head of PPD has been appointed and systems of working and training provision currently under review. Enhanced links with training and education providers are being established and training opportunities for B2-7 NMAHP staff are now being co-ordinated directly through the department.			Amber - At risk - requires action
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		Pharmacy SLT has discussed current risks with the pipeline following local and national developments. Due prioritisation of available resource considered			Amber - At risk - requires action
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2			1. Primary and Community Care	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Establish overarching MH Workforce Oversight group, update workforce profile; analysis of retention; attrition and vacancy profile		3. Mental Health	Green - On Track
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role.	6.1	Support skills development of social work assistants by delivering training courses - EPIC and Good Conversations.		6. Health Inequalities	Green - On Track
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role	6.1			6. Health Inequalities	Green - On Track
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role	6.1			6. Health Inequalities	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	6.4	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities. Development of Employability Action Plan in line with Anchor ambitions, ADP and Workforce Planning priorities.		6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Analyse on an ongoing basis the existing staffing model to ensure HV pathway delivered. Recruit and support adequate HV trainees to ensure adequate staffing.	7. Women & Children Health	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	8.3	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targeting 6.5% in 2024/25. Implementation of Staff Health & Wellbeing Action Plan for 22/25.	8. Workforce	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	8.5	Monitoring output of RTP programmes reviewing current and future composition of workforce, including provision of workforce data detailing growth trends and proposing future contractions. Review of RiWW mitigations linked to workforce challenges and / or cost pressures, in addition to impact of Band 5 nursing review and protected learning time. Integration of Common Staffing Method tool runs, and the Health Care Staffing Act, into wider workforce planning considerations with regards safe staffing levels and review of regular and recurring risks. Alignment of programmes with the Service Level Workforce Plans, in preparation for 2025 Workforce Plan Publication.	8. Workforce	Green - On Track
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.		BAU Team recruitment underway.	8. Workforce	Green - On Track
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		Increased DPP numbers delivered Revised end of placement meetings in place for 3rd year EL Pharmacy Students Revised rotational programme agreed for PGFTPs Pharmacists identified for post graduate research and clinical modules (linked to advanced practice) - notes of interest have been sought locally IP Legacy staff commence course (this happens every quarter)	8. Workforce	Green - On Track
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		Existing pre-reg cohorts completed Further staff have completed simulation training, increasing the clinical capability within the team. NRAC allocation has been offered, with the majority of places taken for 2024/25 (71/79)		Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Scoping of the Framework		Green - On Track
Progression with ScotCOM in collaboration with the University of St Andrews		51 students have self selected to start ScotCOM with the GMC giving support for the programme to progress towards delivery		Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
We will launch and develop a leadership framework – Our Leadership Way in Fife.		<p>In June, launch the concept of Our Leadership Way with the Systems Leadership Group to establish early perspectives on a shared leadership philosophy that sets the foundations for what Fife believes is the kind of leadership essential for fostering a thriving and sustainable future.</p> <p>Establish a collaborative volunteer group to shape the efforts to embed NHS Fife's leadership framework.</p>	8. Workforce	Green - On Track

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Business Transformation		Savings being delivered through Digital opportunities. However, limited assurance remains due to delays in the programme commencing.		9. Digital & Innovation	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Complete local implementation and secure revised timeline for national build. Likely to be Q4 2024/25.	Implementation of national product	9. Digital & Innovation	Red - Unlikely to complete on time/meet target
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.		Funding not available for large scale programme currently. Work to centralise procurement team and routes at VHK underway. Links established with RTP infrastructure programme.			Red - Unlikely to complete on time/meet target
SLA and External Activity		<p>Ongoing discussions with NHS Lothian on financial planning assumptions and the implications of the introduction of PLICS. NHS Fife have engaged with Scottish Government and plan to implement PLICS locally by December 2024.</p> <p>Ongoing discussion with NHS Tayside on financial planning assumptions. Deep dive commenced into referral volumes by locality and specialty. Clinical leads fully engaged in this review and proposals for repatriation of a small number of services in development.</p>	<p>Extrapolation of data on outpatient activity in other boards complete</p> <p>Initial and subsequent deep dive of data</p> <p>Discussions with clinical leads and directors</p> <p>Draft Performance Management group TOR developed</p>		Red - Unlikely to complete on time/meet target
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	<p>Acute are operating at winter-level pressures continuously. Despite this, occupancy below expected target levels and progress remains positive.</p> <p>If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.</p> <p>Timeline slippage for move from Ward 10 to Ward 6 due to completion of works and cleaning dates.</p>	<p>Length of stay meetings continue.</p> <p>Overall surge is reduced.</p> <p>Improved discharge planning, fully utilising an MDT approach and PDDs.</p> <p>Implementation of ward access targets.</p>	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop Strategic vision across all of Primary Care	1.2	<p>Establish revised implementation of the non-priority MoU2 services within the current allocated resource.</p> <p>Work with LMC and GP-Sub to reach mutual agreement of the revision.</p> <p>Create an environment to progress the agreed changes and commence roll out.</p>	1. Primary and Community Care	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	ED redirection rates continue to improve at 78%. SLWG established to review MIUs across Fife with Partnership colleagues.	2. Urgent and Unscheduled Care	Amber - At risk - requires action
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%	3.4		3. Mental Health	Amber - At risk - requires action
Roll out of Digital Pathology	5.1	<p>Complete staff training</p> <p>Integration of digital systems with LIMS/Labcentre (Citadel)</p>	5. Cancer Care	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	8.1	Considering redeployment to support the transition into a staff bank from existing system cost pressures	8. Workforce	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
National - GP IT Re-provisioning - GP Sustainability	9.1		9. Digital & Innovation	Amber - At risk - requires action
National - LIMS Implementation	9.1		9. Digital & Innovation	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		Med rec and IDL system - awaiting on change controls to be built and implemented Stock control system - begun build process and currently undergoing training of super-users HEPMA - cannot start install until stock control complete, background work ongoing	9. Digital & Innovation	Amber - At risk - requires action
Develop and Implement the Corporate Communication Strategy		Corporate Communications Strategy and Framework to be updated to reflect RTP Framework requirements		Amber - At risk - requires action
Develop and Implement the Public Participation and Community Engagement Strategy		Community Engagement and Public Participation Strategy presented at Board meeting in May		Amber - At risk - requires action
Enhanced data availability and sharing			9. Digital & Innovation	Amber - At risk - requires action
Procurement Savings within Acute Services		Implementation plan in place and a range of projects underway.		Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.			10. Climate	Amber - At risk - requires action
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		RTP framework developed supported by Corporate PMO. A number of 3% schemes are being supported by the PMO. Corporate PMO currently supported development of portfolio management structure for RTP.		Amber - At risk - requires action
Improve sustainability of Primary Care	1.1	Create detailed view of sustainability across General Practice	1. Primary and Community Care	Green - On Track
Develop plans to make sure CIS delivers on key operational priorities	1.2		1. Primary and Community Care	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Five Population Health and Wellbeing Strategy	1.4		1. Primary and Community Care	Green - On Track
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2	Expansion of ECAS out of hours Increase to 7-day service OPAT Redeployment options for Ward 53 and ANPs. Skill mix being reviewed and safer staffing matrix completed.	2. Urgent and Unscheduled Care	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	Individual service KPI development commenced	3. Mental Health	Green - On Track
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Review of DCAQ , capacity GAPS identified and 24/25 recovery plan submitted to SG. Financial investment for additional activity received May 2024 and planning commenced to achieve additional activity projections. Additional CWT funding secured to support additional activity to maintain 2 week wait for all USOC and U referrals. Focussed work continues on acquisition to report turnaround times to optimise cancer pathways. Dedicated RCDS funding will enable sustained diagnostic waiting times for this service Engagement in RTP reimagining VHK site programme to ensure Radiology resource is sufficient to meet demands for in-patient and unscheduled care imaging as these services are redesigned.	5. Cancer Care	Green - On Track
Refreshed Performance Reporting	6.1		6. Health Inequalities	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	<p>Project Board to identify test schools and their training needs based on staff and student feedback via School Wellbeing survey</p> <p>Identify staff most appropriate to deliver training</p> <p>Devise Training content for school staff</p> <p>Commence training during twilight sessions</p> <p>pre and post evaluations conducted</p> <p>Staff in school (PSE and guidance teachers) to deliver sessions to students following lesson plan provided by third sector service</p>	6. Health Inequalities	Green - On Track
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	<p>ICO Audit Action Plan Agreed</p> <p>Resilience Framework Established</p>	9. Digital & Innovation	Green - On Track
Local - Records Management Plan Implementation	9.2		9. Digital & Innovation	Green - On Track
Infrastructure - RTP	9.31	<p>Development of Asset Management Approach</p> <p>Implement approach</p>	9. Digital & Innovation	Green - On Track
Infrastructure - Workforce	9.31	<p>Provision Lynebank</p> <p>Decommission Hayfield</p>	9. Digital & Innovation	Green - On Track
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.4	<p>Training Concludes</p>	9. Digital & Innovation	Green - On Track
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	<p>Develop membership of IPRG and initiate meeting on a bi-monthly basis.</p>	9. Digital & Innovation	Green - On Track
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2		10. Climate	Green - On Track
Achievement of Waste Targets as set out in DL (2021) 38	10.3		10. Climate	Green - On Track
Decarbonisation of Fleet in line with Targets	10.41		10. Climate	Green - On Track
Action plan for the National Green Theatres Programme			10. Climate	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		<p>International recruitment campaign closed appointing 104 international staff to both nursing and radiology.</p>	8. Workforce	Green - On Track
Complete NHS Fife's Phase 2 M365 Programme		<p>Establish a secure baseline in the M365 products and national tenancy</p>	9. Digital & Innovation	Green - On Track
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife		<p>To develop Realistic Prescribing guidelines for chronic disease management and frailty</p>		Green - On Track
Enhance the capacity and capability across the team		<p>Review of authorisation limits complete and approved at EDG.</p> <p>Team engaging with RTP framework as reported at the Procurement Governance Board in July 2024.</p> <p>Management continue to support and lead team on learning programme to increase procurement knowledge and expertise.</p>		Green - On Track
Estates Rationalisation		<p>Hayfield House closed.</p> <p>Agile solutions in place at Queen Margaret, Lynebank, VHK staff club (St Andrews and Adamson Hospital to follow shortly).</p>		Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Health and Care Staffing Act and eRostering Programme.		<p>Continued creation of on line Workforce information overview accessible within NHS Fife.</p> <p>Review of Workforce Analytics as part of Directorate service change proposals implemented.</p> <p>Ongoing production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements.</p>	8. Workforce	Green - On Track

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		<p>Further developed monthly reporting to capture delivery of financial savings targets and informed year end forecast position.</p> <p>Ensured learning from the national Financial Improvement Network is cascaded across the finance team and stakeholders as appropriate.</p> <p>Strengthened even further stakeholders' grip and control responsibilities to underpin delivery of our financial targets and, in turn, supporting the delivery of our Reform, Transform and Perform programme.</p> <p>Continuously review mandatory training requirements and ensure team statistics are maintained within the 'green' tolerance range.</p>		Green - On Track
Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024			10. Climate	Green - On Track
Increase capability within the team to deliver service improvement and meet growing service demand		<p>Imbed revised interface to support processing of agency invoices, providing enhanced oversight and control.</p> <p>New Processes for Direct engagement imbedded.</p>		Green - On Track
IPQR Review		<p>Review of trajectories/targets</p> <p>Incorporate initial metrics relating to Mental Health</p> <p>Produce redesigned report for EDG (Jun-24) for distribution to Committees and Board (Jul-24)</p>		Green - On Track
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		<p>Production of comprehensive communications plan to enhance optimisations work on all sides, involving a wide range of stakeholders including patients and clinicians, including medicines waste.</p> <p>Significant design and delivery work undertaken, including of targets and identification of staffing resource.</p> <p>Medicines waste campaign being developed, including updated materials</p>	6. Health Inequalities	Green - On Track
Outline plans to implement an approved Environmental Management System.			10. Climate	Green - On Track
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel			10. Climate	Green - On Track
Outline plans to increase biodiversity and improve greenspace across our estate			10. Climate	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Draft SLA developed and circulated to consortium members for approval		Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance			10. Climate	Green - On Track
Support Delivery Strategic Planning function		<p>Organise Winter Review even (cancelled, not to be rescheduled)</p> <p>Develop process for quarterly monitoring of ADP25/25</p>		Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service			1. Primary and Community Care	Green - On Track
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self-service		New model of service delivery in transition, new SOP's being developed and creation of new posts and systems development work.	8. Workforce	Green - On Track
Refresh of the Primary Care Improvement Plan	1.1	Where applicable, align staff to new combined roles, supporting Immunisation and CTAC/Immunisation Service.	1. Primary and Community Care	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Review existing arrangements which support children with neurodevelopmental differences.		Consider, and where appropriate, develop different models of support which are person centred providing the right care in the right place at the right time by the right person "Finalise new multi-agency pathway. Implement new models of support and associated outcomes measures."	7. Women & Children Health	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q1 Comment	2024/25 Q1 Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status
Deliverable	ADP Reference	2024/25 Q1 Milestones		Recovery Driver	Deliverable 24/25 Q1 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		Commenced scoping of this work.			Green - On Track
Supporting implementation of the Population Health & Wellbeing Strategy		Complete the 2023-24 Annual Report and signed off at the May 2024 Board Meeting			Green - On Track

Meeting:	Public Health and Wellbeing Committee
Meeting date:	9 September 2024
Title:	Prevention and Early Intervention Strategy
Responsible Executive:	Lisa Cooper Head of Service, Primary and Preventative Care Services
Report Author:	Kay Samson, Health Improvement Programme Manager

Executive Summary

Fife Health and Social Care Partnership's ambition was to design and deliver a Prevention and Early Intervention Strategy (P&EI) that will establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver.

- Fife's prevention and early intervention journey doesn't start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years.
- This Strategy is a means of formalising our commitment to P&EI; it is a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.
- By investing time and effort in P&EI we believe we can reduce the need for costly critical services, leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently.
- Adopting a whole system approach P&EI, stakeholders can work together to create a more proactive and responsive system that promotes wellbeing, reduces the burden on individuals and communities and improves long term outcomes.
- The Strategy adopts a Life Course Approach where P&EI can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact an individual's life.
- The Strategy will have an approved delivery plan. An underlying action plan will provide a detailed road map outlining tasks, timelines and responsibilities needed to achieve our outcomes; this ensures clarity, focus and accountability during implementation.
- This report introduces the HSCP Prevention and Early Intervention Strategy 2024 -2027 for consideration and discussion by the PHWB committee to enable its continued progression to committees and IJB for decision.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board Strategic Priority: To Improve Health and Wellbeing

This report aligns to the following NHSScotland quality ambition(s):

- Person Centred

2 Report summary

2.1 Situation

This report introduces the Health and Social Care Prevention and Early Intervention Strategy 2024-2027 for consideration and discussion by the Public Health and Wellbeing Committee members to enable its progression to committees and IJB for decision.

The Prevention and Early Intervention Strategy is a NHS Corporate Objective and is identified as one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023-2026.

2.2 Background

Prevention and early intervention is one of the Scottish Governments six key principles for public health reform sitting alongside: reducing inequalities, empowering communities, fairness and equality and intelligence and innovation.

The H&SCP Strategic Plan 2023-2026 is supported by nine transformational strategies and five enabling strategies; the Prevention and Early Intervention Strategy is one of those key transformational strategies.

The background to prevention and early intervention stems from the recognition that addressing issues at their root cause or early stages can lead to more effective and sustainable outcomes. This approach is based on research and evidence showing that intervening early in the development of problems can prevent them from escalating and becoming more severe.

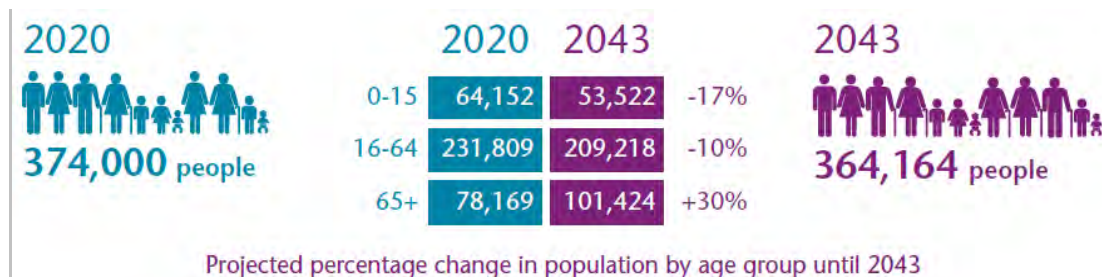
Prevention and early intervention efforts are often implemented in various settings such as social services, education, health care and criminal justice, to address a wide range of issues including health conditions, social problems, academic difficulties and criminal behaviour. By focussing on prevention and early intervention individuals can promote positive outcomes, improve quality of life and reduce the burden of addressing issues at later stages when they may be more challenging to resolve.

Fife H&SCP ambition is to design and deliver a Prevention and Early Intervention Strategy that will establish a clear framework and rationale to support a shift to

embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and embedding approaches as routine practice in the services they deliver and commission

2.3 Assessment

Fife, like many other regions, is experiencing an aging population as shown below. This demographic shift poses challenges in terms of increased demand on health and social care services, long term care and support for older adults.



As illustrated, Fife's overall population is expected to decrease to 364,164 by 2043. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers (30% increase in those aged 65+).

It is recognised that Fife has a growing and ageing population, and that this is creating pressure on services across health and social care. This means that there is an increasing risk to the resources including workforce and finance to deliver health and social care as services are focussed on intensive interventions to manage complex health and social care needs. It is resource and cost effective to shift the focus to prevention and early intervention to support people in the community and to reduce reliance on residential and acute hospital care. This aligns with the HSCP strategic plans to enable people to live longer healthier lives at home or in a homely setting.

To support the design of the strategy we were keen to ensure a clear shared definition and understanding of Prevention and Early Intervention. In our discovery phase of the strategy development, we identified that there was no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it meant for this Strategy it was important to understand what the public and communities understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this Strategy has allowed us to agree these broad consensus definitions that we have use in our strategy.

Prevention definition: *is about creating the conditions where people can avoid or delay the start of health or social problems arising by supporting them to get the information or care they need, including self-care to be healthy and independent for longer.*

Prevention aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early intervention definition: *is making sure people can access the care and services they need to stop things getting worse and live a good life.*

Early Intervention involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

The Strategy is dependent on the following five priorities which have been consulted on during the public participation and engagement activity.				
We will ensure inclusive and equitable access to care across Fife	We will improve data collection and management, ensuring that our resources are deployed effectively	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations	We will assess existing service provision and identify both current requirements	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers

Taking due cognisance of these priorities this Strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife. The Strategy is designed to work alongside existing strategies without duplicating efforts. Its goal is to enhance and complement existing strategies ensuring a comprehensive and coordinated approach maximising the effectiveness of all strategies involved.

To do this we will adopt a life course approach which recognises the interconnectedness of various factors such as social, economic and environmental influences that may impact on an individual’s quality of life. It is important to recognise that this is not the starting point of Fife’s prevention and early intervention journey. There has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.

Through a multi-faceted approach, the Fife Prevention and Early Intervention Strategy 2024 – 2027 strives to create a safer, healthier and more resilient environment for all residents in Fife.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

	amount of residual risk or none at all.	moderate amount of residual risk.	action to be taken.	
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2.3.1 Quality, Patient and Value-Based Health & Care

Prevention and early intervention efforts impact positively on health and prevention of disease, by embedding prevention and early intervention efforts in routine practice, in patient pathways; and improving access to services, this will improve the quality of care.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

Prevention and early intervention activities can contribute to improved quality of life, reduced risk factors for poor health, decreased disease burden and symptoms, extended healthy life expectancy and increased economic and social engagement as well as reducing long term costs to the health services.

2.3.2 Workforce

Implementing the plan to deliver prevention and early intervention will provide staff with opportunities to enhance their skills and knowledge. Staff may feel a sense of fulfilment in helping to prevent health and social issues and intervene early to improve individual outcomes.

By addressing issues early on, staff may experience a decrease in the number of crisis responses required leading to a more manageable workload and improved staff experiences focused on improving outcomes for people.

Workforce is seen as a key enabler to support delivery of the priorities of the strategic plan. Planning and Implementing the deliverables of the strategic plan will be agreed in collaboration with staff side and union colleagues and overseen and supported by the strategic implementation group with an annual report regarding progress for information and assurance presented via groups and Committees to the IJB..

2.3.3 Financial

Implementation of the strategy is aligned to the HSCP Medium Term Financial plan 2024 - 2027 with a strategic focus on transformation, redesign and efficiencies of service delivery. It is recognised that to deliver the strategy, this must be within the resources available including our workforce and finance.

It is important to recognise given the current and projected financial pressures, implementation may face the risk of limited resources and funding which could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on effectiveness of efficiency focused programmes of work and/or deliverables.

A performance and assurance framework will evidence the impact of delivery of the strategic ambition priorities and allow for targeted and focused improvement work through the timeline of the strategy implementation and beyond. This will be reported via the committees of the IJB to provide assurance of progress and tangible outcomes in line with best value.

2.3.4 Risk Assessment / Management

Some potential risks associated with the Prevention and Early Intervention Strategy can be viewed within Appendix 3: Risk Register. The Prevention and Early Intervention Strategy is an NHS Corporate Objective

The Prevention and Early Intervention Strategy will require a longer term approach to embed a sustained cultural shift. There is a risk that the potential for prevention and early intervention efforts to lose focus or attentions redirected away from up streaming of care as other things take priority or precedence within a reactive or urgent care model of delivery.

Given the current known financial pressures there is a risk that no additional resources and funding could potentially restrict the effectiveness of the Strategy leading to delays and potential impact on cost saving projects.

A Prevention and Early Intervention Strategic Implementation group will be convened where identified risks will be owned, mitigated and managed. To ensure good governance of delivery, this group chaired by the Head of Primary and Preventative Care Services with wide stakeholder membership will provide oversight, assurance and escalation as the delivery plan progresses,

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

An Equality Impact Assessment has been completed as the Prevention and Early Intervention Strategy will potentially have an impact on the population of Fife, including all recognised protected characteristics due to the shift in focus to a more preventative and early intervention approach (see Appendix 4: EQIA).

The Prevention and Early Intervention Strategy supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership's equalities outcomes by addressing issues at their root and promoting fairness and equality for all. Through implementing prevention and early intervention activities the HSCP and partner organisations can proactively identify and address potential inequalities, discrimination and barriers to access thereby promoting a more inclusive and equitable society.

The shift of focus to prevention and early intervention will impact positively on reducing health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

The exact implications under this category will be identified as part of the prevention and Early Intervention action plan.

2.3.7 Communication, involvement, engagement and consultation

To develop the Prevention and Early Intervention Strategy we aimed to communicate, involve and engage with a wide range of stakeholder from communities, carers and general public to service providers and HSCP partners and third and independent sectors.

Localities are viewed as key enabler within delivery of the strategy and the locality actions plans will ensure targeted and universal approaches to deliver the ambitions of the strategy to achieve the vision.

The HSCP's Participation and Engagement Team supported the Prevention and Early Intervention Working Group through engagement activities to develop the Strategy. The

engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023 (see Appendix 5: P&EI Participation and Engagement Report).

The second phase of Stakeholder Engagement to support the development of the Strategy took place over a 6 week period from 12 February to 22 March 2024, online. Feedback received was used to refine and reframe aspects of the strategy (see Appendix 6: P&EI Participation and Engagement Report Phase 2).

2.3.8 Route to the Meeting

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

- HSCP Senior Leadership Team
- SLT – Acute 18 June 20254
- Prevention and Early Intervention Strategy Development Group 15 August 2024
- Staff Governance Committee 3 September 2024
- Qualities and Communities Committee 4 September 2024
- Executive Directors Group 5 September 2024
- Strategic Planning Group 5 September 2024

2.4 Recommendation

This paper is provided to members for a “**significant**” level of assurance, and for:

- **Information and discussion** – recognising the whole system approach taken across Health and Social care and with wider stakeholders to design and agree the draft strategy and deliverables with a focus on shifting the balance of care and improving health and wellbeing for the people of Fife.
- **Noting** the strategies intent in supporting the NHS Fife’s population Health and Wellbeing strategic priority of prevention and early intervention.
- **Support** progression of the draft strategy to NHS Fife Board for information and assurance.

3 List of appendices

- Appendix 1 - Prevention & Early Intervention Strategy
- Appendix 2 - Prevention & Early Intervention Equality Impact Assessment (EQIA)
- Appendix 3 - Prevention & Early Intervention Participation and Engagement Phase 1 Report
- Appendix 4 - Prevention & Early Intervention Participation and Engagement Phase 2 report
- Appendix 5 - Prevention and Early Intervention Strategy – Short Version

The following documents are not included with this report but are available upon request:

- Prevention & Early Intervention Delivery Plan
- Prevention & Early Intervention Risk Register

Report Contact: Kay Samson, Health Improvement Programme Manager kay.samson@nhs.scot



Prevention and Early Intervention Strategy

Prevent, Reduce and Improve

www.fifehealthandsocialcare.org

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Foreword

The Prevention and Early Intervention Strategy 2024 – 2027 is identified as one of Fife Health and Social Care Partnership’s transformational and supporting strategies within our Strategic Plan 2023 – 2026 [fife-strategic-plan-2023-to-2026.pdf](https://www.fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

The scope of this Strategy includes Health and Social Care Partnership, NHS Fife, Third Sector, Fife Council, the Voluntary and Independent sectors as well as communities and people themselves.

This first Prevention and Early Intervention Strategy encourages us to continue to think and act differently, so that everyone can live an independent and healthier life now and in the future. We want to work with the people of Fife to enable individuals and communities to take every opportunity to maximise their own health and wellbeing.

We want to continue to shift everyone's focus to what more we can do to support prevention and early intervention, we are passionate about what we can do to improve the outcomes that matter to people, address inequalities and make the best use of our resources including people and communities themselves. We will achieve this by working together, and with people as proactive partners, to prevent, reduce and improve health and social disadvantage or by intervening early when problems do occur.

Our thanks go to the many stakeholders involved in developing this Prevention and Early Intervention Strategy.



Fiona McKay, Interim Chief Officer IJB
Interim Director Health & Social Care



Dr Joy Tomlinson
Director of Public Health

Executive Summary

We recognise that we are facing a complex challenge where a multiagency effort is needed across the whole system to make a difference. Addressing the wider determinants of health (social, economic and environmental factors which impact on people's health) to improve the conditions into which people are born, live and work can have a positive impact on health and wellbeing but cannot be delivered by any organisation alone.

Our Prevention and Early Intervention Strategy has been written in line with Fife Health and Social Care Partnership strategic priorities and will contribute to achieving the vision;

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

We will also align to the aspirations, principles and strategic priorities of the Fife Population Health and Wellbeing Strategy (2023-2028) [Living well working well and flourishing in Fife \(nhsfife.org\)](https://www.nhs.uk/population-health-wellbeing-strategy)

Our Prevention and Early Intervention Strategy aims to;

- Strengthen integration across health, social care, fife council and third and independent sector networks to meet our key priorities.
- Include people and communities as active and equal partners.
- Prioritise self-care, with a tiered and anticipatory approach.
- Ensure the whole life course is considered within all activities which support and embed prevention and early intervention.
- Use our resources wisely and ensure a value based approach to achieve the outcomes that matter to people.
- Embed prevention and early intervention as standard practice across our whole health and social care system.
- Create, embed and sustain the right culture and conditions to enable us to undertake prevention and early intervention activity.



We believe that this strategy set's the conditions and principles for Prevention and Early Intervention now and for the future.



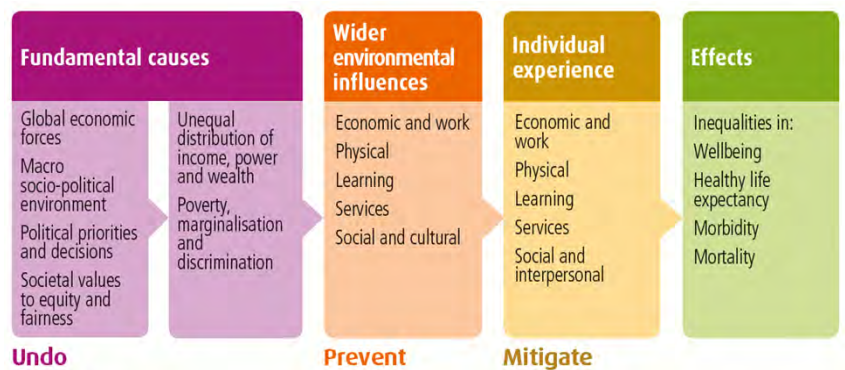
Lisa Cooper
Head of Service Primary and Preventative Care Services

Introduction

Welcome to Fife's Prevention and Early Intervention Strategy 2024 – 2027. This document sets out how we will develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with our vision and strategic priorities in our published Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/Strategic-Plan-2023-to-2026-FINAL.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. Changing attitudes, behaviours and practices within a community or organisation takes time and consistent effort. Shifting focus to prevention and early intervention approaches will impact positively on reducing health inequalities by addressing root causes and providing timely support to individuals and communities at particular risk.

Health Inequalities can stem from a variety of root causes, including socioeconomic factors, access to healthcare services, education levels, environmental factors and individual behaviours. Socioeconomic status, in particular, plays a significant role in determining an individual's access to resources such as quality healthcare, nutritious food, safe housing and education. Individual behaviours, such as smoking, poor diet, lack of exercise, and substance use, can also contribute to health disparities. Addressing these root cause requires a comprehensive approach that includes policy changes, community interventions and individual behaviour modifications.



Ref: Health Inequalities theory of causation, Public Health Scotland

We believe that by fostering a culture that values prevention and early intervention it is possible to truly deliver upstream prevention and early intervention efforts while being fully cognisant of the current and projected financial and resource pressures.

More than a quarter of all deaths in Scotland are potentially avoidable. The burden of illness and early death can impact individuals, families, communities, healthcare systems and society as a whole. Individuals who experience illness or premature death may suffer physically, emotionally and financially affecting their quality of life and wellbeing. Families of those affected may experience emotional distress, financial strain, and disruption in their daily lives. Communities may face decreased productivity and social challenges as a result of illness and early death. Healthcare systems may be burdened with increased demand for services, higher costs and challenges in providing quality care to those in need. Society as a whole may experience reduced economic growth, increased inequality, and strained social services due to the burden of illness and early death.

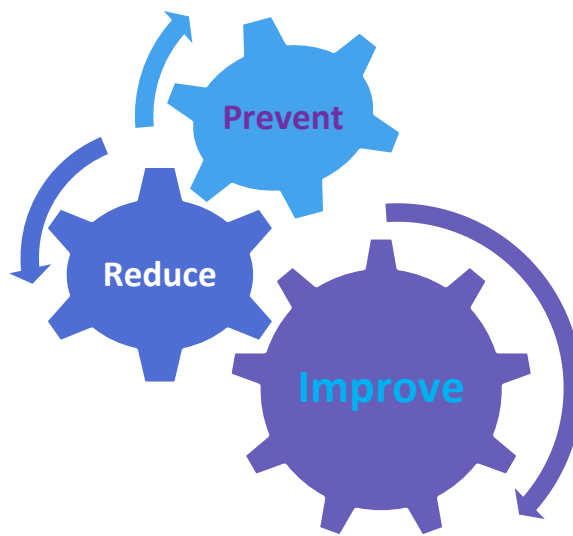
There is significant potential to reduce the burden of illness and early deaths in Fife. Addressing these issues requires a coordinated effort across multiple sectors to improve health outcomes and reduce impact of illness and premature mortality. Actions that will prevent ill-health are supported by a growing body of economic evidence demonstrating they are cost-effective. In this time of current projected financial and resource pressures it is even

more important that we have a strategy to focus our approach in Fife, deliberately embedding prevention and early intervention in everything we do.

By investing time and effort in preventative measures and early interventions we believe we can reduce the need for costly critical services in the future leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently in line with the national wellbeing outcomes of integration.

This strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife.

This Strategy will begin to support a culture of prevention and early intervention across Fife where every conversation counts and can support us to **PREVENT**, **REDUCE** and **IMPROVE** health and social problems.



Background and Context

The **Prevention and Early Intervention Strategy** is identified as one of the H&SCP Strategic Plan's nine transformational Strategies.

This Strategy has been designed as a cohesive framework that links with our other key strategies. It is expected that these eight transformational strategies will include specific areas of prevention and early intervention activities unique to their individual area within both their Strategy documents and delivery plans.



The aim of this Strategy is to detail an approach to prevention and early intervention that can be embedded across all other relevant plans and strategies thus creating a holistic approach that will lead to improved health outcomes for individuals and communities.

Our vision for the Prevention and Early Intervention Strategy 2024 – 2027 is closely aligned to the Health and Social Care Partnership Strategic Plan's Vision of supporting the people of Fife to live independent and healthier lives for longer.

Our mission is to support the delivery of the Prevention and Early Intervention Strategy 2024 -2027

Our Vision

“
To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.
”

Our Mission

“
To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.
”

To achieve our Prevention and Early Intervention Vision, we will embed the following principles across our prevention and early intervention activity:

- 
 - We will help communities to connect and care for each other.
 - We will support local businesses, and commission health and social care services locally whenever possible.
 - We will ensure that people who use health and social care services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care.
- We will actively promote commissioning solutions that enable prevention and early intervention.
 - We will ensure that people have the information they need to manage their own health and wellbeing effectively.
 - We will develop and support new approaches, including wider use of technology, to enable wellbeing.
- 
 - We will develop a life course approach to good health and wellbeing, helping people to stay well for longer.
 - We will actively promote self-care and self-management.
 - We will work with our partner agencies to reduce inequalities and improve outcomes for the people of Fife.

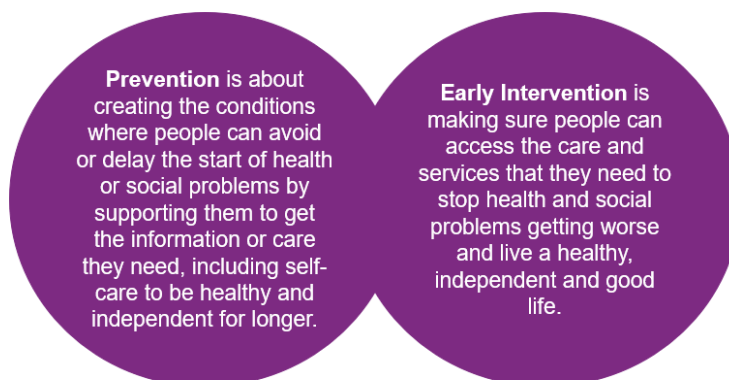
Our five [Prevention and Early Intervention priorities](#) were identified during the development of the [Health and Social Care Partnerships Strategic Plan](#) [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf\(fifehealthandsocialcare.org\)](#) and will support achievement of our vision and our strategic priorities.

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2027
1	We will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
2	We will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
4	We will assess existing service provision and identify both current and future requirements.	Completion of a gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and avoidable risk factors, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.

What do we mean by Prevention and Early Intervention

There is no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it means for this strategy we felt it important to be aware of what the public understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this strategy has allowed us to agree these broad consensus definitions that we will use in our strategy.



To note; the transformational strategies of the H&SC strategic plan will have a more focused definition of prevention and early intervention specific to the outcomes in each of their strategies.

While prevention and early intervention are closely linked, it is possible to have prevention strategies without early intervention. Ideally a comprehensive approach would include both to address issues holistically. By combining prevention efforts to reduce the occurrence of problems and early intervention measures to address them promptly, a more comprehensive and effective approach can be achieved.

Prevention: aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and risk factors, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early Intervention: involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

This first three-year Strategy (also referred to as **our strategy**) will aim to begin to create the conditions we need to support a shift in focus towards more prevention and early intervention activity. Implementation will be considered beyond 2027 to support the change becoming an integral part of the system. Time is needed to build this momentum for change to create the structures that make it easier for people to consider prevention and early intervention.

Why invest in Prevention and Early Intervention?

How health and social care is delivered sustainability may be one of the greatest challenges we face now and over the next 10 years or more. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations. Investing in prevention and early intervention approaches can lead to cost savings, improved societal outcomes and a more resilient and prosperous economy in the long term.

Good health and wellbeing can allow people to more easily play an active role in their communities and the economy. In turn, this promotes prosperity and enables individuals, communities and society to flourish. The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention measures, such as our diet or health behaviours, for example how much exercise we take. Our health is also determined by conditions in which we grow up, live and work. These include our education, employment, income, access to healthcare, social networks, housing and broader socio-economic, cultural and environmental factors.

Prevention and early intervention approaches can influence our health, wellbeing and social circumstances (such as poverty, loneliness and social isolation) by preventing or avoiding problems arising or stopping things getting worse. By addressing issues early on such as mental health concerns, substance use or educational challenges individuals are more likely to reach their full potential and contribute to the economy.

We can influence our population health, wellbeing and social circumstances by ensuring access to quality health and social care; supporting people to adopt behaviours which support good health and wellbeing such as limiting alcohol and drug use, good diet and physical activity. Social and economic factors and the physical environment are equally important and therefore wider collaboration across the whole system, health and social care,

third and independent sectors is needed to continue to support our population and to improve overall quality of life.

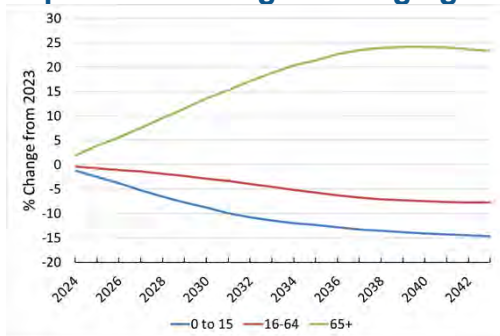
The Population Challenge

Significant changes in population structure are occurring. In the next 10 years, older people will increase by over 18% while working age people will decrease by around 5%. This could result in **greater need for services** but greater **challenges for recruiting workforce**.

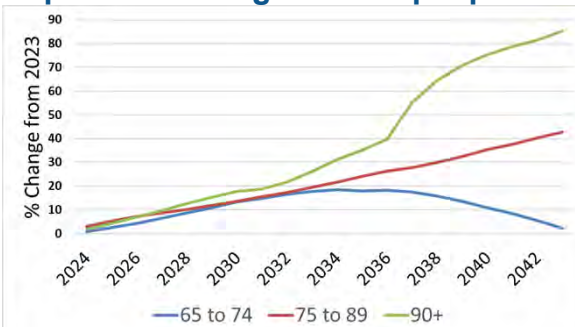
While all older people categories are likely to increase similarly over the next 10 years, longer term there will be a substantial increase in those aged 90+, with a 26% increase in 10 years rising to 85% in 20 years.

Source: Adapted from National Records of Scotland (NRS) data

Population Change – all age groups



Population change – older people



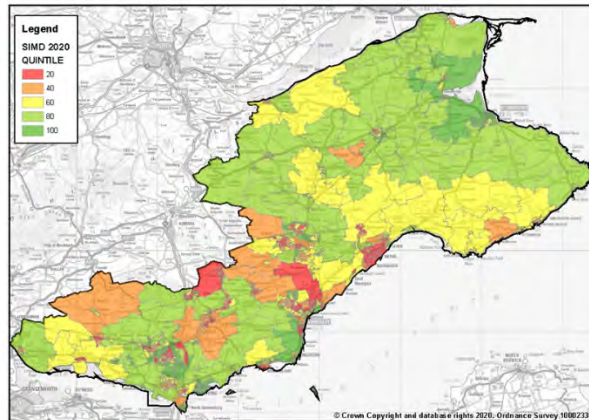
The Local Challenge

Not all parts of Fife have the same quality of health or need for services. There are significant health inequalities between the most and least deprived areas.

Those in the least deprived areas live longer (10 years for males and 8 years for females) and this is reflected across a range of health indicators. Much of these health inequalities are preventable by addressing issues early or preventing them by addressing underlying causes such as housing quality.

Some impacts of deprivation –

- Premature mortality increases 2.5x
- Alcohol related hospital admissions increases 4.8x
- Drug related hospital admission increased 19.6x



Scottish Index of Multiple Deprivation showing those areas (orange and red) with greatest deprivation

Source: Fife Strategic Assessment, from Scottish Government SIMD data

The Challenge of health loss

Ill health impacts the quality of people’s lives and their need for services. Many of the causes of ill health and early death are preventable (though by no means all). Factors such as risk factors and deprivation levels are key in regard to preventable ill health and this is exacerbated as people age. This is why an ageing population presents a challenge for services.

Top Ten causes of ill health

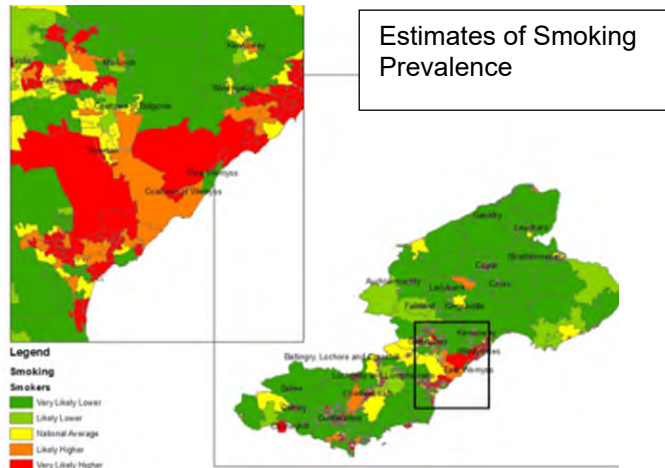
1. Low Back and Neck Pain
2. Depression
3. Headache disorders
4. Anxiety disorders
5. Osteoarthritis
6. Diabetes mellitus
7. Cerebrovascular disease
8. Other musculoskeletal disorders
9. Alcohol use disorders
10. Age-related and other hearing loss

Top Ten causes of early death

1. Ischaemic heart disease
2. Lung cancer
3. Alzheimer's disease and other dementias
4. Cerebrovascular disease
5. Other cancers
6. Drug use disorders
7. COPD (Chronic obstructive pulmonary disease)
8. Colorectal cancer
9. Self-harm and interpersonal violence
10. Lower respiratory infection

Source: NHS Fife Director of Public Health Report 2020-21

Smoking is a leading cause of preventable ill health and early death. Its association with disadvantaged communities also makes it a main contributor to the lower health seen in more deprived areas. Over 1200 deaths per year in Fife could be attributed to smoking.



Source: Fife Strategic Assessment

Causes of Health Inequalities

In our early years we know that one in four children in Fife live in poverty which affects opportunities for health, learning and development from birth onwards, which can have lifelong consequences. Around 20% of primary one aged children in Fife are obese with rates highest in areas of deprivation. Children and young people can also be affected by homelessness with an estimated 2000 people currently homeless in Fife.

It is increasingly recognised that these disadvantages start **before** birth and accumulate throughout life leading to intergenerational poverty, reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

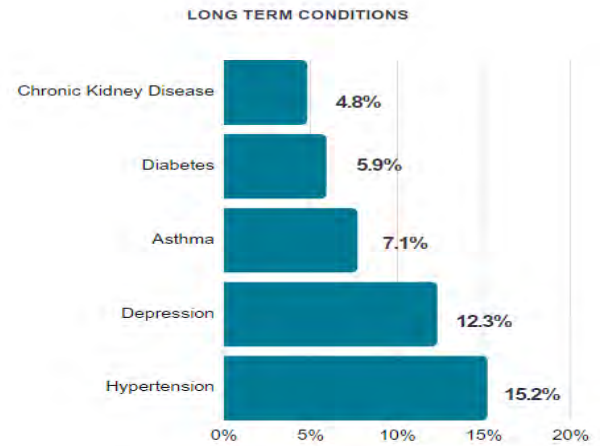
It is also recognised that housing has a critical role by providing a stable foundation for individuals, families and communities, promoting positive environments and facilitating timely support and interventions. Housing programmes and initiatives can offer targeted support and resources to vulnerable populations such as homeless individuals, at risk youth or families experiencing housing insecurity.

What we know about Fife’s top long-term conditions

Long term conditions, also known as chronic illnesses or diseases are health conditions that persist overtime, often requiring ongoing management and treatment. This chart shows Fife’s top five long term conditions which can vary in prevalence and impact across different communities

Understanding the differences in long term conditions across communities is essential for developing targeted interventions, improving healthcare delivery and reducing health disparities

This data will allow us to develop targeted prevention and early intervention supports specific to each local area.

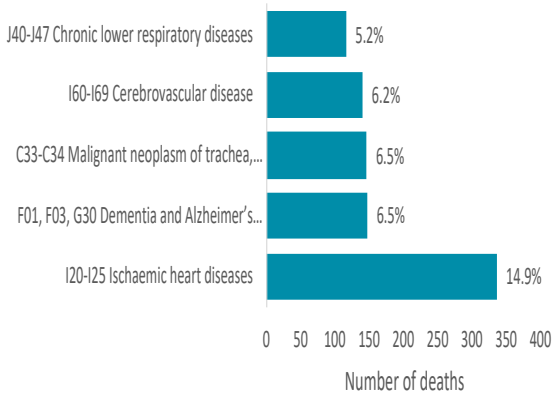


What we know about Fife’s leading causes of Mortality

The charts below show Fife’s top five leading causes of death for both males and females (data taken from 2022).

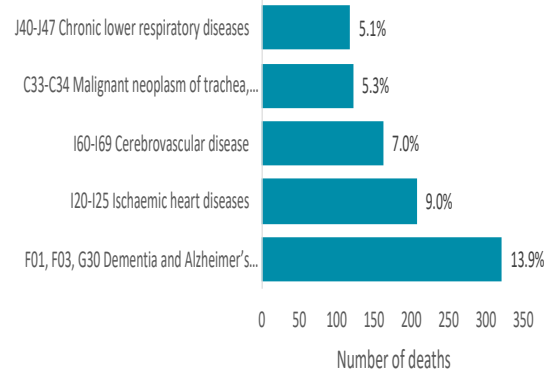
Fife Male leading causes of death 2022

2250 male deaths



Fife Female leading causes of death 2022

930 female deaths



We believe that through proactive prevention and early intervention measures our top long-term conditions and leading causes of death can be reduced, improved and in some cases are preventable. Implementing this strategy in Fife will be essential to proactively addressing social aspects, using resources effectively, promoting wellbeing and fostering collaboration.

What we have been doing so far

It is important to recognise that Fife’s prevention and early intervention journey doesn’t start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism

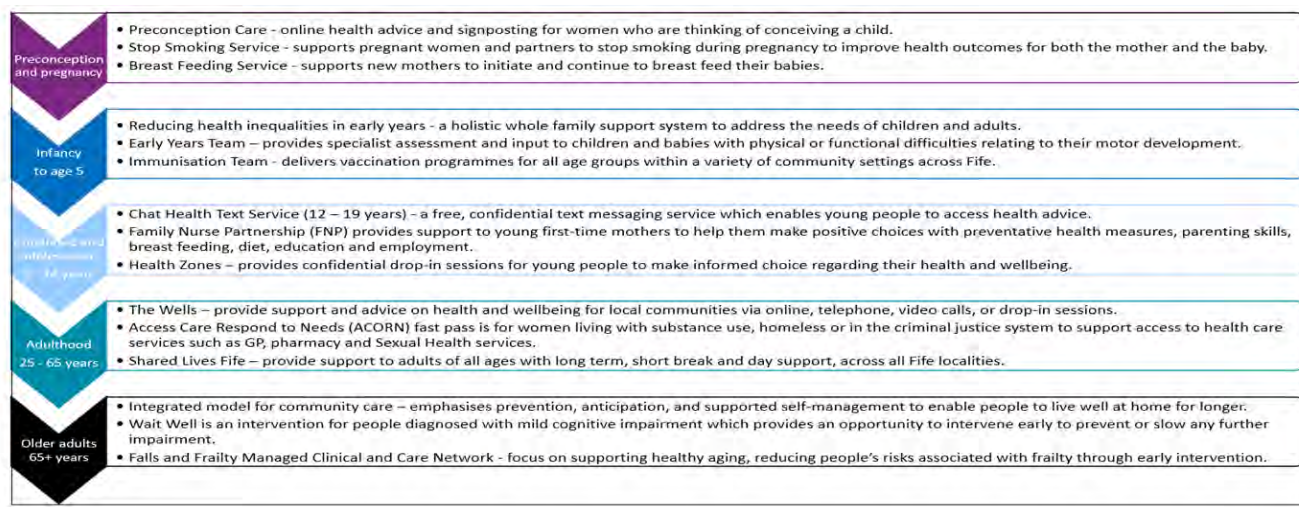
to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities. Some examples of the prevention and early intervention work undertaken;

The Third sector has been delivering a range of prevention and early intervention activities across Fife as highlighted in this diagram.

They provide a range of services and resources to help carers in their care giving responsibilities such as information and advice to help them navigate the complexities of care giving. They provide guidance on accessing support services, understanding their legal rights and managing the emotional and practical challenges of caring for someone. They can offer temporary relief through short breaks and respite care, this allows carers to take a break from their care giving responsibilities, recharge and attend to their own wellbeing.



Further examples of work undertaken across the life course are described below:



Policy Context

By working together, a collaborative approach will enhance the effectiveness of interventions and ensures that support is tailored to the specific needs of individuals and communities.

Fife Health and Social Care Partnership has a three-year Strategic Plan 2023 to 2026 that sets out the future direction of all health and social care services delegated to H&SCP. We also have a range of national and local performance measures that allow us to measure how well we are doing against local and national targets. Details of the National Health and



Wellbeing Outcomes for Health and Social Care and the Public Health Priorities for Scotland are within our Strategic Plan.

The Partnership's Strategic Plan is available here: [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://fifehealthandsocialcare.org/fife-strategic-plan-2023-to-2026-final.pdf) (fifehealthandsocialcare.org). The plan includes the following five strategic priorities.



The Prevention and Early Intervention Strategy has been developed to support the delivery of these strategic priorities by embedding them into our prevention and early intervention activity. Nationally, the care and wellbeing portfolio, which is the overall strategic reform policy and delivery framework within health and social care, also acknowledges the need to improve health and care system sustainability. A core component of the portfolio is a focus on preventative and proactive care.”

The P&EI strategy also plays a vital role in contributing to the Plan 4 Fife 2017-2027 by promoting well-being, reducing inequalities and enhancing the overall quality of life in Fife.

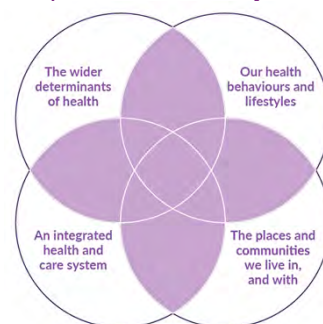


The plan has 4 Priority themes: Opportunities for All, Thriving Places, Inclusive Growth and Jobs, Community Led services. [A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife](#)

Population health is an approach that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

The P&EI Strategy will contribute significantly to the 'integrated health and care system' pillar of the framework for a Population Health System. “The creation of a health and care system focused on equity, prevention and early diagnosis is also recognised as a key pillar of the joint Scottish Government and COSLA ten year Population Health Framework, due to be published later this year.”

Kings Fund Framework for a Population Health System



In addition, within the health system, we need to focus on using our scarce resources more effectively and in a way which achieves outcomes which matter to people.

REALISTIC MEDICINE

CAN WE:



This is critical if we are to successfully deliver Scottish Government's ambition of Value Based Health and Care. We can only deliver this effectively by applying Realistic Medicine principles to support and enable patients to share decision-making about their care

What we mean when we talk about realistic medicine involves incorporating principles such as person-centred care, shared decision-making and a focus on outcomes that matter to people.

By integrating realistic medicine principles into the strategy we can ensure that the strategy is not only effective but also respectful of the unique needs and circumstance of individuals and communities.

In addition, there are a range of core preventative initiatives aimed at promoting Public Health and Wellbeing. These initiatives may include but are not limited such as immunisation programmes, weight management interventions for obesity, Hep C elimination, smoking cessation, health visiting pathways, oral health improvement, social support services etc.

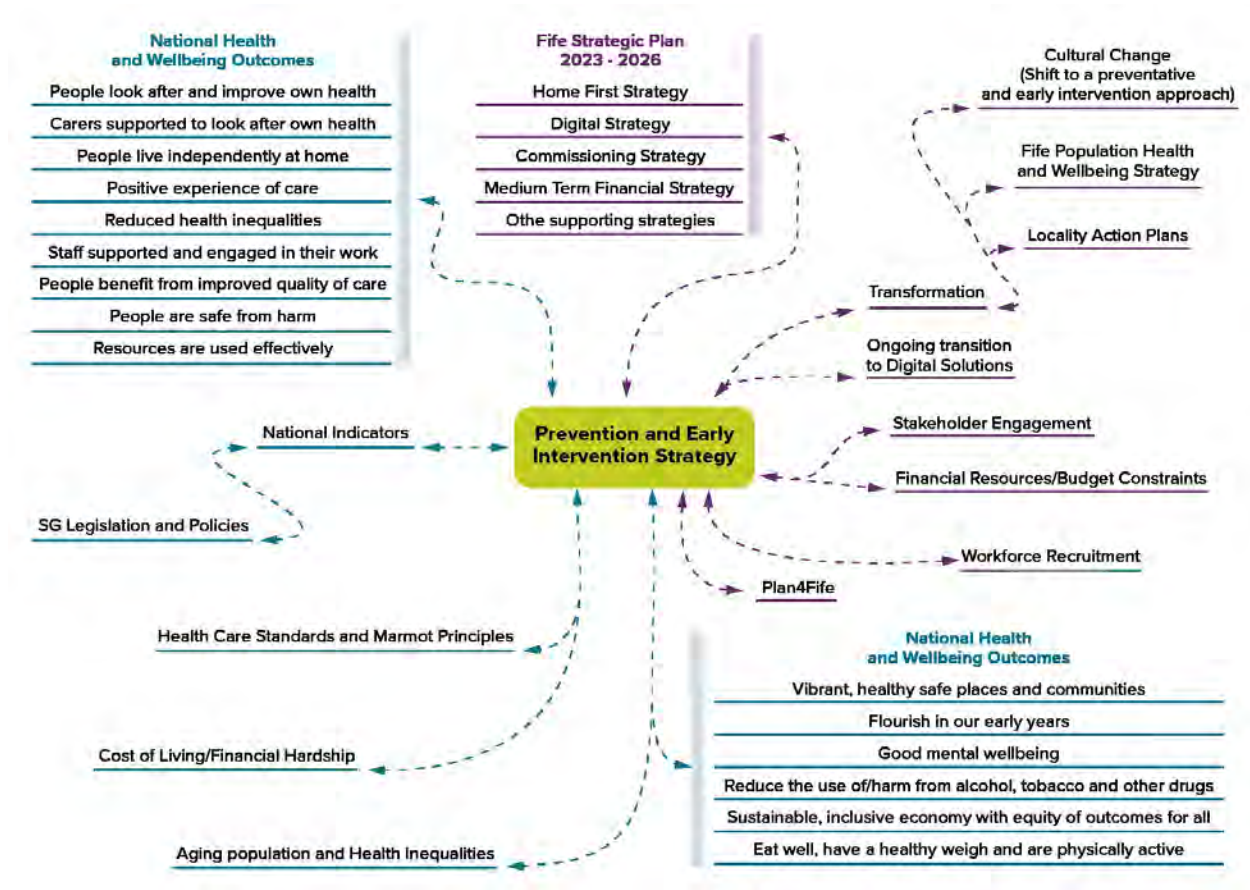
Pregnancy	Birth	Pre-School	Children & Young People	Adults	Others
<ul style="list-style-type: none"> Flu From Week 16 <ul style="list-style-type: none"> Pertussis* 	8 Weeks <ul style="list-style-type: none"> Six-in-one** Rotavirus Meningitis B 12 Weeks <ul style="list-style-type: none"> Six-in-one** Pneumococcal Rotavirus 16 Weeks <ul style="list-style-type: none"> Six-in-one** Meningitis B **diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B	12-13 Months <ul style="list-style-type: none"> Hib/MenC*** Pneumococcal Meningitis B Measles, Mumps & Rubella (MMR) Aged 2-5 <ul style="list-style-type: none"> Flu 3 Years 4 Months <ul style="list-style-type: none"> Four-in-one**** MMR ***haemophilus influenzae type b, meningitis c ****diphtheria, tetanus, pertussis, polio	P1-S6 <ul style="list-style-type: none"> Flu S1 <ul style="list-style-type: none"> Human papillomavirus (HPV) S3 <ul style="list-style-type: none"> Tetanus, Diphtheria & Polio (Td/IPV) MeningitisACWY MMR (Status) 	Offered to eligible groups: <ul style="list-style-type: none"> Flu Older Adults <ul style="list-style-type: none"> Pneumococcal Shingles 	Offered to eligible groups: <ul style="list-style-type: none"> HPV Pneumococcal Hepatitis B BCG***** Including: <ul style="list-style-type: none"> people with certain health conditions people who work in health and social care people travelling abroad refugees men who have sex with men (MSM) *****bacillus calmette-guérin

Ref: Immunisation across The Life Course, Public Health Scotland

Prevention and Early Intervention Strategic Drivers

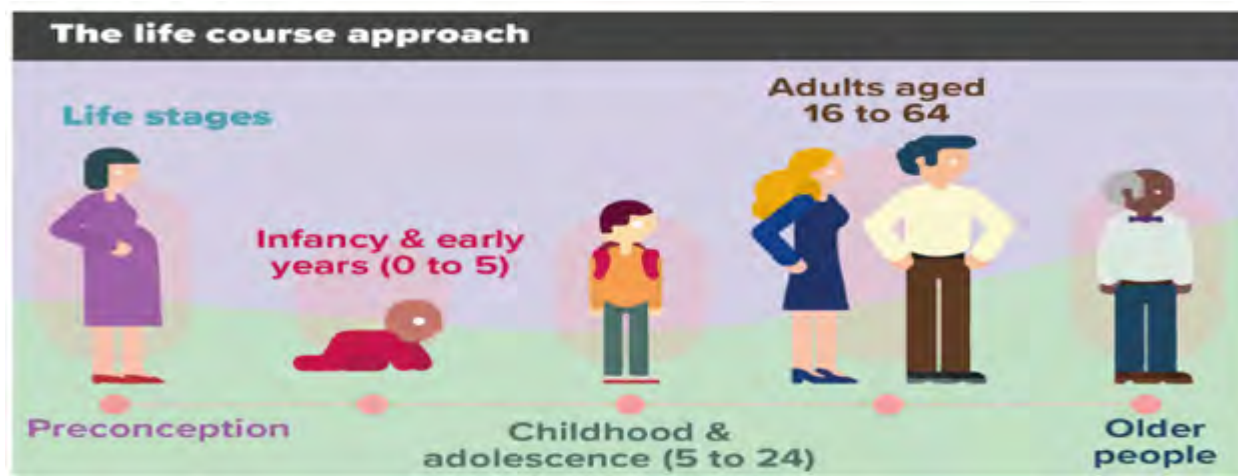
Extensive research was carried out during 2023 which allowed us to review how we are currently delivering prevention and early intervention in Fife and why this is important (see appendix IV). This supported us to understand the challenges we face and how best to address them. All information gathered was used to inform the development of this Strategy and the actions needed to meet our priorities.

The table below identifies the key internal and external drivers that shape the Prevention and Early Intervention Strategy and its priorities. Some of these drivers are discussed in further detail throughout the body of the strategy.



Prevention and Early Intervention Approaches

Our approach to prevention and early intervention in Fife adopts the **Life Course Approach**.



The World Health Organisations definition of this is:

'A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time'.

Why a life course approach?

Prevention and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact on an individual's life. This life course approach considers which interventions, services or resources are best used to prevent ill health, maintain or improve the health and wellbeing for people at different ages and stages in their lives.

Successfully intervening at an early age can have a positive impact across a persons' whole life. How and where we address risk factors for disease (tobacco use, harmful use of alcohol, lack of physical exercise, unhealthy diet, social isolation or air pollution) or deliver large prevention programmes (immunisation and cancer screening) will be different at each life stage. (Diverse examples of prevention and early intervention approaches in Fife across the life course have been outlined on page 14). People are also more likely to need support to prevent or limit health or social disadvantage arising at specific times of transition in their lives. For example after pregnancy or childbirth, becoming unemployed, when relationships breakdown, or bereavement, when admitted or discharge from hospital, or when attending emergency care, being liberated from prison, or becoming homeless. We can take account of this when planning prevention and early interventions.

'A good life' was terminology preferred by the public and although what was meant by this varied, common themes arose. To the public 'A good life' means;

- *Having access to health and social care*
- *Good relationships*
- *Safe environments*
- *Enough money*
- *Food and transport*
- *Feeling respected*
- *Being listened to*
- *Having a choice*
- *Feeling understood and valued*
- *Being involved in decisions about them*
- *Being given support and encouragement to help themselves*

People wanted information with clear messages, and easily accessible to them, when and where they need it without having to keep telling their story.

Relative Contribution to Health from Modifiable Factors

Marmot's eight principles towards improving population health and wellbeing identifies that Health and Social Care provides access to quality care and can influence risk factors (such as alcohol, drug use, sexual activity, unhealthy diet and lack of physical activity) which account for 20% and 30% respectively of how we can support independent healthier lives. However, the



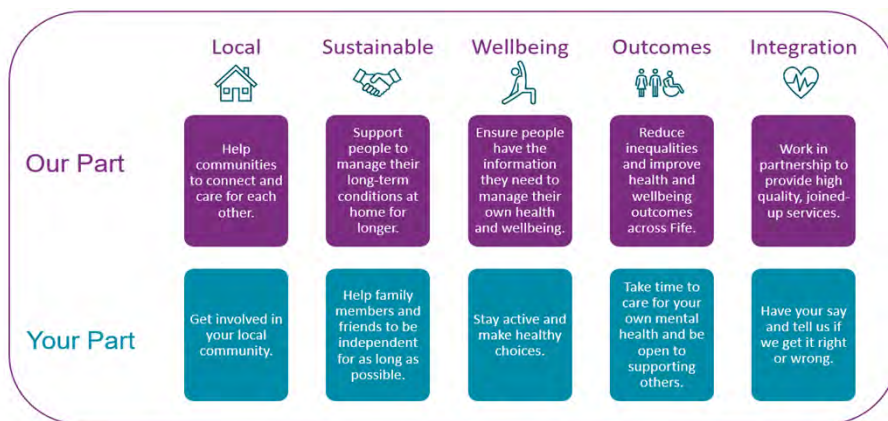
remaining determinants of health lie outside health and social care, which is why we need to and will work closely and in partnership with other sectors such as housing and education to deliver care that matters to people.

(Ref: Bookse etal, 2010 and Kings Fund – A vision for population health (used for illustrative purposes)

Our Wellbeing Pledge Approach

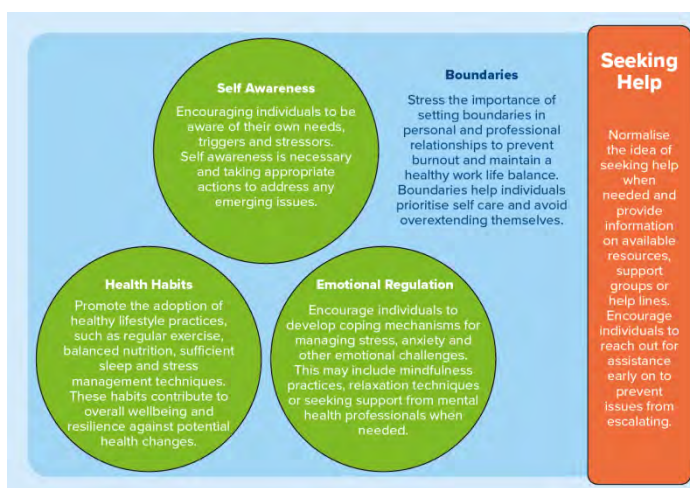
To support the delivery of the Prevention and Early Intervention Strategy, our Wellbeing Pledge has been developed in line with our Strategic Priorities, the Wellbeing Pledge is both our commitment to and our ask of the people of Fife.

**Adapted with permission from South Ayrshire Health and Social Care Partnership*



It is important to emphasise the collaborative nature of the partnership between organisations, individuals and communities involved. By highlighting the shared responsibility and commitment to wellbeing, we can work together towards a common goal. This can involve open communication, mutual respect, and a collective effort to support each other in achieving optimal wellbeing. By fostering a sense of unity and team work, the “us” component of the pledge can strengthen relationships, promote accountability and enhance overall wellbeing outcomes for all involved.

We want to enable the people of Fife to take proactive steps to maintain their own health and wellbeing and help others.



We refer within the Strategy to ‘self-care’ as an approach for individuals to maintain their own health and wellbeing. It involves recognising one’s own needs and taking steps to meet them in a healthy and sustainable way. Self-care activities can vary widely and may include practices such as exercise, healthy eating, getting enough sleep, engaging in hobbies or activities that bring joy, setting boundaries, seeking support from others and practicing mindfulness or relaxation techniques. By

incorporating self-care into one’s routine, individuals can better manage stress, burnout, and improve overall quality of life.

Enabling individuals to take proactive steps to maintain their physical, mental and emotional wellbeing will prevent, reduce or improve the onset of new or more serious health issues or crisis.

Partnership's Locality Planning Approach

An important part of Fife Health and Social Care integration was the creation of localities, bringing decision making closer to communities.

Localities provide one route, for communities and professionals to take an active role in, and provide leadership for, local planning of health and social care service provision.

The locality planning approach will support the delivery of the Prevention and Early

Intervention Strategy through: targeted interventions, collaborative working, robust communication and engagement activity, supporting and enabling better care co-ordination and building on existing relationships with our third and independent sector partners.



More detail on the Partnerships locality planning approach can be seen on Page 11 and 12 of the Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf](https://www.fifehealthandsocialcare.org/files/2023/06/Fife-Strategic-Plan-2023-to-2026-FINAL.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org))

Under the HSCP strategic plan, other key strategies of the Partnership have a priority focused on Prevention and Early Intervention as outlined in the Table below. Each strategy has specific goals and interventions, they are interconnected and work together to support holistic well-being across the lifespan.

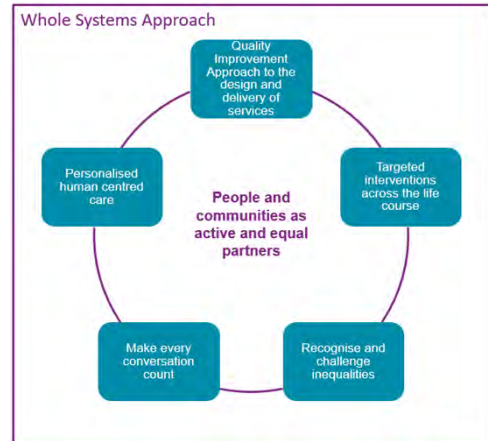
Commissioning Strategy	<i>Our approach to commissioning focuses on prevention and early intervention and promotes community-based supports over residential settings. This helps to build resilience through self-care and self-management and enables people to take better care of themselves and their families</i>
Carers Strategy	<i>Our Carers Strategy supports carers across Fife to make positive choices, improving their own health and wellbeing, and helping them to live a happy and fulfilling life alongside their caring role. This also enables the individuals who are being cared for, to remain at home and to live healthier lives for longer.</i>
Digital Strategy	<i>The Digital Strategy has been put in place to help all areas of the partnership to transform and enhance the services provided using Digital systems and solutions and to learn and share their experiences of using Digital. The Prevention and Early Intervention strategy has clear links to our Digital strategy. They are both striving to use digital more holistically to enhance and complement the face-to-face services offered by HSCP using digital technology and solutions.</i>
Home First Strategy	<i>The Home First Strategy prioritises the delivery of care in the comfort of one's own home or homely setting, reducing hospitalisation rates and enhancing quality of life. The Prevention and Early Intervention Strategy recognises that embracing the 'home first' approach will be pivotal to its success.</i>
Primary Care Strategy	<i>The Primary Care Strategy will contribute to the delivery of the Prevention and Early Intervention Strategy by supporting people to stay well and remain independent and enabling people and communities to access the right care, at the right time and in the right place</i>
Re-Imagining Third Sector	<i>The Reimagining Third Sector Commissioning project aims to ensure the preventative and early intervention services we commission, both now and in the future, are fully aligned to our strategic plan and reflect our strategic priorities, contribute to achieving our vision, are joined-up and are linked to local needs.</i>
Workforce Strategy	<i>The Workforce Strategy will act as a key enabler to shifting awareness and focus of our workforce to prevention and early intervention as a key priority and will define the workforce needed to support future challenges as well as the health and wellbeing of our own staff.</i>
Mental Health	<i>The Mental Health strategy will support people living and working in Fife to achieve their best</i>

Strategy	<p>possible mental health and wellbeing by adopting a preventative approach throughout the life-course which aims to stop mental health problems from developing, getting worse or coming back. The three types of prevention are outlined below:</p> <ul style="list-style-type: none"> - Protecting and promoting good mental health for all by giving people knowledge and tools to nurture and look after their own mental health (primary prevention) - Supporting people at higher risk of developing a mental health problem (secondary prevention) - Helping people living with mental health problems to stay well (tertiary prevention)
Drug and Alcohol Strategy	<p>Fife Alcohol and Drug Partnership (ADP) recognises four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018) and further emphasised in Drug Mission Policy 2022 – 2026</p> <ul style="list-style-type: none"> • Environmental – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use. • Targeted – specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency. • Education – drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment • Availability – raising awareness and providing evidence of the link between availability of alcohol and harm

Whole System Approach

A whole system approach to prevention and early intervention involves a comprehensive co-ordinated effort across various sectors and stakeholders to address issues at their root causes and intervene early to mitigate potential negative outcomes. This approach recognises that prevention and early interventions are more effective and cost efficient than addressing problems at later stages.

By involving social care in our strategy, we can effectively identify and address the social, economic and environmental determinants of health. Social care professionals can help individuals and families navigate difficulties, build resilience and access the support they need to prevent further problems. Overall, social care is essential for addressing social inequalities, promoting wellbeing and ensuring individuals and communities have the necessary support to thrive.



In addition Fife’s third and independent sector organisations are driven by a mission to address social issues and improve the wellbeing of individuals and communities. These organisations work closely with communities, individuals and other stakeholders to develop targeted intervention and support systems. They may provide educational programmes, awareness campaigns, support services, counselling, mentoring and advocacy programmes to individuals at risk or in need of assistance. By leveraging their expertise, community connections and resources these organisations contribute to a holistic approach that addresses social challenges at their roots.

By adopting a whole system approach to prevention and early intervention, stakeholders can work together to create a more proactive and responsive system that promotes well being, reduces the burden on individuals and communities and improves long term outcomes.

The strategy seeks to bring about systemic change by addressing underlying structures, policies and practices that contribute to the issue. This may involve advocating for policy reforms, implementing changes in service delivery models and promoting a culture of prevention and early intervention.

Challenges

We recognise that we face many challenges in delivering proactive and effective approaches to prevention and early intervention in Fife. This diagram shows the key challenges highlighted throughout our research and engagement activity



Enablers

The diagram below shows the identified enablers that will support the overall delivery of prevention and early intervention in Fife.



- Locality groups can ensure that people who use health and social services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care
- A diverse and engaged workforce can bring fresh perspectives and innovative ideas to the table and effectively support the implementation of this strategy
- Effective communication will maximise opportunities for people at every life stage to access the right care, at the right time and in the right place to maintain good health and wellbeing.
- Digital solutions can give people the skills to manage their own health and wellbeing and gain an insight into the conditions and circumstances that can affect their own health and wellbeing at an early stage.

Actions

To meet our identified challenges and achieve our vision, mission and priorities within the Prevention and Early Intervention Strategy, the following actions have been identified and are covered in more detail within our Delivery Plan.

Note: Person centred care is an approach to health and social care that prioritises the needs, preferences and experiences of individuals

Actions

- Awareness raising and culture change
- Workforce training
- Communications plan
- Health Promotion plan
- Person centred care
- Ongoing participation and engagement
- Use all data and feedback to inform decisions
- Map needs, services, assets and opportunities
- Anticipate who needs support and when
- Design and deliver care/services with people
- Tools and information to support self-care
- Whole system collaboration
- Leadership and coordination to drive change

Anticipated Outcomes

- P&EI is embedded into workforce practices
- Demonstrate increased activity and improved outcomes in collaboration with other strategy workstreams

receiving care. It recognises that each person is unique and should be treated with dignity, respect and empathy.

Delivery Plan

We have set realistic, achievable and measurable actions for the period 2024 - 2027. We highlight how these link to our priorities and if strategic and/or systematic (operational) input is needed. We also highlight key areas of prevention and early intervention activity not unique to our Strategy which are being delivered and measured by one of the eight other transformational strategies and enabling strategies (for example Digital or Performance strategies).

Our delivery plan will include a performance framework with agreed measures to evaluate, evidence and assure if the action and changes lead to improvements in the health and wellbeing of the people of Fife and if so how these improvements will be sustained and embedded into our system beyond 2027.

Monitoring and Review

The Prevention and Early Intervention strategy will have an approved high level delivery plan that sets out how and when key deliverables will be delivered.

An underlying action plan will support the strategy deliverables by providing a detailed roadmap outlining specific tasks, timelines and responsibilities needed to achieve the desired outcomes. By breaking down the overall deliverables into actionable steps, the action plan helps to ensure clarity, focus, and accountability throughout the implementation process.

The reporting process will include quarterly reporting to the Strategic Planning Group to enable effective performance monitoring. Regular reporting of progress will be reviewed by the relevant committees and boards and will feed into the HSCP's Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

Medium-Term Financial Strategy

The financial position for public services continues to be challenging and the Integrated Joint Board (IJB) must operate within significant budget restraints and pressures. It is therefore critical that our resources and commissioning activity are targeted at the delivery of the strategic priorities identified in the Strategic Plan 2023-2026. To support this, the IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan. The MTFS will inform decision making and actions required to support financial sustainability in the medium term.

The Prevention and Early Intervention Delivery Plan was developed in accordance with the Partnership's Medium-Term Financial Strategy and the funds that are made available to meet our statutory obligations in relation to service provision and performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care. This Strategy will also contribute to achievement of the measures within the Medium-Term Financial Strategy including:

- Best value and working within the resources available.
- Whole system working to build strong relationships with our partners.
- Technology first approach to enhance self-management and safety.

- Commissioning approach and developing third and independent sectors.
- Transforming models of care to support people to live longer at home, or in a homely setting.

Commissioning services outside of traditional health and social care providers may need to be considered to support self-care.

Governance and Planning

Creative Leadership, co-ordination and governance will be in place to support the momentum needed to enable and progress the work required to deliver the prevention and early intervention strategy for the next three years and beyond given the long-term nature of the impact of prevention and early intervention.

The governance and planning for the delivery of the Prevention and Early Intervention Strategy is complex. The statutory responsibility for the strategic planning, commissioning and oversight of delivery for prevention and early interventions lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. Through the governance structure effective oversight of implementation of the Prevention and Early Intervention strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.



Appendices

- I. Glossary of Terms
- II. P&EI Participation and Engagement Report
- III. P&EI Participation and Engagement Phase 2 Report
- IV. P&EI Equality Impact Assessment (EQIA)
- V. P&EI Risk Register
- VI. High Level Delivery Plan

Appendix i

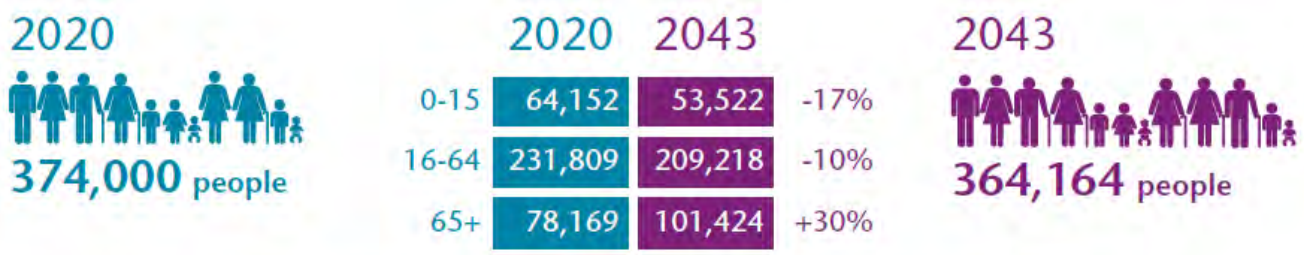
Glossary

Prevention	Identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and behavioural issues, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.
Evidence based practices	Using the best available current, relevant and reliable evidence from research and practice
Early Intervention	Identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.
Interventions	Services or activities that bring about desired change or improvements in a particular situation or individuals wellbeing
Support systems	Network of people, resources and services that individuals rely on for assistance, guidance and emotional or practical support
Future care planning (Anticipatory Approach)	Predicting and preparing for future events or circumstances
Key Transitions	Significant changes / milestones that individuals experience throughout their lives <ul style="list-style-type: none">• birth to childhood to adulthood• primary school to secondary school to college• single to committed relationship to marriage to parenthood• Aging and retirement
Value based health and care	Approach that focuses on high quality health and care services that values outcomes for patients
Multifaceted	Many different elements that contribute to its overall function
Targeted support	The provision of assistance or resources that are tailored to meet specific needs of either an individual or larger group of people
CBT	Cognitive Behavioural Therapy – a type of talking therapy
Health Inequalities	Unfair and avoidable differences in health across the population, and between different groups within society
Cerebrovascular	Blood flow through the brain
Intergenerational	Activities between or involving people of different age groups
Educational attainment	Highest level of education completed by a person
Ischemic	Lack of blood supply to a body part (heart or brain) that is due to an obstruction
Malignant Neoplasm	Another term for a cancerous tumour

Performance Measures	The process used to assess the efficiency and effectiveness of projects, programmes and initiatives
Commissioning strategy	Identifying local need, allocating resources and to buy in a provider to best meet that need
Participation and Engagement strategy	Involving individuals and communities in service provision, design and working
National Care Service	Strategic direction and quality standards for community health and social care in Scotland
Holistic	Approach that considers the whole rather than focussing on individual parts
Technology first approach	Practical use of technology in business
Area profiles	Detailed descriptions about a particular locality, neighbourhood or region
Stakeholder Engagement	Involving individuals or groups who have a vested interest or 'stake' in a particular project, organisation or decision-making process
Upstream Prevention	Focuses on addressing the root causes or underlying factors of a problem or issue, rather than solely treating its symptoms or causes after they have already occurred
Human centred care	Approach to healthcare that prioritises the needs, preferences and experience of the individual receiving care

Equality Impact Assessment Including Children’s Rights and Wellbeing Impact Assessment (CRWIA)

Part 1: Background and Information

Title of proposal	HSCP Prevention and Early Intervention Strategy																
Brief description of proposal (including intended outcomes & purpose)	<p>Fife, like many other regions, is experiencing an aging population as shown below. This demographic shift poses challenges in terms of increased demand on health and social care services, long term care and support for older adults.</p> <div style="text-align: center;">  <table border="1" style="margin: auto;"> <thead> <tr> <th></th> <th>2020</th> <th>2043</th> <th>% Change</th> </tr> </thead> <tbody> <tr> <td>0-15</td> <td>64,152</td> <td>53,522</td> <td>-17%</td> </tr> <tr> <td>16-64</td> <td>231,809</td> <td>209,218</td> <td>-10%</td> </tr> <tr> <td>65+</td> <td>78,169</td> <td>101,424</td> <td>+30%</td> </tr> </tbody> </table> <p style="color: #800080;">Projected percentage change in population by age group until 2043</p> </div> <p>As illustrated, Fife’s overall population is expected to decrease to 364,164 by 2043. However, only younger age groups are expected to decrease, older age groups will see an increase in numbers (30% increase in those aged 65+)</p> <p>With an aging population, how health and social care is delivered sustainably may be one of the greatest challenges we face now and over the next 10 or more years. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations.</p>		2020	2043	% Change	0-15	64,152	53,522	-17%	16-64	231,809	209,218	-10%	65+	78,169	101,424	+30%
	2020	2043	% Change														
0-15	64,152	53,522	-17%														
16-64	231,809	209,218	-10%														
65+	78,169	101,424	+30%														

Looking upstream and shifting our focus towards prevention and early intervention is likely to have a key role in this. Prevention and early interventions can influence our health and wellbeing by preventing or avoiding health and social problems arising or stopping things getting worse.

Our Definitions

Prevention is about creating the conditions where people can avoid or delay the start of health or social problems by supporting them to get the information or care they need, including self-care to be healthy and independent for longer.

Early intervention is making sure people can access the care and services they need to stop things getting worse and live a good life.

This first Prevention and Early Intervention Strategy (2024-2027) was written in collaboration with partners across Fife and at a time when significant pressures are facing us all across health and social care and beyond. Transformation of our public services, health and social care has already seen diverse ways of working through integration. Continuing to shift everyone's focus to what more we can do to support prevention and early intervention will seek to improve the outcomes that matter to people, address inequalities and make the best use of all our resources including people and communities themselves.

The Prevention and Early Intervention Strategy encourages us to continue to think and act differently, so everyone can live an independent and healthier life now and in the future. Every opportunity to optimise our own health and wellbeing and that of others should be taken across the life course from pre-conception and pregnancy, through childhood and adolescence, into adulthood and into our older years.

This three-year Strategy aims to build the foundations for shifting our focus towards prevention and early intervention across the Health and Social Care Partnership to improve the lives of people now and in generations to come. Building on our existing collaborations, supporting new joint working across the whole system and involving people as active partners will support us to achieve outcomes that matter.

The Strategy will establish a framework and rationale to support a shift to embedding prevention and early intervention approaches into routine practice across services. This will target at risk groups and the whole

	<p>population.</p> <p>The strategy aligns to the Partnerships' Strategic Plan 2023 to 2026 Fife-Strategic-Plan-2023-to-2026-FINAL.pdf (fifehealthandsocialcare.org)</p>
Lead Directorate / Service / Partnership	Fife Health and Social Care Partnership - Primary and Preventative Care Services
EqlA Lead Person	<p>Lisa Cooper Head of Primary and Preventative Care Services H&SCP</p> <p>Author - Kay Samson Health Improvement Manager</p> <p>Reviewer – Susan Brechin</p>
EqlA Contributors	<ul style="list-style-type: none"> • Members of the Prevention and Early Intervention Strategy Development Group • HSCP Staff • Senior Leadership Team • Strategic Planning Group • Qualities and Communities Committee • Integration Joint Board
Date of EqlA	

How does the proposal meet one or more of the general duties under the Equality Act 2010?

Please refer to the HSCP Equality Impact Assessment Guidance.
 Consider proportionality and relevance (*See Page 10 of Guidance*).

General duties	Please Explain
Eliminating discrimination, harassment and victimisation	<p>The Prevention and Early Intervention Strategy ensures that, by working effectively with partners, staff, local communities and individuals, its implementation does not disadvantage, discriminate or have a negative impact on any individuals in Fife and challenges sources and biases towards inequality.</p> <p>Should any potential negative impacts arise, we seek to remove or reduce it by regularly monitoring implementation of this strategy.</p>

	<p>The Partnership’s equality outcomes align with our Strategic Plan and the Prevention and Early Intervention Strategy supports our equality outcomes as below:</p> <ul style="list-style-type: none"> • Respect and dignity for older people must be integral to all work • Effective involvement and engagement with communities and individuals • Responsive service delivery and excellent customer and user care
<p>Advancing equality of opportunity</p>	<p>The Prevention and Early Intervention Strategy aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day-to-day work.</p> <p>The Prevention and Early Intervention Strategy supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Integration Joint Board/Health and Social Care Partnership’s equalities outcomes</p> <p>Through the Strategy implementation we will take steps to meet the needs of the persons who share a relevant protected characteristic, that are different from the needs of persons who do not share it.</p> <p>Through the Strategy deliverables we will continue to consult and actively seek the inclusion of third and independent sectors and other partners, to work with us to successful address the needs of the protected characteristic categories.</p>
<p>Fostering good relations</p>	<p>The Prevention and Early intervention Strategy has been developed in conjunction with stakeholders (service providers, service users and the general public) through a series of engagement activities. Their views were collated and reported in the Prevention and Early Intervention Strategy Participation and Engagement Report (PEI-Engagement-Report-Final-29092023.pdf (fifehealthandsocialcare.org)).</p> <p>The Prevention and Early Intervention Strategy will continue to consult and actively seek the inclusion of third sector and partners, to work with us to foster positive relationships.</p> <p>We will encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.</p> <p>We will highlight and promote the positive outcomes from service redesign which foster good relations in particular those which go further to include and involve individuals, families and communities.</p>

If the decision is of a strategic nature, how does the proposal address socio-economic disadvantage or inequalities of outcome?

Fairer Scotland duty	Please Explain
Socio-economic disadvantage	<p>Those experiencing socio-economic disadvantage are more likely to have poorer outcomes in the areas of work, living standards, health, justice and participation in public life. For example low income can lead to housing instability, poor nutrition and living in polluted and noisy areas.</p> <p>To support the people of Fife throughout their lives and ensure that any changes or improvements because of the shift in focus to a more preventative and early intervention approach due to the implementation of this strategy we will align to the Fife Health and Social Care Partnership Strategic Plan for Fife (2023 to 2026) five key priorities:</p> <ul style="list-style-type: none"> • Local - A Fife where we will enable people and communities to thrive. • Sustainable - A Fife where we will ensure services are inclusive and viable. • Wellbeing - A Fife where we will support early intervention and prevention. • Outcomes - A Fife where we will promote dignity, equality and independence. • Integration – A Fife where we will strengthen collaboration and encourage continuous improvement.
Inequalities of outcome	<p>Inequality of outcomes occurs when individuals do not possess the same level of material wealth, opportunities or overall living economic conditions.</p> <p>The Prevention and Early Intervention Strategy will ensure that the people of Fife have equal access to care and services across all localities and will work to reduce disparity between localities.</p>

Having considered the general duties above, if there is likely to be no impact on any of the equality groups, parts 2 and 3 of the impact assessment may not need to be completed. Please provide an explanation (based on evidence) if this is the case.

An Equality Impact Assessment is required as the Prevention and Early Intervention Strategy will potentially have an impact on the population of Fife, including all recognised protected characteristics due to the shift in focus to a more preventative and early intervention approach.

Part 2: Evidence and Impact Assessment

Explain what the positive and / or negative impact of the strategy is on any of the protected characteristics. If there is no impact, please explain why.

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
Age (including older people aged 65+)	<p>Prevention and early intervention can help identify and address health, wellbeing and social disadvantages before they start or before they become more severe leading to better outcomes for all ages</p> <p>Increased awareness and education about age related concerns, promoting healthy aging practices, enabling individuals to make informed decisions about their wellbeing</p> <p>Our approaches will ensure that people of all ages are supported to make informed decisions about their own health, wellbeing and social circumstances</p>	<p>Allocating resources to prevention and early intervention programmes may divert resources away from other programmes potentially impacting the availability and accessibility of services for individuals of all ages.</p> <p>There may be a risk that programmes may reinforce age related discrimination leading to unequal access to services or opportunities for older individuals</p>	<p>Promoting education and awareness about social care resources and services available to individuals and communities. This can help individuals proactively seek assistance and access appropriate support when needed.</p> <p>Implementing prevention and early intervention programmes in a way that addresses potential negative impacts ensuring equal access, respect for autonomy and protection against age related discrimination.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
			<p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people of different ages. This will enable us to identify and mitigate potential barriers people may face and consider reasonable steps to reduce or remove these.</p>	
Disability (Mental, Physical, Sensory, and Carers of Disabled People)	Early interventions can help identify and address health conditions or disabilities at an early stage leading to improved health outcomes and functional abilities for individuals with disabilities. By addressing disabilities early on, individuals can receive appropriate support and interventions to enhance their	There is a potential that prevention and early intervention approaches may inadvertently reinforce discrimination against individuals with disabilities leading to unequal access to healthcare, education, employment or social opportunities.	Implement programmes that address potential negative impact ensuring equal access, inclusion and protect against disability related discrimination. This can be achieved through awareness campaigns and the involvement of	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>independence and participation in various aspects of life. Prevention and Early intervention approaches can help individuals access necessary support services such as assistive devices, therapies etc which can improve overall quality of life.</p> <p>This strategy can raise awareness about disabilities, promote understanding and foster a more inclusive society that values and support individuals with disabilities.</p>	<p>Resources may be diverted away from areas of disability support potentially impacting on the availability and accessibility of services for individuals with disabilities.</p>	<p>individuals with disabilities in decision making processes.</p> <p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people of different disabilities.</p>	
Gender Reassignment	<p>Early intervention can provide support and resources for individuals undergoing gender reassignment promoting positive mental health outcomes and reducing the risk of mental health issues such as depression and anxiety.</p> <p>Access to health and social care services for those who are transgender ensuring services</p>	<p>The availability and quality of support systems, including mental health services and peer support groups may vary, potentially affecting the effectiveness of early intervention programmes/services.</p> <p>The impact of the Gender Recognition Bill changes how care is provided for</p>	<p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people who are transgender.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	continue to be provided for those living as a gender different to that at birth.	those who are transitioning and may impact on the workforce who may require further training and support.		
Marital Status (Marriage and Civil Partnerships)	Individuals may experience improved mental, physical and emotional wellbeing which can positively impact their quality of life.	If prevention programmes solely target married individuals, those who are unmarried or in nontraditional relationships may feel excluded	Programmes will be inclusive, person-centred, non-discriminatory and tailored to the diverse needs of individuals regardless of their marital status. By continuing to seek active involvement in the implementation of this strategy. Discussion and collaboration with partners and community groups that have experience of engaging with married individuals and those in civil partnerships	
Pregnancy and Maternity	Prevention programmes / services can raise awareness about prenatal health, childbirth and postpartum care enabling individuals with knowledge to	If prevention and early interventions programmes are designed without considering the specific needs and circumstances of	Adopt inclusive and equitable approaches when designing and implementing programmes providing comprehensive	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	<p>make informed decisions about their own and their babies wellbeing.</p> <p>Access to services available for pregnant and nursing people in a timely and safe manner to support the individual and their families.</p>	<p>pregnant individuals it may result in barriers to access and/or adequate support.</p>	<p>support and fostering supportive non-discriminatory environment for pregnant individuals</p> <p>By continuing to seek active involvement in the implementation of this strategy.</p> <p>Discussion and collaboration with partners and community groups that have experiencing of engaging with people with different pregnancy / maternity needs.</p> <p>Implement approaches in a manner that respects and safeguards the rights of individuals with the protected characteristics of pregnancy/maternity.</p>	
Race (All Racial Groups including Gypsy/Travellers)	Prevention and early intervention programmes can improve access to services for minority racial groups	If programmes are not culturally sensitive or tailored to the specific needs of different racial groups,	Implement programmes that are culturally inclusive and address the specific	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
		<p>they may not effectively address the unique challenges and barriers faced by these communities.</p> <p>Resources may not be distributed equitably among different racial groups leading to disparities in access and outcomes.</p>	<p>needs of diverse racial groups.</p> <p>Discussion and collaboration with partners and community groups that have experience of engaging with people of all racial groups</p>	
Religion, Belief, and Non-Belief	<p>The Prevention and Early Intervention Strategy may have a positive impact by promoting awareness, education and support for individuals who may be at risk or facing challenges related to their religion and belief / non belief systems.</p> <p>Religion and belief systems can provide individuals with a sense of purpose, community and support which can contribute to their overall wellbeing and resilience.</p>	<p>Potential negative impact can arise if interventions /approaches are not implemented carefully or they infringe upon individuals' rights to freedom or religion and belief.</p> <p>Implementation of interventions/approaches in a way that restricts religious practices and beliefs can undermine individuals' autonomy and freedom of expression. This can lead to feelings of marginalisation, discrimination and loss of</p>	<p>Ensure that prevention and early intervention approaches are implemented in a respectful and inclusive manner, respecting individuals' rights to freedom of religion and belief.</p> <p>Approaches should be developed in consultation with religious communities and leaders, ensuring that they respect and uphold</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
		cultural or religious identity. If approaches are not implemented with cultural sensitivity and respect for diverse religious beliefs, they can inadvertently perpetuate stereotypes or biases. And can hinder their ability to freely practice their beliefs and participate in society.	individuals’ rights to freedom of religion and belief. By taking a collaborative and inclusive approach the potential negative impacts can be minimised and the interventions can be more effective with diverse religious communities Discussion and collaboration with partners and community groups that have experience of engaging with people of different religious and belief systems	
Sex (Women and Men)	This Strategy can promote gender equality and promote equal opportunities for males and females fostering a more inclusive society. By implementing preventative and early intervention measures	This Strategy may inadvertently reinforce traditional gender roles and stereotypes inadvertently reinforcing gender stereotypes.	Need to consider the diverse experiences and needs of men and women ensuring measures are inclusive, tailored and sensitive to the diverse needs and experience of both men and women.	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	can help raise awareness about gender-based violence and provide support to both men and women who may be victims. This can contribute to reducing violence and creating safer environments for all. Approaches can help challenge societal norms that perpetuate gender inequalities and can lead to greater gender equality and empowerment for both men and women	In some cases some approaches may stigmatise individuals based on their gender this can occur if certain behaviours or characteristics are disproportionately targeted.		
Sexual Orientation (Heterosexual, Gay, Lesbian and Bisexual)	<p>The Strategy can help raise awareness about the unique challenges faced by individuals with different sexual orientations. It can promote understanding, empathy and acceptance within communities.</p> <p>Prevention and early intervention efforts can provide targeted support services that address the specific needs of individuals with different sexual orientations. This can include mental health</p>	<p>This Strategy may inadvertently stigmatise or discriminate against individuals based on their sexual orientation.</p> <p>If the strategy does not consider the unique cultural and social factors that influence the experiences of individuals with different sexual orientations it may fail to effectively meet their needs.</p>	<p>Discussion and collaboration with partners and community groups that have experience of engaging with people of different sexual orientation.</p> <p>The Strategy promotes inclusivity, is respectful and does not inadvertently perpetuate discrimination or harm.</p>	

Protected characteristic	Positive impact (May benefit an equality group.)	Negative impact (Could disadvantage an equality group.)	Mitigations (Steps we will take to reduce the risk of disadvantage by an equality group.)	No Impact
	support, counselling, education and resources tailored to their experiences.			

Please also consider the impact of the policy/strategy/process change in relation to:

	Positive impact	Negative impact	Mitigations	No Impact
Armed Forces Community	<p>Early intervention can help identify and address issues before they escalate ensuring that armed forces personnel receive the necessary support at an early stage.</p> <p>The strategy can support armed forces personnel during their transition from military to civilian life this could include assistance with job placements, education, housing and access to healthcare services helping to ease the challenges often faced during this transition period.</p>	Individuals currently serving in the armed forces, veterans, and their family members, may be disadvantaged by changes to service provision resulting in delayed or limited access to health and social care, housing or educational services.	<p>Discussion and collaboration with partners and community groups that have experience of engaging with people and families serving in the armed forces and veterans.</p> <p>The Armed Forces Covenant places specific requirements on the Integration Joint Board/Health and Social Care Partnership which should be considered prior to any proposed changes.</p>	
Carers	Prevention and early intervention efforts can help identify and address potential issues before	The responsibility of providing care, even with prevention and early	Discussion and collaboration with partners and community groups that	

	<p>they escalate. Reducing the overall burden on carers. By intervening early, care givers may have access to resources, support services and information than can assist them in managing their care giving responsibilities more effectively. This can lead to improved wellbeing and reduced stress levels for carers. Additionally prevention and early intervention measures can contribute to better health and social care outcomes for the individuals being cared for as well as fewer instances of crisis or emergency situations resulting in a more stable care giving environment.</p>	<p>intervention measures in place, can still be demanding and time consuming. Carers may experience increased stress, fatigue and emotional strain as they navigate the challenges of care giving. The availability and accessibility of preventative and early intervention approaches may vary depending on location and resources. Carers in underserved areas or with limited access to support may face additional difficulties in accessing the necessary assistance</p>	<p>have experience of engaging with paid and unpaid carers to ensure their voice is heard.</p> <p>While preventative and early intervention approaches can offer significant benefits to carers by reducing the overall burden and improving outcomes. It is important to acknowledge and address the potential challenges and limitations that carers may encounter in their care giving journey</p>	
<p>Looked After Children and Care Leavers</p>	<p>Prevention and early intervention efforts can help identify and address issues in the lives of looked after children (LAC) and care leavers at an early stage. By intervening early these individuals may receive the necessary support, resources and services to address their specific needs. This can lead to improved outcomes such as better educational attainment, enhanced</p>	<p>The process of intervention and support can sometimes be intrusive or disruptive to their lives, especially if it involves changes in living arrangements or separation from familiar environments. This can cause additional stress and emotional upheaval for these individuals.</p>	<p>It is important to consider and mitigate any potential negative impacts to ensure that these individuals receive appropriate support and achieve positive outcomes.</p> <p>Discussion and collaboration with partners and community groups that have experience of</p>	

	<p>emotional wellbeing and increased stability in their lives. Additionally, prevention and early intervention can help prevent the escalation of problems that may arise in the lives of LAC and care leavers. By addressing issues early on such as trauma, mental health concerns or difficulties in transitioning to independent living these individuals may have a better chance of overcoming challenges and achieving long term outcomes</p>		<p>engaging with LAC and Care Leavers</p>	
<p>Privacy (including information security, data protection, and human rights)</p>	<p>Prevention and early intervention measures can help identify and address potential risks or issues before they escalate potentially safeguarding individual's privacy and protecting their personal information. By intervening early, we can implement security measure and protocols to ensure the confidentiality, integrity and availability of sensitive data reducing the risk of data breaches.</p> <p>Prevention and early intervention can support timely identification or violations of human rights. By proactively addressing issues such as discrimination or abuse,</p>	<p>The collection and processing of personal data for prevention and early intervention purposes may raise concerns about the privacy and consent of individuals. It is crucial to continue to ensure that data is collected and used in a transparent and lawful manner with appropriate safeguards in place to protect individual's privacy rights.</p>	<p>There is a need to strike a balance between the benefits of prevention and early intervention and the potential impact on individual's rights. It is essential to ensure that any intervention or actions taken respect individuals autonomy, dignity and human rights. It is crucial to implement appropriate safeguards, transparency and accountability measures to mitigate potential negative impacts and uphold individual's rights.</p>	

	we can then take necessary actions to protect individuals' rights and ensure their wellbeing			
Economy	<p>Prevention and early intervention efforts can lead to cost savings in the long run. By addressing issues early on, such as through preventative healthcare measures or early intervention programmes for at risk individuals, the need for more expensive treatments or interventions later may be reduced. This can result in lower healthcare costs and a more efficient allocation of resources.</p> <p>Prevention and early intervention can contribute to increased productivity in the workforce. By promoting healthy behaviours and addressing potential health or developmental issues early, individuals may be better equipped to participate in the labour market and maintain employment. This can lead to higher workforce participation rates, reduced absenteeism and increased productivity, ultimately benefiting the economy</p>	<p>The upfront costs associated with prevention and early intervention programmes can be significant, requiring investments in infrastructure, training and resources particularly in resource constrained environments.</p> <p>The economic benefits of prevention and early intervention may not be immediately realised, as they will require long term and sustained efforts. This can be challenging to garner financial support for initiatives, potentially hindering their implementation or expansion.</p>	<p>While prevention and early intervention can offer economic benefits in terms of cost savings and increased productivity, it is important to consider the upfront costs and long-term nature of these efforts. Balancing the short-term economic considerations with the potential long-term benefits is crucial in assessing the overall impact on the economy.</p>	

- Please record the evidence used to support the impact assessment. This could include officer knowledge and experience, research, customer surveys, service user engagement.
- Any evidence gaps can also be highlighted below.

Evidence used	Source of evidence
Input from members of the Prevention and Early Intervention Strategy Development Group	Meeting minutes
Engagement with the people of Fife	Participation and Engagement Report
Knowledge and experience of strategy core group members	
Evidence gaps	Planned action to address evidence gaps

If this proposal will impact on children/young people’s rights either directly or indirectly, please complete Part 3. If this proposal will have no impact on children/young people’s rights please provide an explanation below and continue to Part 5.

The Prevention and Early Intervention Strategy can have both a direct and indirect impact on young people’s rights. Directly it aims to identify and address issues that may infringe upon their rights such as abuse, neglect or discrimination. By intervening early, it seeks to prevent these rights violations from occurring or escalating. Indirectly, the strategy can promote and protect young people’s rights by creating supportive environments, providing access to education, healthcare and social services and fostering their overall wellbeing. Ultimately, the goal is to ensure that young people’s rights are respected, protected and fulfilled through proactive measures.

Part 3 – Children’s Rights & Wellbeing Impact Assessment

Which UNCRC Articles are relevant to the policy/procedure/strategy/practice (Please check Guidance for information)	Strategy covers all Articles
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<p>What impact will the policy/procedure/strategy/practice have on children's rights?</p>	<p><input type="checkbox"/> Negative <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Neutral</p>
<p>Will there be different impacts on different groups of children and young people?</p>	<p>Yes, the impacts of prevention and early intervention strategies can vary across different groups, including children and young people. This is because individuals within these groups may have unique needs, circumstances and vulnerabilities that require tailored approaches. For children and young people, prevention and early intervention services/programmes can have significant positive effects on their development, wellbeing and future outcomes. By addressing issues early on, such as mental health concerns, educational difficulties or behavioural problems, we can provide timely support and interventions that can prevent these issues from escalating or becoming more severe. However, it is important to consider that different subgroups within the children and young people population may require specific attention. Factors such as socioeconomic status, cultural background, disability or experiences of trauma can influence the effectiveness of prevention and early intervention measures. Tailoring interventions to meet the unique needs of these subgroups can help ensure equitable outcomes and address any disparities that may exist.</p>
<p>What options have you considered to modify the policy/procedure/strategy/practice or mitigate any negative impact?</p>	<p>Time is needed to build this momentum for change and to create structures that make it easier for people to consider prevention and early intervention approaches.</p> <p>To maximise the impact of prevention and early interventions for children and young people, it will be crucial to consider their diverse needs and involve relevant stakeholders, including parents, caregivers, educators and community organisations. Collaboration and co-ordination among stakeholders can help create comprehensive and targeted approaches that address the specific challenges faced by different groups within this population. It is possible to modify interventions to minimise negative impacts on children to promote their overall wellbeing.</p>

<p>How will the policy/procedure/strategy/practice contribute to the wellbeing of children and young people?</p>	<p>The Strategy is taking a life course approach whereby preventative and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). This approach considers which interventions, service, resources are best used to maintain or improve the health and wellbeing for people at different ages and stages in their lives. Successfully intervening at an early age can have a positive impact across a persons' whole life.</p>
<p>How will the policy/procedure/strategy/practice promote the Rights of the Child?</p>	<p>The prevention and early intervention strategy plays a crucial role in promoting the rights of the child. By identifying and addressing issues at an early stage, this Strategy aims to ensure that children's rights are protected and upheld.</p> <p>A few ways in which prevention and early intervention can promote the rights of the child:</p> <ul style="list-style-type: none"> • Prevention and early intervention efforts focus on identifying and addressing risk and vulnerabilities that children may face. By intervening early, we can protect children from harm, abuse, neglect and exploitation, ensuring their right to be safe and secure. • Early intervention programmes can include educational support and interventions to address learning difficulties or development delays. By identifying and addressing these challenges early on we can ensure that children have equal access to education and support their right to education. • Prevention and early intervention programmes can empower children by involving them in decision making processes that affect their lives. By giving children a voice and considering their perspectives, we promote their right to participate and be heard. <p>Overall, the Prevention and Early Intervention Strategy aims to create a supportive and protective environment for children, ensuring that their rights are respected, protected and fulfilled.</p>

Have you engaged with children & young people in the development of this policy/procedure/strategy/practice?	<input checked="" type="checkbox"/> Yes – Please complete Part 4
	<input type="checkbox"/> No – please explain why

- Please record the evidence used to support the children’s rights and wellbeing impact assessment. This could include demographic information, academic research, service monitoring/inspection reports, user surveys etc. Look at what existing evidence tells you about children and young people’s views and experiences. Identify any gaps in the evidence base and advise how you will address these.

Evidence used	Source of evidence
Participation and engagement as part of the strategy development	Participation and Engagement Report
Evidence gaps	Planned action to address evidence gaps

Part 4 – Children’s Rights & Wellbeing – Engagement and Participation of Children and Young People

Engagement and participation with children and young people should incorporate the 7 golden rules of participation. Please tell us how you made sure these were followed during participation and engagement

1.	Understand my rights	How did you ensure that the child/children or young people had an understanding about their rights?
	We ensured children and young people had an understanding of their rights with regards prevention and early intervention by undertaking awareness activities about the importance of prevention and early intervention to them. We used various mediums such as online surveys, presentations and attendance at community roadshows and events. In addition a range of promotional materials and communications were developed to support attendance at these engagement activities:	

		<ul style="list-style-type: none"> • At the Adam Smith 300th Birthday Event there were large groups of school children (primary age and secondary school) who got involved with the flowers and leaves tree to give us feedback. • We undertook three visits to People First which is Lived Experience Group of people with learning disabilities which included young adults. • We interacted with four events across Fife as part of National Play Day where we had over 50 postcards completed - these included parents and grandparents of young children as well as the children • Postcards encouraging engagement were left at community centres as part of the summer school programme. • An easy read version of the consultation was developed.
2.	A chance to be involved	<p>Did children and young people understand the project, and what is being asked of them How did you ensure that all communication was accessible? How did you meet the needs of all children and young people taking part?</p> <p>To help young people understand what was being presented to them we employed effective communication and engagement methods such as visual aids and interactive content and activities to convey in a more engaging manner which aimed to capture and maintain the attention of young people. We partnered with organisations whose service users were young people and where the environment was familiar. We also used anonymous methods for engagement such as online survey or use of postcards. In addition an easy read version of the consultation was developed.</p>
3.	Remember it's my choice	<p>How did you make sure you gave children and young people choices?</p> <p>We offered a range of options and topics for discussion giving children and young people choices to enable them to participate such as anonymous survey, individual conversations at local roadshows and attendance at a variety of young people focused events. We created an environment that encouraged young people to actively participate and ensured there was access to relevant information.</p>
4.	Value Me	<p>How did you make sure that children and young people know their views have been taken seriously and have made an impact?</p> <p>We established an environment where young people felt comfortable expressing their views without judgement. We encouraged open dialogue and active listening to their perspectives. We provided various options for young people to share their views such as surveys, short written feedback via anonymous postcards or online feedback.</p>
5.	Support Me	<p>How did you identify and overcome any barriers to participation?</p> <p>We recognised that there may have been barriers for participation so we attended other services who provided support to children and young people so they could be supported to participate within a familiar environment and within services that have a focus in working with children and young people.</p>

6.	Work Together	How well did working together achieve aims of participation?
	We used open communication, encouraged sharing of ideas and used interactive activities with the young people that enhanced engagement which resulted in the young people participating in the consultation.	
7.	Keep in Touch	What have you planned to ensure that children & young people are informed of the outcome/decision?
	Share / provide access to the Participation and Engagement Report as well as ongoing involvement of children and young people as the strategy progresses over the next three years. Ongoing feedback from children and young people allows us to help young people develop a better understanding of their rights and enable them to actively participate in prevention and early intervention initiatives	
What impact has the engagement/participation made?		
Participation and engagement had a positive impact by increasing awareness, fostering ownership, improving reach and accessibility with individuals being more informed about the prevention and early intervention strategy and the potential benefits to individuals and communities' health, wellbeing and social circumstances.		

Part 5: Recommendations and Sign Off

(Recommendations should be based on evidence available at the time and aim to mitigate negative impacts or enhance positive impacts on any or all of the protected characteristics).

Recommendation	Lead Person	Timescale
1. This EQIA should be reviewed regularly and following a significant change relating to the strategy. In addition, consideration of any evidence gained through strategy implementation / tests of change and / or evidence gaps.	Lisa Cooper Head of Service Primary and Preventative Care Services	After 3 years
2. The Prevention and Early Intervention Strategy will consult and actively seek guidance from specialist organisations working within these protected characteristics. Contact should be made with appropriate third sector and other organisations to identify groups who can provide	Tracy Harley Service Manager Participation and Engagement	Ongoing participation and Engagement

subject matter expertise on mitigating the negative impacts of change		
3. Each of the seven localities in Fife have their own unique profiles and characteristics. Any service changes must address inequalities and improve health and wellbeing outcomes across these communities.	Jacque Stringer Service Manager Locality/Community Led Support	Ongoing
4.		
5.		

By signing off the EqIA including CRWIA, you are agreeing that the EqIA including CRWIA represents a thorough and proportionate analysis of the policy based on evidence listed above and there is no indication of unlawful practice, and the recommendations are proportionate.

Date completed:	Date sent to Compliance Team: FOI.IJB@fife.gov.uk
Senior Officer Name:	Designation:

FOR COMPLIANCE TEAM ONLY

EqIA Ref No.	2024.001
Date checked and initials	CH/AS 24/01/2024



Prevention & Early Intervention Strategy 2023-2026

Participation & Engagement Feedback Report

Ann Kerr, Participation & Engagement Officer

29th September 2023

Version: Final



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1. Introduction

The Prevention & Early intervention strategy is being developed as one of the nine transformational strategies underpinning the Fife Health & Social Care Partnership (HSCP) Strategic Plan 2023-2026.

A key part of prevention and early intervention is to build the capacity of individuals, families, and communities to secure the best outcomes for themselves. It is about moving from intervening when a crisis happens towards building resilience and providing the right level of support before problems materialise.

The strategy is looking to establish a clear framework and rationale to support a shift to embedding prevention and early intervention approaches into all strategies and actions aimed at averting health and social care problems at their earliest stages and in routine practice in the services they deliver and commission. The Strategy is dependent on five priorities which have been identified through a development group; one of which was engaged upon during the Strategic Plan engagement process.

Priorities				
We will ensure inclusive and equitable access to care across Fife	We will improve data collection and management, ensuring that our resources are deployed effectively	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations	We will assess existing service provision and identify both current requirements	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers

The Fife Health and Social Care Partnership’s Participation and Engagement Team supported the Prevention & Early Intervention working group through engagement activities to deliver on agreed engagement objectives.

These were:

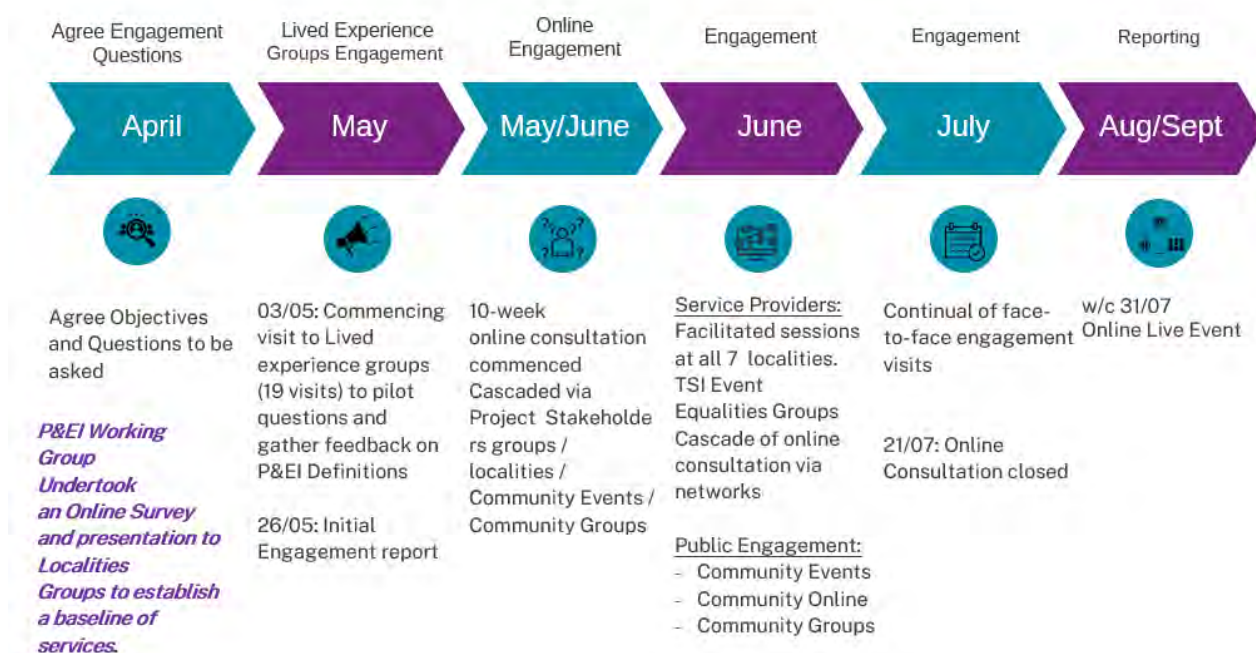
- ✓ Define the definitions of Prevention & Early Intervention and support all key stakeholder groups to better understand these.
- ✓ Inform the public, service providers, operational staff, and all other key stakeholder groups within all ranges of the life cycle approach, around the priorities that have been established for the draft Prevention & Early Intervention Strategy
- ✓ Gather feedback on what would help service users and service providers to achieve these priorities.



2. The Engagement Timeline

The participation and engagement timeline ran from April 2023 to August 2023.

P&E Timeline for Prevention & Early Intervention





3. Stakeholder Engagement

3.1 Designing the Consultation

The engagement took place in two phases over a 14-week period from 17th April 2023 – 21st July 2023.

Phase One:

Aimed to gather feedback on the draft definition for 'Prevention' and 'Early Intervention' and to influence the format and questions for the full consultation.

Phase Two:

Aimed to seek stakeholders' views on **'what constitutes a good life'**, **'what support they need to deliver this'** and **'what would make it easier for them to improve their own health and wellbeing'**. In addition, participants were asked several agree/disagree questions with the option to comment further in relation to the draft strategy vision, mission, goals, and priorities.

The full consultation questionnaire can be viewed [HERE](#)

3.2 Engagement Methods

We engaged with a range of stakeholders through a range of planned online and face to face engagement activities:

- Online Consultation via MS Forms was developed for all stakeholders.
- Presentations with 'breakout' sessions were developed for Service providers within H&SC, NHS and Third sector/Voluntary organisation.
- Online Live Events were developed and held for Service users & Service providers.
- Community Roadshows and Events were scheduled to obtain Service user's feedback.

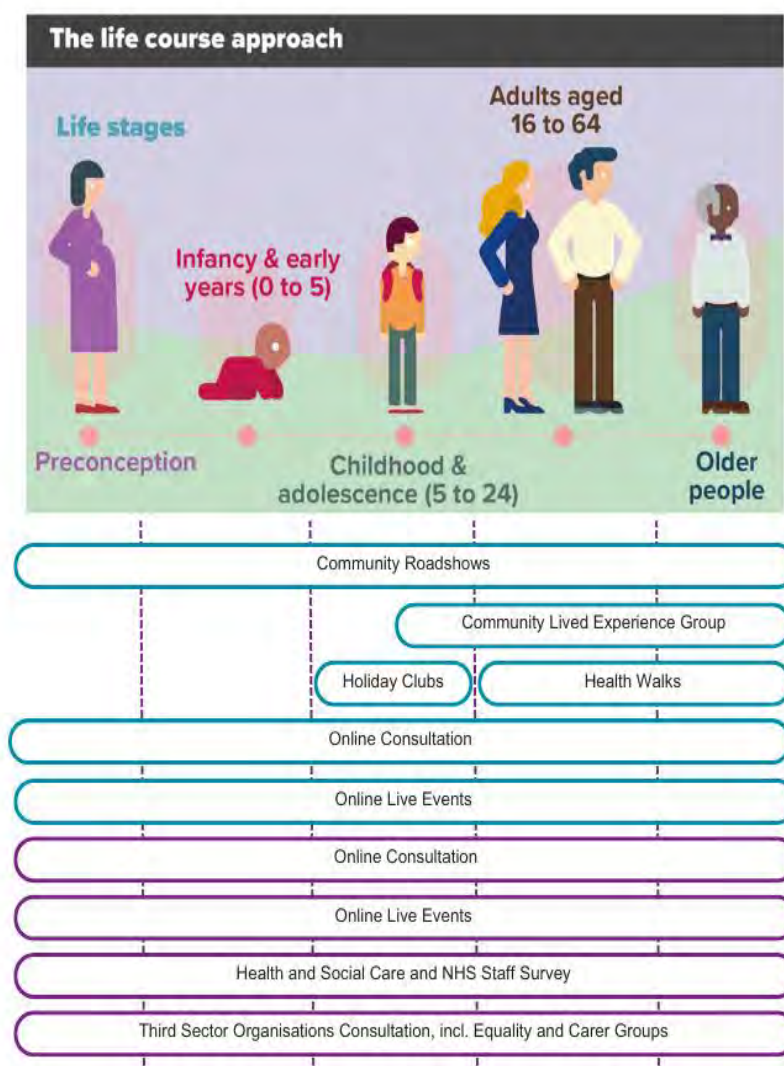


A range of promotional materials and communications were developed to support attendance at these engagement activities:

- An easy read version of the consultation was developed.
- Posters and Postcards were produced to promote the online engagement activities and additionally participants were offered the opportunity to submit their views through a Quick Response (QR) Code. A QR Code is a machine-readable optical image (square two-dimensional barcode) that when scanned directs the user to the online engagement.
- A website page [Prevention and Early Intervention Strategy | Fife Health and Social Care](#) was created promoting the consultation and live online events.
- The engagement opportunity was added to an online Consultation Diary, hosted on the Fife Council website.
-



3.3 Who did we Engage with?



For further information about each of the groups identified in the above diagram please refer to Appendix 2.

Numbers Engaged	Receive or Use Service	Service Providers	Total
Phase 1	104	403	507
Phase 2	168	193	361
Online	55	49	104
Easyread	6	2	8
Online Event	1	0	1
Postcards	0	0	134
Total	334	647	1115

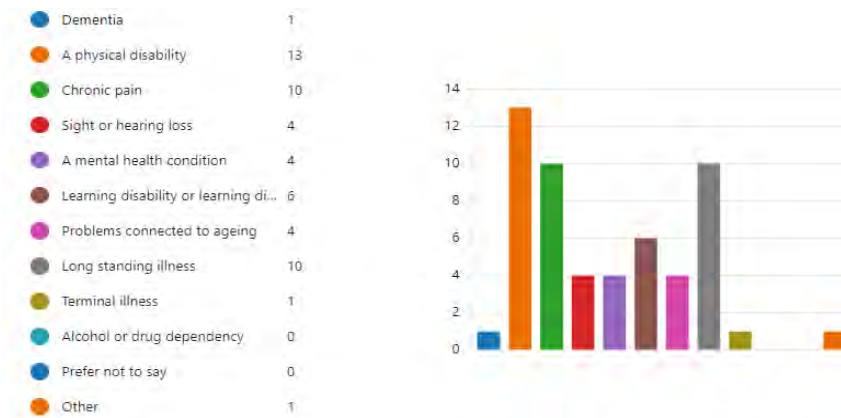


Service Users

Face to face participation and engagement activity was undertaken across Fife, with a particular focus on the protected characteristics as set out in the [Equality Act 2010](#).

From those that chose to participate in the online consultation and who answered the optional equalities questions:

- 19% described their sexual orientation as Gay/Other/Prefer not to say with the remaining 81% as Heterosexual/Straight
- 56% recorded None as their religion with the next highest being 17% as Church of Scotland
- 31% described themselves as having a disability.



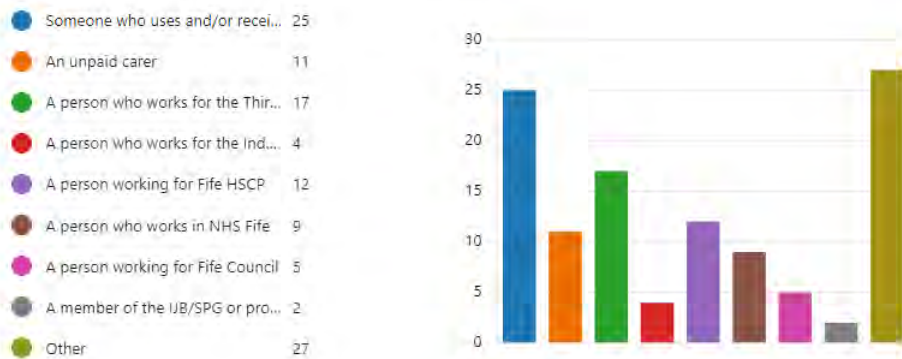
Service Providers

We engaged with the following service providers through face-to-face engagement activity:

- Operational Staff within HSCP and NHS
- HSCP Locality Planning Groups
- Third Sector Interface
- Fife Council Dunfermline City Conference
- Equality Group Providers

We shared the online consultation with 240 organisations (Appendix 2), who support service users to improve their Health & Wellbeing through Prevention & Intervention.

From the 112 responses received online, representation from both service users and service providers were categorised as;





4. Consultation Summary

4.1 Phase One

We asked:

Stakeholder views on the draft definition for Prevention and Early Intervention, to gauge an understanding of their interpretation

Individual discussions across the system

- Over 20 individual discussions across a variety of services/strategy leads enabled us to gain insight on the potential benefits of the Strategy to them and how they see the shift in focus to prevention and early intervention will shape their working practices.
- Meeting with these key individuals also enabled us to understand their perspective, identify linkages and collaborative opportunities as well as collecting case studies on prevention and early intervention in action.

Service Providers Survey:

- Focus/direction – *Help to focus on this way of working. Able to contribute to shift in emphasis and resources.*
- Reduce impact on services/improve health and wellbeing – *It would also empower our client group to take responsibility for their own health and wellbeing.*
- Awareness/engagement – *It would help us raise awareness with the public around what resources they already have themselves to self-manage.*
- Partnership/workforce – *Provide a framework for services to interlink their work to improve patient/public health outcomes.*
- Digital/technology – *Might assist us in developing new technology to support prevention and early intervention.*

The following key themes were identified for consideration by the health and social care partnerships Extended Leadership Team (ELT):

ELT Session (Feb 23)

- Everyone's business/collective responsibility.
- Communication (start discussions: teams/others/service developments/make connections/what more can be done)
- Aspirational: transform people's lives/empower people
- Commitment: changes on how to target deliver services
- Acknowledgement: complex/wide range/underpins a lot of our work

When concluding Phase One, we could see the diversity of perspectives. It is evident that people's understanding of prevention and early intervention varies, reflecting the concept of prevention and early intervention in different contexts is complex.

The overall feedback during phase one highlights that **Prevention** is seen as proactive measures taken to avert potential problems before they occur. **Early intervention**, on



the other hand, was perceived as timely actions aimed at addressing issues in their initial stages to minimise harm and promote positive outcomes.

In terms of prevention, participants emphasised the importance of early detection and prompt action, and easier access to community supports and appointments in early intervention efforts with a commitment to shift resources.

The responses highlight that individuals' definitions are influenced by their experiences, backgrounds, and professional fields. Healthcare and social care professionals, and communities have their own perspectives on what constitutes prevention and early intervention.

In conclusion, the feedback highlights the need for ongoing dialogue and collaboration among stakeholders in the prevention and early intervention arena to ensure a holistic inclusive approach that considers various points of view and promotes the well-being of individuals and communities.

From the Phase One Feedback we:

We will use the feedback received from a variety of stakeholders including the public to help us shape the Prevention and Early Intervention definitions and to support a wider consultation.



4.2 Phase Two

We asked: What constitutes a good life?

From 156 responses, the following key themes were identified:



“Being healthy, pain free and able to live life to the full. Being able to do all the things you want to do without having to think about it.”

“Able to live an active life with sufficient resources and good health.”

“Stable mental health”

“To be free to make your own choices, to be in a position and able to make decisions and informed ones very importantly.”

In Conclusion

The feedback from participants, when asked what constitutes a good life, provides insights into what they believe constitutes a good life. There is no one-size-fits-all definition. Individual perspectives vary, however, common themes emerged, emphasising the importance of good mental health, personal fulfilment, feeling valued, meaningful relationships, good health, sense of purpose and free to make own choices. These findings are a reminder that in pursuit of a good life everyone’s journey is their own.

It is evident that a good life is a multifaceted concept, encompassing not only physical well-being but also emotional, social, and psychological aspects. Participants emphasised the importance of autonomy, meaningful relationships, mental health support, and access to quality healthcare as key components of a good life.



We asked: What support they need to deliver this?

Question 1 - What does the Fife Health & Social Care Partnership need to do to make sure you can achieve this?

From 152 responses, the following key themes were identified:



“Referral to the right place and when I need it.”

“Make services highly visible, easy to navigate, local.”

“Often people are unsure what is available to them, so it is good to ensure there are means for people to become informed.”

“I believe ensuring services are available when people have low to medium needs which need to be met, is essential to preventing high end needs and a crisis point being reached.”

“For health and care providers to make sure I am involved in discussions and decisions about me and my health.”

In Conclusion

From the feedback shared, individuals seek personalised and holistic approaches from health and social care providers. They are looking for services that prioritise face to face supports that allow people to access supports in their local community, preventive care, mental health support, and inclusivity, considering person centred needs and preferences. Participants also stressed the significance of easier access to services, transparent communication, and a person-centred approach in their interactions with healthcare and social care professionals.



Question 2 - What could you do to help maintain and improve your own Health & Wellbeing?

From 105 responses, the following key themes were identified:



“Reduce weight, create better lifestyle, eat more healthy, regular exercise, explore local groups.”

“Keeping active and eating well but also planning for older age.”

“Look after myself physically and psychologically to eat well, exercise and be able to sort out issues that cause the balance to falter.”

“Not put so much pressure on myself, speak to others experiencing similar issues.”

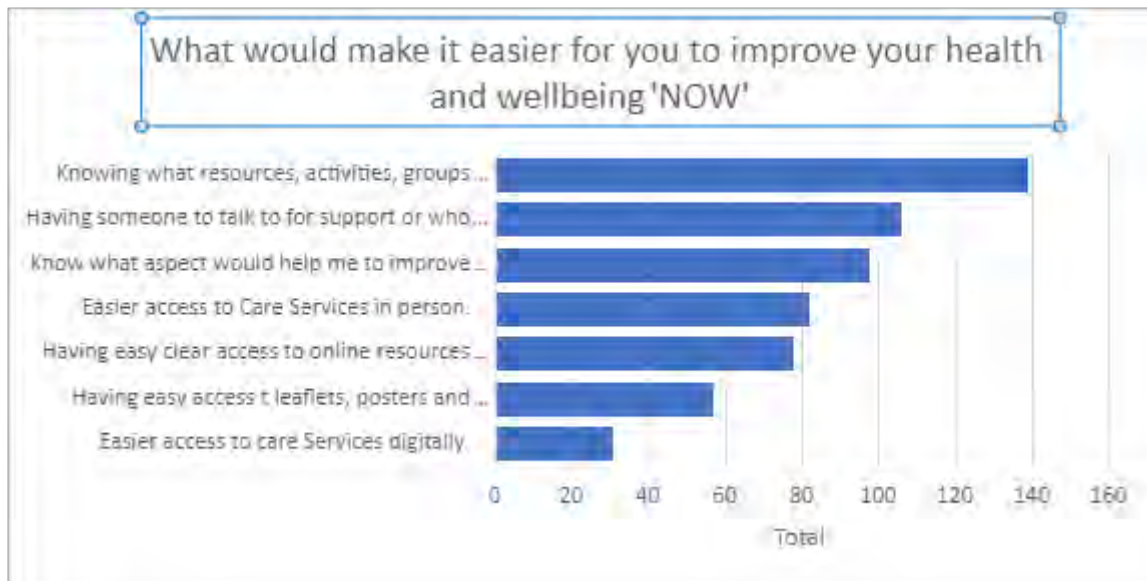


We asked:

What would make it easier for them to Improve their own Health and Wellbeing?

Question 1 - Participants were asked to identify the top 4 things that they feel 'would make it easier to improve their health and wellbeing' **at the present time**.

From 244 responses, the following key themes were identified:

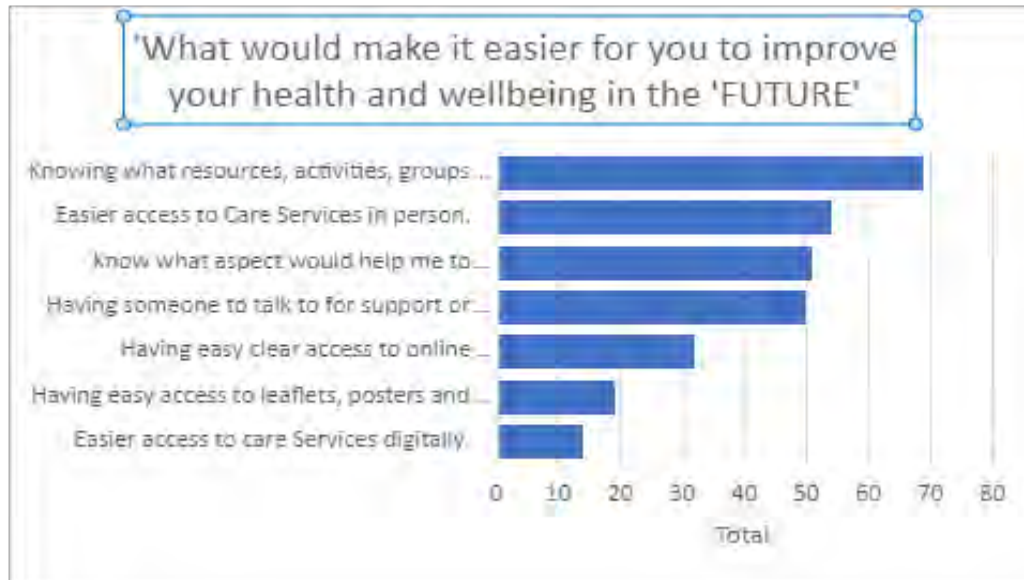


- **'Knowing what resources, activities, groups are available in my local area and how I can access these'** and **'Having someone to talk to for support and could guide them in the right direction'**, were the top 2 key themes identified.
- When asked whether they preferred **'resources digitally or physically'**, a greater percentage indicated they would **prefer digital resources**.
- This contrasted with **'access to care services'** where a greater percentage indicated they would **prefer to access care in person**. With **'access to care services digitally'** scoring the lowest within this question.



Question 2 - Participants were asked to identify the top 4 things that they feel 'would make it easier to improve their health and wellbeing' in the future.

From 104 online responses, the following key themes were identified:



- **'Knowing what resources, activities, groups are available in my local area and how I can access these'** and **'Easier access to Care Services in person'**, were the top themes identified.
- When asked whether they preferred **'resources digitally or physically'**, a greater percentage indicated they would **prefer digital resources**.
- Comparing the answers between **'at the present time'** and **'in the future'**: **'Knowing what resources, activities, groups are available in my local area and how I can access these'** is the top key theme identified across both questions and **'access to care services digitally'** scoring the lowest across both questions.
- When people were asked the **'in the future'** question at face-to-face engagement during Phase One, a common response was **'I do not know what I will need in the future'**.

In Conclusion

It will be crucial for ongoing engagement with the public in conversations about their health and well-being, particularly in the context of an ageing population. There will be a need to engage in dialogue which is age-specific with messaging that highlights the benefits of proactive self-care. This might include community workshops on healthy ageing, disseminating informative pamphlets, and leveraging digital platforms for health and self-care tips. Creating a supportive environment that aims to allow people to empower themselves to take charge of their health will contribute to a healthier ageing population.



From this Feedback we:

We will use the feedback to inform the Prevention and Early Intervention strategy and delivery plan.



We asked: For feedback on the Draft Prevention and Early Intervention Strategy **Vision, Mission and Goals**



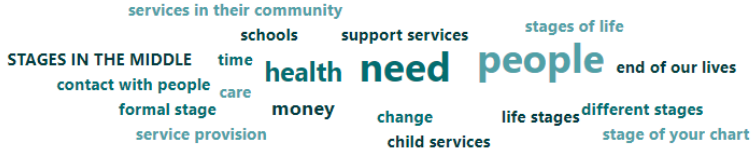
From those who responded via MS forms, Easy Read and those who attended online events, the following feedback was received:

We asked for Feedback on the following		Responses
VISION	To enable everyone living in Fife to have the same chance of getting the best care or support they need whatever their age. Prevent or limit problems arising so their lives will be healthy and independent for longer	96% agreed with the vision. 2% disagreed. 2% were unsure
MISSION	To build a culture of prevention involving all partners across Fife including communities and individuals, so we are as good at preventing health and social care needs as we are at treating them	93% agreed with mission. 4% disagreed. 3% were unsure
GOALS	To enable people to access health and social care when and where they need it. <ul style="list-style-type: none"> work together to proactively prevent, reduce, and delay people becoming patients. support earlier detection to improve overall quality of life. ensure everyone has the opportunity to take control of their own health. ensure everyone has the same chance of living well and independently for longer. support people to achieve the highest level of independence that they are able to 	96% agreed with the goals. 2% disagreed. 2% were unsure
SHARED PURPOSE	To enable everyone in Fife to access what they need to keep them healthy and well to avoid the need for health or social care or services	90% agreed with the shared purpose. 5% disagreed. 5% were unsure



We asked: For feedback on the Draft Prevention and Early Intervention Strategy **Priorities**

From those who responded via MS forms, Easy Read and those who attended online events, the following feedback was received:

Priority Area		Responses	Key Themes
PRIORITY 1	We will ensure inclusive and equitable access to care across Fife.	90% agreed with Priority 1 3% disagreed. 7% were unsure	Key themes related to changes/enhancement of services . 
PRIORITY 2	We will improve data collection and management, ensuring that our resources are deployed effectively.	85% agreed with Priority 2 5% disagreed. 10% were unsure	Key themes related to resources and the need for correct funding, staff levels and for all information to be readily available . 
PRIORITY 3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	84% agreed with Priority 3 3% disagreed. 13% were unsure.	Key themes related to effective communication, promotion and easy access to resources and the need to educate the general population on how to eat healthily , have a good physical and mental wellbeing . A further key theme was education in the early life course stages particularly with teenagers. 



Priority Area		Responses	Key Themes
PRIORITY 4	We will assess existing service provision and identify both current requirements.	84% agreed with Priority 4 4% disagreed. 12% were unsure	Key themes related to provision of services and the need for these to focus on prevention , as well as cross sector working .
PRIORITY 5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	83% agreed with Priority 5 7% disagreed. 10% were unsure.	Key themes related to requirements for a cultural shift with sufficient resourcing being available and effective promotion and communication to support health education .

From this Feedback we:

We will reflect the feedback received on the Priorities, Vision, Mission and Goals in the Prevention and Early Intervention Strategy.

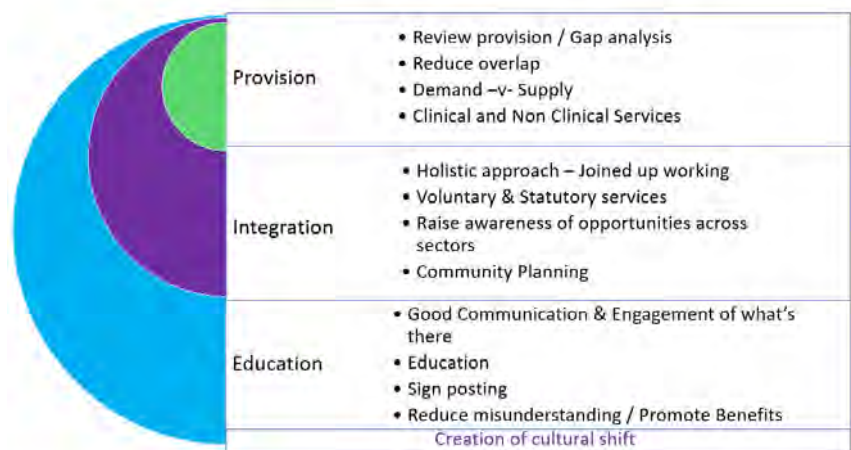


We asked: Service Providers what Prevention and Early Intervention do you currently offer?

Responses revealed that there are a significant range of services that are currently provided by NHS, H&SCP and Third Sector that provide Preventative and/or Early Intervention approaches that help improve people’s Health & Wellbeing. These would appear to cover a broad range across the life course.

We asked: Service Providers what Prevention and Early Intervention opportunities are there?

Opportunities identified by service providers can be categorised into the 3 themes below, with provision of services requiring a review to identify opportunities, greater collaboration between all services to provide the right service with clear leadership, communication and education being the key enabler to create the cultural shift.



In Conclusion

The responses from service providers regarding what they offer did show their commitment to healthier communities. These providers demonstrated a dedication to addressing potential issues at their root and working to facilitate positive outcomes for individuals and communities. As the partnership continues to evolve the prevention and early intervention strategy requires everybody’s collaborative efforts will play a crucial role in mitigating challenges and promoting well-being, leading to healthier resilient communities.

From this Feedback we:
We will use the feedback to influence the design of the Prevention and Early Intervention Strategy 2023 – 2026.



5. Conclusion

The consultation included significant engagement from a wide range of stakeholders highlighting the willingness of everyone to help shape the Prevention & Early Intervention Strategy.

One of the key requirements from service users was the need to be able to access services, both clinical as well as general activities to improve their health and wellbeing. There is a perception that services are not easily available however the engagement with service providers identified that preventative and early identification is already an integral aspect within a lot of services, but this does not resonate with the public perception of those who have responded to this consultation. This could indicate a potential gap in communication and education, not just of what services are available to service users but amongst service providers to enable greater collaboration in providing a comprehensive approach.

Overall, the public and staffing groups agreed with the proposed vision, mission, goals, and priorities with the key themes being the need for a cultural shift with sufficient resourcing being available and effective promotion and communication to support health education across all stages of the life course.

Feedback from participants to understand their definitions of prevention and early intervention, we can see the diversity of perspectives within this area reflecting the concept in different contexts and settings is complex.

The overall feedback highlights that Prevention is seen as proactive measures taken to avert potential problems before they occur. Early intervention was perceived as timely actions aimed at addressing issues in their initial stages to promote positive outcomes and minimise harm.

It is evident that a good life is multifaceted, encompassing not only physical well-being but also emotional, social, and psychological aspects. Participants emphasised the importance of autonomy, meaningful relationships, mental health support, and timely access to quality healthcare as components of a good life.

Participants who responded are looking for services that prioritise preventive care, mental health support, considering person centred needs and preferences. Participants also stressed the significance of easier access to services, and knowing what is available, and a person-centred approach in their interactions with healthcare and social care professionals.

The responses from service providers regarding what they offer showed their commitment to prevention and early intervention approaches to fostering healthier communities. These providers demonstrated a dedication to addressing potential issues at their root causes and facilitating positive outcomes with and for individuals and communities. As the partnership evolves the prevention and early intervention strategy their collaborative efforts will play a crucial role in mitigating challenges and promoting well-being.



The feedback also highlights the need for ongoing dialogue and collaboration among all stakeholders to ensure a holistic inclusive approach that considers various viewpoints and promotes the well-being of individuals and communities with a key focus on ensuring inequalities to be made more explicit.

Ongoing engagement with the public in conversations about their health and well-being, particularly in the context of an ageing population will be crucial moving forward. From the feedback received we can see that people who responded do not necessarily know what they need to help them stay healthy and well in the future. There will be a need to engage in dialogue which is age-specific with messaging that highlights the benefits of proactive self-care. This might include community workshops on healthy ageing, disseminating informative pamphlets, and leveraging digital platforms for health and self-care tips. Creating a supportive environment that aims to allow people to empower themselves to take charge of their health will contribute to a healthier ageing population.

The overall feedback will be utilised to shape the delivery plan for the prevention and early intervention strategy ensuring its effectiveness and alignment with stakeholders' feedback and needs.

Further information, including opportunities to get involved, is available on our website: www.fifehealthandsocialcare.org/get-involved

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views to help shape the Prevention & Early Intervention Strategy 2023 – 2026.



Appendix 1: List of contacted stakeholders

Community Needs	Service Provider	Third Sector	Care Homes
Community Voice	Head of Primary and Preventative Care Services	Abbeyfield Kirkcaldy Society Ltd	Abbeyfield Society
FC Community Engagement	Clinical Director – Community Dental	Abbeyview Day Centre	Al HSCP Care Homes
NHS virtual Group	Director, Fife Psychology Service	Aberdour Day Care Association	Abbotsford Care
FC Peoples Panel	Health Promotion Service Manager	Adapt (FASS/FCDS)	Holmes Group
Public Representative	Team Manager Strategic Planning	Age Concern Cupar	Fairfield Care
Carers Representative	Consultant Sexual Health	Arden House	HC One
	Head of Pharmacy	Asian Older People Group	Holmes Group
	Education Fife Council	Auchtermuchty Midday Club	Patricia Payne
Integrated Communities	Clinical Services Manager -Care Close to Home	Auchtermuchty Old Peoples Welfare	Holmes Group
Fife Centre for Equalities	Older People's Services	Autism in Fife	Four Season
Transgender Fife	Digital Programme Manager	Care & Share Companionship	Tamanna Anjum
Fife International Forum	Communications Advisor	Castle Furniture	Avondale Care Scotland
Dementia Friendly Fife	Team Manager Strategic Planning	Citizens Advice Rights Fife	Holmes Group
Al-Anon Family Groups	Participation & Engagement Manager	Continuing Care North East Fife	Barchester
Bluelight	Associate Medical Director	Couple Counselling	HC One
Dunfermline Camera Club	Finance	Cruse	Boleize / Care Concern
Dunfermline Central Mosque and Islamic Centre	Education and Children's Services	Dalgety Bay Day Care Association	Kingdom Homes
Fife Breastfeeding Mums	Head of Nursing	Day Centre Services Ltd	Boleize / Care Concern
Fife Gingerbread	Consultant Public Health (secondary Care)	Defence Medical Welfare Service (DMWS)	Carnegie Care
Fife Pride	FVA Projects and Communications	Demantia Services Development Centre	Kingdom Homes
Fife Women's Aid	Speech and Language Therapy	Disabled Persons Housing Service Fife	Kingdom Homes
Impact Funding Partners	Clinical Service Manager	Dunfermline Advocacy	Caring Homes
Leonard Cheshire Services (Fife)	Realistic Medicine Project Manager	Enable	Balhouse
Loch of Shining Waters	Clinical Services Manager	ENERGI	Gibson Trust
Pink Saire	Health Improvement Programme Manager	Express Group	Ewan McGregor
Victim Support Fife And Central	Lead Pharmacist – High Risk Pain Management	Fife Alcohol Support Service	Pauline Wilson
SAMH	Interim Clinical Service Manager	Fife Boomerang	Boleize / Care Concern
Lochgelly Lunches	Primary & Secondary	Fife Carers Centre	Enhanced Care
NHS Fife Virtual Group	Fife Psychology Service	Fife Circles Network	Boleize / Care Concern
Equalities Forum	Associate Medical Director	Fife Day Care Services Ltd	Mealmore
Fife Carers Centre	Head of Nursing	Fife Employment Access Trust	Leonard Cheshire
Fife Independent Sector	Public Health	Fife Rape & Sexual Assault centre	Mealmore
Fife Voluntary Action	Speech and Language Therapy	Fife Shopping & Support Services	St Philips Care
Fife International Forum	Clinical Services Manager	Fife Voluntary Action	Fairfield Care
Friendship Group	Head of Pharmacy	FIRST	Avondale Care Scotland
People First	Lead Pharmacist – High Risk Pain Management	Food Train	HC One
SAMH Sunflower	GPs Cluster group	Frontline Fife	Holmes Group
Equalities Centre	Dentistry	Homelands Trust	Four Season
MH Lived-Experience Group	Optometry	Homestart Glenrothes	Beechwood Care/Rosturk Group
The Wells	Health Promotion	IncludeME	Holmes Group
FSLT Carers Groups	Complex and Clinical Care Services rep Social Work	KASP (Kingdom Abuse Survivors Project)	Boleize / Care Concern
STAND (Striving for a new day)	Health Visitors	Kindred Advocacy	Nicole Heim
People First	Community Paramedics	LEAD - Scotland	Karen Reid
Disability Fife	Community Nursing	Link Living	Rosturk Group
RNIB	Community Mental Health	Marie Curie	Jan McIntosh
Fife Advocacy Forum	Life Stages	NHS Fife Addiction Services	Holmes Group
Fife Care Providers Forum	Prae Conception / Maternity	North East Fife Befriending Project	Kennedy Care
FAMIS	Education and Children's Services	Nourish	Avondale Care Scotland
The Autism Network	Infancy & Early Years (Health Visitors)	Pain Association Scotland	Holmes Group
Later Life Choices Glenrothes	Education (Pam Colcum)	Penumbra	Rosturk Group
Fife Chinese Older People	HV/School Nursing Rep	People First	Caring Homes
Deaf Blind Scotland	Clinical Services Manager -Care Close to Home	Phoenix Futures	Central Healthcare
Alzheimer Scotland	Older People's Services	Quarries	Acra Care - Fergus Thain
Equal Voice in Central Fife	Life Curve	Restoration Fife	Caring Homes
		Royal Voluntary Service	HC One
Linked Strategies & Projects		Sacro	D & J Anderson
High Risk Pain Management: Lead Pharmacist		Safe Space	Holmes Group
Housing Strategy		Samaritans Dunfermline	Irene Bright
Carers Strategy		Samaritans Kirkcaldy	Beechwood Care/Rosturk Group
Primary Care		SAMH	
Distressed Brief Intervention project		Scottish Care	
TSI - Commissioning Services		Scottish Drugs Forum	
		Scottish Huntingtons Association	
		Seesooze	
		Slinthmigo & District Lunch Club	
		Support in mind Scotland	
		Talk Matters	
		Wheatley Care (Formerly Barony)	
		We are with You (Formerly Addaction)	



Appendix 2: Details of groups engaged with

Community Roadshows	Community Roadshows are interactive events and displays held across Fife which are open to the public to mingle for either a specific theme or to bring the community together.
Community Lived Experience groups	Lived experience groups are specially formed for group of individuals who have the same experience / condition. They provide individuals the opportunity to come together and socially / support each other. These include by way of example, Dementia, Adults with learning disabilities, socially isolation.
Holiday Clubs	Specially organised activities that are run throughout the school holidays to support parents and children. There are a wide range of activities held within all Localities that will suit the whole family and are often free.
Café Inclusive	Cafe Inc is a free lunch club where families or individuals, of all ages, can sit down to a hot meal or soup and a sandwich or pick up a cold packed lunch to take home. There are over 50 locations across the region with no need to book, no criteria and free for all.
Health Walks	Health Walks are a free local led walks that are suitable for suitable for most people, even if you have a long-term health condition such as Dementia or Cancer. There are 16 health walks each week across Fife, led by a trained team of Volunteer Walk Leaders with over 300 people attend.

**Fife Health
& Social Care
Partnership**



Fife Health and Social Care Partnership Prevention and Early Intervention Strategy 2023-26

Phase 2 Consultation Feedback Report

Author: Tatiana Zorina

Date: 29 March 2024

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Introduction

The development of the first Prevention and Early Intervention (P&EI) Strategy for Fife has been supported through an extensive stakeholder engagement programme across Fife's communities. This has been carried out in two phases. Phase one resulted in feedback that shaped components of the draft strategy.

The P&EI strategy focuses on identifying and addressing potential health and social care risks and challenges, before they escalate, by tackling social disadvantage; promoting health and wellbeing; and enhancing the overall quality of life for individuals and communities in Fife. The Strategy is designed to integrate and work alongside existing strategies associated with the partnerships [Strategic Plan 2023 – 26](#). Its goal is to enhance and complement existing strategies, ensuring a comprehensive and coordinated approach which maximises the effectiveness of all strategies involved. Through a multi-faceted approach, the Fife Prevention and Early Intervention Strategy strives to create a safer, healthier and more resilient environment for all residents in Fife.

The objective of the second phase of consultation was to share the Draft Prevention and Early Intervention Strategy with all relevant stakeholders and to seek respondents' views towards the following components of the strategy:

1. Our Vision and Mission Statement
2. Our Wellbeing Pledge
3. Prevention and Early Intervention Strategy Principles
4. Our Five Priorities for 2024-27

This report is a summary of the phase two feedback that has been received during the 6-week consultation period.



Engagement Timeline

Stakeholder Engagement took place over a 6-week period, from 12 February to 22 March 2024, online.

The Engagement Timeline below shows the key dates for phase two of the consultation period.



Engagement Methods

Due to the Phase One engagement being carried out over an extensive period with people having face-to-face opportunities to get involved, it was agreed that Phase Two engagement would be available as an online survey via MS Forms. Paper copies of the consultation were available upon request, and an Easy Read Version of the consultation was produced.

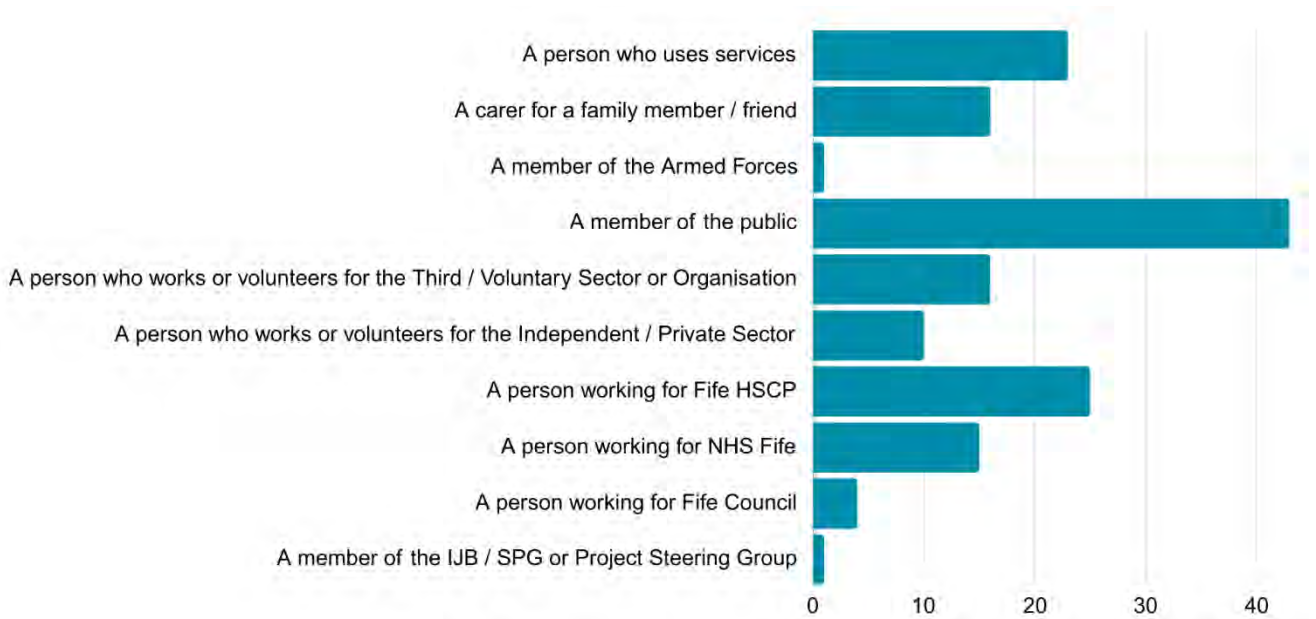
The Easy Read Format has been requested by one organisation; nil completed easy read forms were received.

The opportunity to complete the consultation was promoted via a variety of methods, these included:

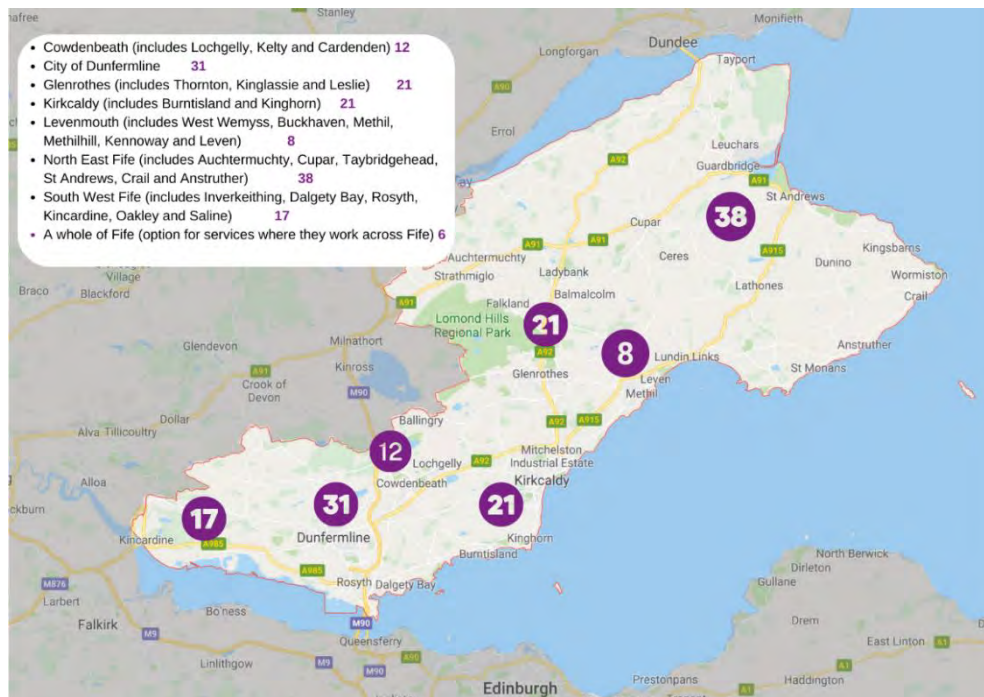
- Staff Virtual Notice Boards
- NHS Fife – Participation and Engagement Directory
- Fife Council – Peoples panel
- Equality Groups across Fife, via the Fife Centre for Equalities
- Social Media
- Internal Weekly Staff Briefings

Engagement Reach

The consultation received 154 responses from various stakeholder groups, the highest response from members of the public (43 responses), with the second highest response being from those identifying as employed by Fife HSCP (25 responses) and the third highest response from those who use services (23 responses).



Responses to the consultation has been received from all 7 localities across Fife's communities, with the highest response rate of 25% being from the North East Fife (38 responses), and lowest response rate of 5% from Levenmouth Locality (8 responses).



Key points from the equalities data are summarised below (data is set out diagrammatically in Appendix 1):

64% of overall respondents completed the equality and diversity section of this consultation paper.

Age

49.5% those completing the equalities section identified as being 65 and over (50 responses), with the lowest number of less than 1% being from 18-24 (1 response) and 25-34 (1 response) age groups.

Gender

61% of respondents identified their gender as female (52 responses) and 34% as male (34 responses), with 3 respondents selecting 'prefer not to say' and 2 respondents selecting 'identity is not listed' option.

Sexual Orientation

81% have identified as straight/heterosexual (81 responses), compared to those who identify as asexual (5 responses), gay man (3 responses), lesbian (2 responses), bisexual (1 responses) and gender fluid (1 responses).

Ethnicity

95% of respondents identified as white Scottish or other British (90 responses), with only one respondent identifying as from other ethnic group, and four selecting 'prefer not to say' option.

Religion and Belief

53% of those who completed the form identified themselves as not having a religion or belief (52 responses), while other 23% identified with Church of Scotland (23 responses), 10% selected 'other Christianity' option (10 responses), Roman Catholic (7 responses) and Sikh (1 response).

Disability

47.5% of respondents identified as having a disability (47 responses), where almost the same number 45.5 % of respondents said they do not have a disability (45 responses); other 7% choose 'prefer not to say' option (7 responses).

Pregnancy and new parents

None of the respondents identified as being pregnant or breastfeeding.

Engagement Feedback

Vision and Mission Statement

Our Vision

To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.

Our Mission

To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.

The above statements were designed with people across Fife, during previous engagement. Respondents were asked if they agreed with these statements as part of Phase One engagement. During Phase Two engagement, we asked respondents if there is anything missing from these statements. This question has received 63 further comments.

44% of those who provided further comments, supported the vision and mission statements, with one saying: *"Nothing missing - I feel these statements capture necessary elements"*.

There are few suggestions being made towards changing some of the wording and making language simpler and "user friendly".

Prevention and Intervention Strategy Wellbeing Pledge

"We want to empower the people of Fife to take proactive steps to maintain their own health and wellbeing and help others."

More than 50% of respondents who have commented on the pledge, highlighted their support for the wellbeing pledge, with one respondent stating:

“The wellbeing pledge demonstrates a partnership approach and commitment from both Fife HSCP and the community.”

Comments were also made, that access to GP, support, and services locally - are current issues that hinder the aim of the early prevention and intervention.

“This read well and show that we each have a role, both personally and in our community. Unfortunately, the balance of power is such that many feel they have limited ability to make change. If you can't readily see a GP without being in a crisis it does reduce the realistic opportunities to prevent or manage ill health.”

Prevention and Early Intervention Principles

The Prevention and Early Intervention principles have been developed in line with three of the key Strategic Priorities identified within the Strategic Plan 2023 – 2026. The strategy suggests that these principles will be embedded across the workforce and prevention and early intervention activity.

The majority (more than 50%) of those who responded to the consultation show their support for the principles. Comments also highlighted the potential challenging journey in achieving them in line with the difficult economic landscape and an ongoing difficulty with care staff recruitment locally and nationally.

“I agree with the principles they should be perfectly adequate if fully implemented.”

“Health and Social Care services seem to be stretched ever thinly so how can this be achieved.”

“Yes, this will require employing more people to work in the community.”

Prevention and Early Intervention Strategy Priorities for 2024-2027 were identified during the development of the Health and Social Care Partnerships Strategic Plan and will support achievement of our vision and our strategic priorities (Full diagrammatical data per priority is presented within Appendix 2).

Priority 1 – We will ensure inclusive and equitable access to care across Fife.

51% of respondents said that nothing is missing from this priority, where 25% were unsure.

Although the majority of respondents agreed with this priority, comments suggest it might not be achievable due to lack of resource (financial and human). Significant number of respondents (more than 50%) strongly agree with the care at home element of this priority.

24% of respondents commented on aspects that they thought were missing from this priority, for example:

“I think that there is perhaps something missing around how people will be enabled to live at home...”

“Where will we be in 2027 - would be helpful to include something for the rest of the population living at home without a long-term condition...”

“People need to know how to access the support that is available.”

Priority 2 - We will improve data collection and management, ensuring that our resources are deployed effectively.

55% of respondents said that there was nothing missing from this priority, however 18% disagreed with that and 27% weren't sure; those that thought there was something missing made further comments. Most of the comments suggest that ongoing recruitment issue can hinder achieving this priority, some mention the need for more staff to support this priority and to ensure it is achieved.

“No details on how you calculate your resources to meet demand.”

“Early intervention will require more medical staff, what is being done to achieve this?”

“Will this put even more pressure on community groups? Will it increase the workloads of Pharmacists?”

Priority 3 - We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.

Majority, or 55% of those who shared their views have agreed with this priority and said they have nothing to add; while 15% of the respondents said there is something missing in this priority and provided further comments. Some comments suggests that the “Life course approach” term is too jargonistic and highlighted the need to explain what that means (use of plain language).

“Just not clear what a life course approach is”.

There were also many supporting statements, for example:

“To make it even better, could add more emphasis on health at all life stages, ensure digital tools are easy for everyone to use, kind of cradle to grave thinking that can increase collaboration with different community sectors, particularly schools”.

Priority 4 - We will assess existing service provision and identify both current and future requirements.

Although majority of the respondents (56%) support this priority, more than half of the comments focused on current budget constraints, highlighting that to achieve this priority there will be cost implications and how this might be possible/impossible within an already difficult financial situation. Respondents agree that feedback is very

important, but some asked for clarity on how the feedback will be used, especially negative feedback.

“There have been services that identified as required and highlighted for years in Five with no movement forward to make that happen.”

“How is this going to be funded? especially the current requirements that are not being fulfilled.”

Priority 5 - We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.

59% respondents said that they do not see anything missing from this priority, with almost a third (32%) of respondents adding extra comments.

Respondents expressed concerns around the timescale of this priority, with one respondent stating: *“I have spent 40 years teaching health and lifestyle choices, how will you make a difference in 3 years?”*. Another added: *“Health promotion has been addressed for many years but, has a long way to go in terms of achieving successful outcomes. Often, poor attitudes towards good health are embedded in people’s lives and certain localities (communities) e.g. drugs, alcohol, smoking, access to healthy eating etc. How can this be targeted successfully?”*

Comments were made to suggest that access to leisure facilities should be more accessible to more people to enable this priority to be achieved; as well as promoting other support options to those who require help to support themselves.

“I do think it is important to highlight support in the self-care as otherwise it just reads like you will leave people to get on with it. I think this perpetuates a narrative that you won’t be seen or supported you’ll just be told you are the problem...”

Final comments

At the end of the consultation, respondents were asked if they would like to add any further comments towards the Draft of the Prevention and Early Intervention Strategy. (Appendix 3 - detailed statistical data). Almost quarter of comments (23.9%) were in relation to access to primary care, in particular access to GP and other primary services, like dentistry. One said: *“We desperately need to improve the GP service and to make better use of local hospitals and health centres for outpatient appointments”*, with other respondents echoing. Almost 17% of respondents commented how community care can play a big role in achieving this strategy and its priorities and principles; with a further 17% saying that we need to have better communication with public and amongst our services.

“Ensure that all agencies and the public are aware of services offered.”

“I wonder how you engage with the wider public to help meet these priorities, people need to take more ownership of their own health and make changes to diet and lifestyle so that they can live healthier lives and not develop long term conditions. I think this will be key to achieving these priorities.”

12% of respondents said that education is important in prevention and early intervention, and that education should start from early age – “*all children at school should have in their curriculum how to manage your life, budgeting, consideration of others, respect in relationships, personal responsibility to society and self-care...*”.

Just over 11% of respondents raised implementation concerns around how realistic it is to deliver on the priorities of this strategy with limited resources; with almost 6% specifically highlighting funding as a major barrier.

“If it all works- great. But having gone through great difficulties in getting Social Care support for my 100-year-old mother, you will understand that I am sceptical about what you hope to achieve. I hope it materialises.”

“This strategy and approach are very important in terms of being able to manage healthcare going forwards, but trying to implement the priorities in this strategy in the current financial climate and in the timeframe outlined feels extremely ambitious.”

Conclusion

In conclusion, the feedback from the consultation process for the Draft Prevention and Early Intervention Strategy has highlighted the importance of the prevention and early intervention work within health and social care services. The majority of respondents agree that preventative work can support the public to live healthier and independent lives longer in their own homes.

The current difficult economic landscape of the sector was highlighted by respondents throughout this consultation, with the main focus being implementation concerns. However, many focused-on the importance of this work.

The collective vision and mission statements, as well as the wellbeing pledge have been developed with the people of Fife and improved through ongoing public engagement, emphasising the overwhelming support for the prevention and early intervention work in Fife.

Effective communication that is universally understood and prioritising education will be essential for achieving desired results outlined in the strategy. When developing the delivery plan to accompany the strategy, feedback from respondents told us it is important to them to ensure clear and accessible communication channels and terminology. This will ensure that stakeholders at all levels understand the strategy's objectives, processes, and expectations.

Through this consultation, it is evident that the draft of the first Prevention and Early Intervention Strategy has significant public support, showcasing the desire for a shift of resources to community-based services to support the prevention and early intervention focus.

As the partnership moves forward, guided by this and previous consultations, it aims to deliver on the proposed vision 'To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer'.

One individual praised the draft strategy, stating: *"I think this is an excellent piece of work and it reads well in simplistic terms for the general public to understand."*

Next Steps

1. This report will be presented to the Fife HSCP Integration Joint Board (IJB) along with the Draft of the Prevention and Early Intervention Strategy on 26 July 2024. Thereafter the report will be published on FHSCP Website for public members to view.
2. The strategy will inform the accompanying delivery plan, which will also be published on the [Fife HSCP website](#) along with the final Strategy document.
3. This feedback provides valuable insights from those who responded to the consultation about their views regarding the needs, preferences and concerns of people who use services and those who provide services, helping the partnership to tailor the Strategy and its delivery plan based on respondents' views about what would better meet the needs of the people of Fife.
4. The feedback will also be utilised to shape the Strategy delivery plan ensuring it effectiveness and alignment with stakeholders' feedback.

During analyses of the feedback to the consultation, some themes emerged in relation to recruitment challenges and terminology used in the draft strategy.

Life Course Approach terminology

The feedback throughout consultation on the PE&I Strategy has highlighted the necessity for clear and simple language avoiding jargon. This feedback will directly influence our strategy. For example, communications based on this feedback will be implemented to better align with the public's understanding of terms like 'life course'.

The Life Course Approach is a framework that considers individuals' health and well-being throughout their entire lives, from infancy to old age. This approach recognises that early experiences and exposures can have long-term effects on health outcomes.

Communication with public representatives

Currently the FHSCP is working towards establishing new HSCP Fife-wide Public Engagement Forum. This forum will serve as a platform for diverse voices to be heard, ensuring that decisions are informed by a wide range of experiences and needs. Additionally, all services will commit to actively listening to and acting upon feedback from service users.

Ongoing budget constraints

The health and social care sector is facing financial challenges and at Fife HSCP we have developed [a plan](#) that will support the sustainability of Fife HSCP by meeting both the short term and the medium-term financial challenges, through commitment to supporting our workforce to continue to deliver high quality, best value services to the people of Fife.

Recruitment challenges & Services

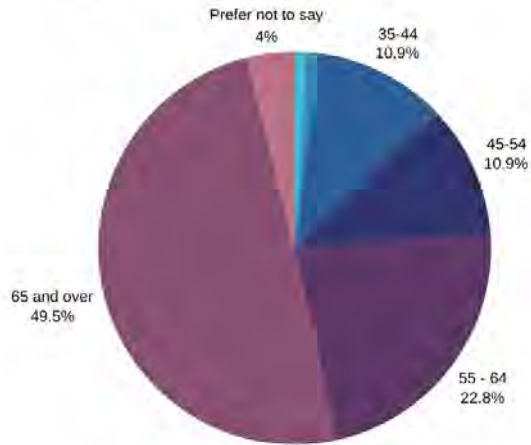
The Partnership has taken note of significant feedback through this consultation regarding perceived gaps in services and challenges in workforce recruitment. In response, a comprehensive partnership workforce strategy and annual delivery plans have been developed to address these concerns. [workforce strategy](#). This strategy aims to enhance workforce recruitment and retention efforts through focusing a range of actions that ensure we Plan, for, Attract, Train, Employ and Nurture our potential and existing workforce. By implementing this strategy, the Partnership continues to make progress towards achieving Mission 25, which seeks to establish us as one of the best-performing Partnerships by the year 2025.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the Partnerships first Prevention and Early Intervention Strategy 2024 – 2027

Appendices

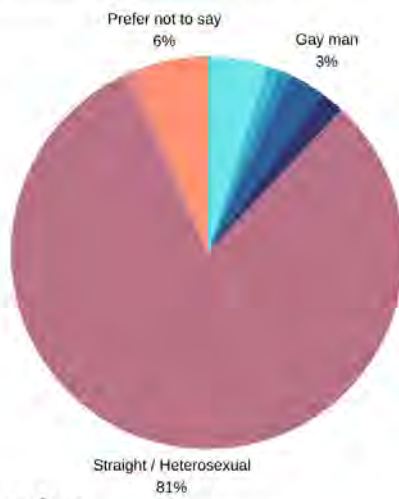
Appendix 1

Age



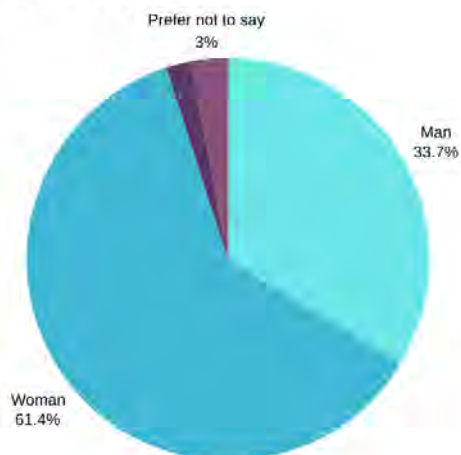
Under 18	0
18-24	1
25-34	1
35-44	11
45-54	11
55 - 64	23
65 and over	50
Prefer not to say	4

Sexual Orientation



Asexual	5
Bi-sexual	1
Fluid	1
Gay man	3
Lesbian	2
Pansexual	0
Queer	0
Straight / Heterosexual	81
Identity not listed	1
Prefer not to say	6

Gender



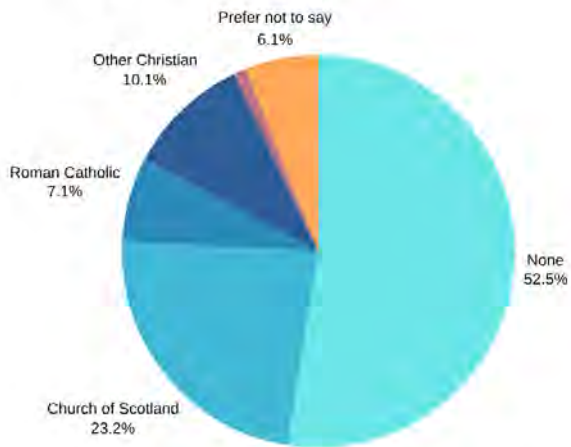
Man	34
Woman	62
Trans-man	0
Trans-woman	0
Non-binary	0
Identity not listed	2
Prefer not to say	3

Ethnicity



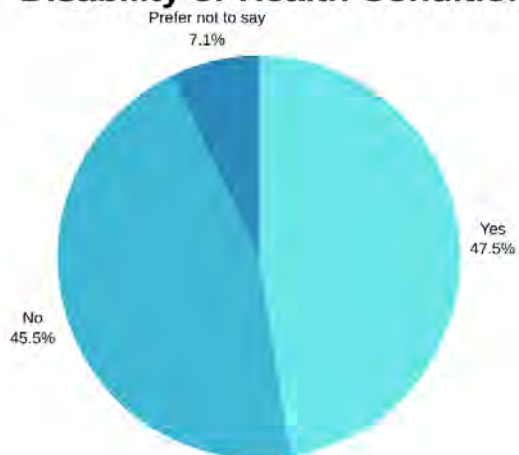
White	94
Mixed or multiple ethnic groups	0
Asian, Scottish Asian or British Asian	0
African, Scottish African or British African	0
Caribbean or Black	0
Other ethnic group	1
Prefer not to say	4

Religion or belief



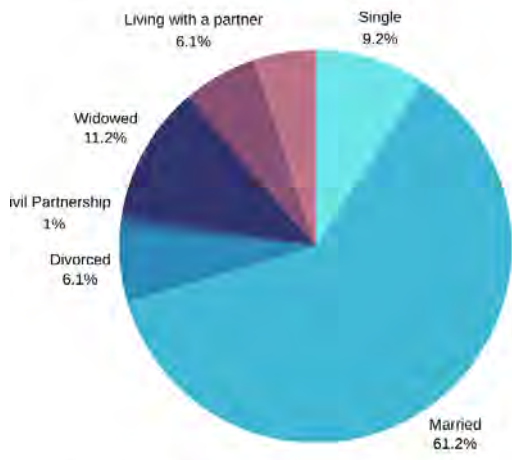
None	52
Church of Scotland	23
Roman Catholic	7
Other Christian	10
Muslim	0
Hindu	0
Buddhist	0
Sikh	1
Jewish	0
Pagan	0
Prefer not to say	6

Disability or Health Condition



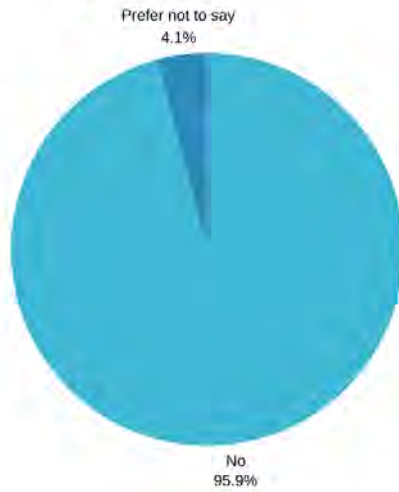
Yes	47
No	45
Prefer not to say	7

Relationship Status



Single	9
Married	60
Divorced	6
Civil Partnership	1
Widowed	11
Separated	0
Living with a partner	6
Prefer not to say	5

Maternity



Yes	0
No	94
Prefer not to say	4

Priority 1

The changes we need to make

We will ensure inclusive and equitable access to care across Fife.

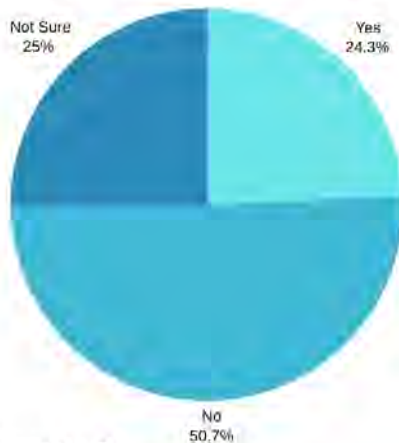
What will success look like?

More support available with personalised support to prevent escalation of need as the first line of prevention.

Where we want to be in 2027

People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.

Is there anything missing from this priority?



Yes	37
No	77
Not Sure	38

Priority 2

The changes we need to make

We will improve data collection and management, ensuring that our resources are deployed effectively.

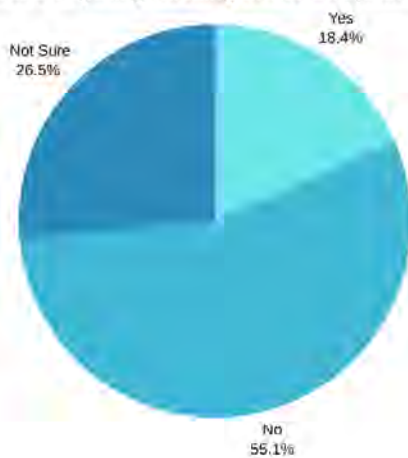
What will success look like?

An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.

Where we want to be in 2027

An improvement in health and wellbeing outcomes for the people in Fife.

Is there anything missing under this priority?



Yes	27
No	81
Not Sure	39

Priority 3

The changes we need to make

We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.

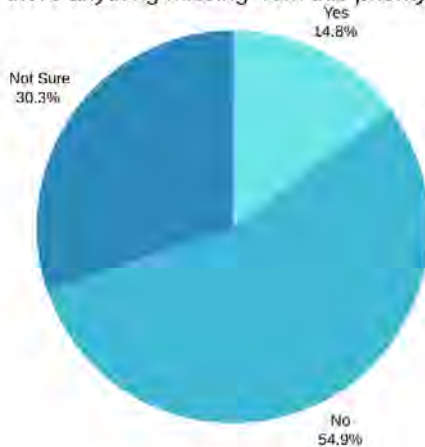
What will success look like?

Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.

Where we want to be in 2027

An integrated, person-centred, life course approach is embedded across Fife.

Is there anything missing from this priority?



Yes	21
No	78
Not Sure	43

Priority 4

The changes we need to make

We will assess existing service provision and identify both current and future requirements.

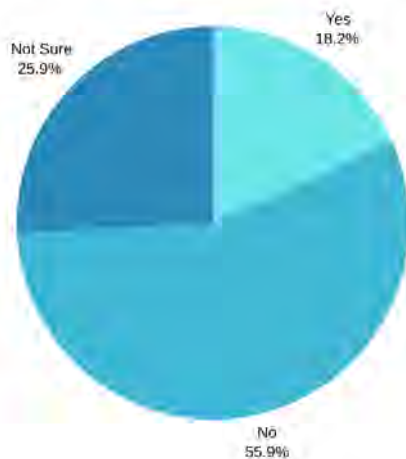
What will success look like?

Completion of a gap analysis, and improved range of service interventions available.

Where we want to be in 2027

Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.

Is there anything missing under this priority?



Yes	26
No	80
Not Sure	37

Priority 5

The changes we need to make

We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.

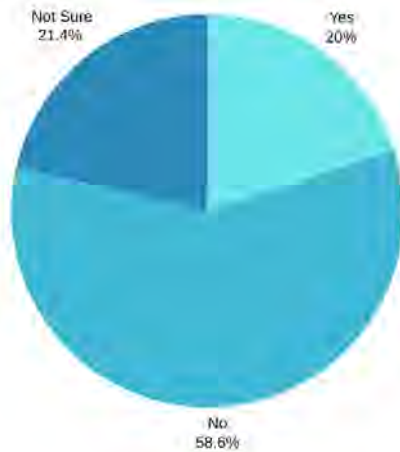
What will success look like?

Increased opportunities for people to improve their knowledge and understanding of health and lifestyle choices, leading to more positive outcomes.

Where we want to be in 2027

Preventative care is fully embedded in care services across Fife.

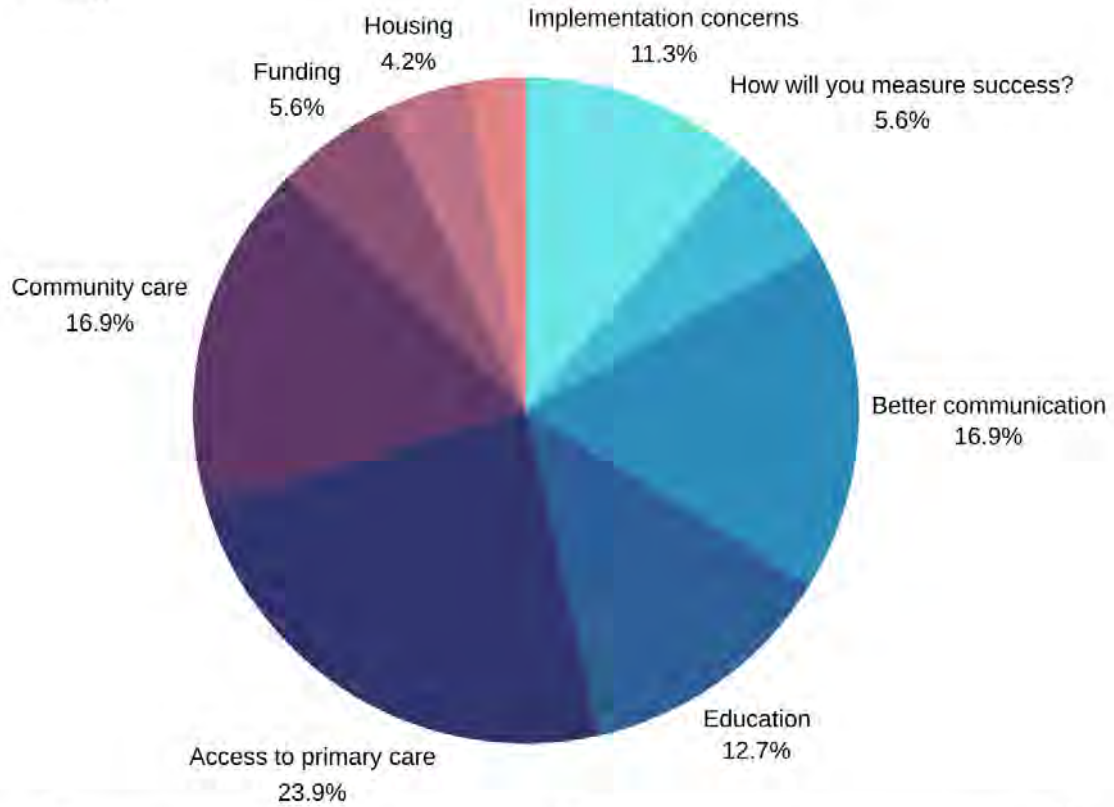
Is there anything missing from this priority?



Yes	28
No	82
Not Sure	30

Appendix 3

Is there anything else you would like to share with us that would be relevant to the Prevention and Early Intervention Strategy?



Implementation concerns	8
How will you measure success?	4
Better communication	12
Education	9
Access to primary care	17
Community care	12
Funding	4
Housing	3
Death and dying	2



Prevention and Early Intervention Strategy

Prevent, Reduce and Improve

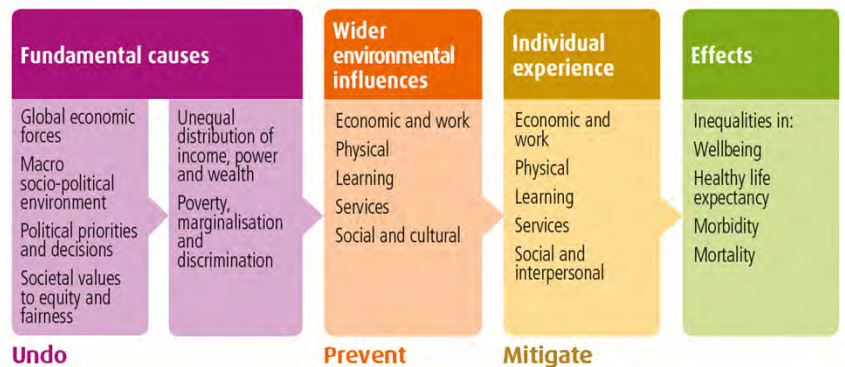
www.fifehealthandsocialcare.org

Introduction

Welcome to Fife’s Prevention and Early Intervention Strategy 2024 – 2027. This document sets out how we will develop our approach to reducing the occurrence and impact of various health and social problems through proactive measures and timely interventions in line with our vision and strategic priorities in our published Strategic Plan 2023 – 2026 [Fife-Strategic-Plan-2023-to-2026-FINAL.pdf \(fifehealthandsocialcare.org\)](https://www.fifehealthandsocialcare.org/Strategic-Plan-2023-to-2026-FINAL.pdf)

The Prevention and Early Intervention Strategy requires a longer term approach to embed a sustained cultural shift. Changing attitudes, behaviours and practices within a community or organisation takes time and consistent effort. Shifting focus to prevention and early intervention approaches will impact positively on reducing health inequalities by addressing root causes and providing timely support to individuals and communities at particular risk.

Health Inequalities can stem from a variety of root causes, including socioeconomic factors, access to healthcare services, education levels, environmental factors and individual behaviours. Socioeconomic status, in particular, plays a significant role in determining an individual’s access to resources such as quality healthcare, nutritious food, safe housing and education. Individual behaviours, such as smoking, poor diet, lack of exercise, and substance use, can also contribute to health disparities. Addressing these root causes require a comprehensive approach that includes policy changes, community interventions and individual behaviour modifications.



Ref: Health Inequalities theory of causation, Public Health Scotland

We believe that by fostering a culture that values prevention and early intervention it is possible to truly deliver upstream prevention and early intervention efforts while being fully cognisant of the current and projected financial and resource pressures.

The burden of illness and early death can impact individuals, families, communities, healthcare systems and society as a whole. More than a quarter of all deaths in Scotland are potentially avoidable. Individuals who experience illness or premature death may suffer physically, emotionally and financially affecting their quality of life and wellbeing. Families of those affected may experience emotional distress, financial strain, and disruption in their daily lives. Communities may face decreased productivity and social challenges as a result of illness and early death. Healthcare systems may be burdened with increased demand for services, higher costs and challenges in providing quality care to those in need. Society as a whole may experience reduced economic growth, increased inequality, and strained social services due to the burden of illness and early death.

There is significant potential to reduce the burden of illness and early deaths in Fife. Addressing these issues requires a coordinated effort across multiple sectors to improve health outcomes and reduce impact of illness and premature mortality. Actions that will prevent ill-health are supported by a growing body of economic evidence demonstrating they are cost-effective. In this time of current projected financial and resource pressures it is even more important that we have a strategy to focus our approach in Fife, deliberately embedding prevention and early intervention in everything we do.

By investing time and effort in preventative measures and early interventions we believe we can reduce the need for costly critical services in the future leading to better outcomes for individuals and communities as well as ensuring our resources are used effectively and efficiently in line with the national wellbeing outcomes of integration.

This strategy focuses on identifying and addressing potential risks and challenges before they escalate by tackling social disadvantage, promoting health and wellbeing, and enhancing the overall quality of life for individuals and communities in Fife.

This Strategy will begin to support a culture of prevention and early intervention across Fife where every conversation counts and can support us to **PREVENT, REDUCE and IMPROVE** health and social disadvantage.

Background and Context

The **Prevention and Early Intervention Strategy** is identified as one of the H&SCP Strategic Plan’s nine transformational Strategies.

This Strategy has been designed as a cohesive framework that links with our other key transformational strategies. It is expected these strategies will include specific areas of prevention and early intervention activities unique to their individual area within both their strategy documents and delivery plans.



The aim of this Strategy to support the embedding of prevention and early intervention approaches across all other relevant plans and strategies thus creating a holistic approach that will lead to improved health outcomes for individuals and communities.

Our vision for the Prevention and Early Intervention Strategy 2024 – 2027 is closely aligned to the Health and Social Care Partnership Strategic Plan’s Vision of supporting the people of Fife to live independent and healthier lives for longer.

Our mission is to support the delivery of the Prevention and Early Intervention Strategy 2024 -2027

Our Vision

“

To ensure everyone in Fife has the same chance of getting the care or support needed to prevent, reduce or improve health and social problems arising so that their lives will be healthy and independent for longer.

”

Our Mission

“

To create the conditions and culture across Fife for prevention and early intervention so that people can remain well or limit health and social care problems.

”

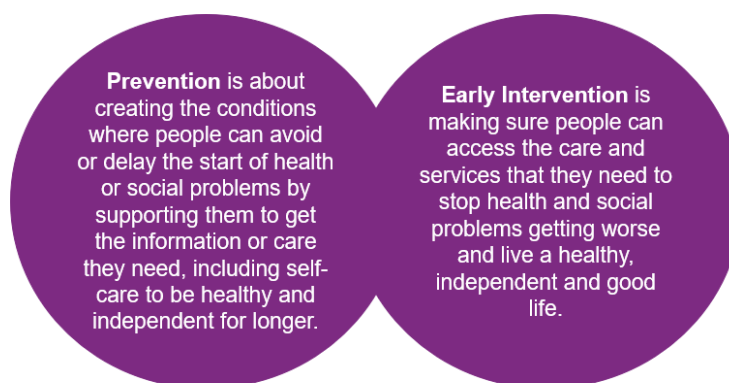
Our five Prevention and Early Intervention priorities were identified during the development of the Health and Social Care Partnerships Strategic Plan and will support achievement of our vision and our strategic priorities.

Priority	The Changes we need to make.	What will success look like?	Where we want to be in 2027
1	We will ensure inclusive and equitable access to care across Fife.	More support available with personalised support to prevent escalation of need as the first line of prevention.	People living at home with long-term conditions will be enabled and supported to effectively manage their condition at home, and to live longer, healthier lives at home, or in a homely setting.
2	We will improve data collection and management, ensuring that our resources are deployed effectively.	An increase in the number of conditions that can be successfully addressed at an early stage, leading to reduced pressure on acute services.	An improvement in health and wellbeing outcomes for the people in Fife.
3	We will develop a life course approach which values and improves the health and wellbeing of both current and future generations.	Implementation of a life course approach (which highlights key life stages and experiences) to the prevention and management of long-term conditions.	An integrated, person-centred, life course approach is embedded across Fife.
4	We will assess existing service provision and identify both current and future requirements.	Completion of a gap analysis, and improved range of service interventions available.	Improved outcomes evidenced for individuals and their families, as evidenced by positive feedback and increased user satisfaction.
5	We will introduce a targeted and anticipatory approach which prioritises self-care and maximises opportunities for individuals, their families, and carers.	Increased opportunities for people to improve their knowledge and understanding of health and avoidable risk factors, leading to more positive outcomes.	Preventative care is fully embedded in care services across Fife.

What do we mean by Prevention and Early Intervention

There is no recognised definition of prevention and early intervention that includes both health and social care perspectives.

To define what it means for this strategy we felt it important to be aware of what the public understood by the term prevention and early intervention. The participation and engagement work undertaken as part of the development of this strategy has allowed us to agree these broad consensus definitions that we will use in our strategy.



To note; the transformational strategies of the H&SC strategic plan will have a more focused definition of prevention and early intervention specific to the outcomes in each of their strategies.

While prevention and early intervention are closely linked, it is possible to have prevention strategies without early intervention. Ideally a comprehensive approach would include both to address issues holistically. By combining prevention efforts to reduce the occurrence of problems and early intervention measures to address them promptly, a more comprehensive and effective approach can be achieved.

Prevention: aims to identify and address underlying factors that contribute to various issues such as social disadvantage, health problems, and risk factors, it involves implementing evidence-based practices, promoting awareness and education, and providing targeted support and resources to individuals and communities.

Early Intervention: involves identifying and addressing issues at their early stages to prevent them becoming more severe. This can include timely access to services, interventions, and support systems that are tailored to the specific needs of individuals. By addressing issues at their early stages, individuals are more likely to experience positive outcomes and have better long-term prospects.

This first three-year Strategy will aim to begin to create the conditions we need to support a shift in focus towards more prevention and early intervention activity. Implementation will be considered beyond 2027 to support the change becoming an integral part of the system. Time is needed to build this momentum for change to create the structures that make it easier for people to consider prevention and early intervention.

Why invest in Prevention and Early Intervention?

How health and social care is delivered sustainability may be one of the greatest challenges we face now and over the next 10 years or more. An ageing population and continuing health inequalities mean that our health and social care system will continue to face increasing pressures. Reducing demands on our health and social care system is needed to ensure we can continue to deliver care for future generations. Investing in prevention and early intervention approaches can lead to cost savings, improved societal outcomes and a more resilient and prosperous economy in the long term.

Good health and wellbeing can allow people to more easily play an active role in their communities and the economy. In turn, this promotes prosperity and enables individuals, communities and society to flourish. The factors which influence our health and wellbeing are complex. Some cannot be changed, such as our age or genetics. Others can be modified by prevention and early intervention measures, such as our diet or health behaviours, for example how much exercise we take. Our health is also determined by conditions in which we grow up, live and work. These include our education, employment, income, access to healthcare, social networks, housing and broader socio-economic, cultural and environmental factors.

Prevention and early intervention approaches can influence our health, wellbeing and social circumstances (such as poverty, loneliness and social isolation) by preventing or avoiding problems arising or stopping things getting worse. By addressing issues early on such as mental health concerns, substance use or educational challenges individuals are more likely to reach their full potential and contribute to the economy.

We can influence our population's health, wellbeing and social circumstances by ensuring access to quality health and social care; supporting people to adopt behaviours which support good health and wellbeing such as limiting alcohol and drug use, good diet and physical activity. Social and economic factors and the physical environment are equally important and therefore wider collaboration across the whole system, health and social care, third and independent sectors is needed to continue to support our population and to improve overall quality of life.

Causes of Health Inequalities

In our early years we know that one in four children in Fife live in poverty which affects opportunities for health, learning and development from birth onwards, which can have lifelong consequences. Around 20% of primary one aged children in Fife are obese with rates highest in areas of deprivation. Children and young people can also be affected by homelessness with an estimated 2000 people currently homeless in Fife.

It is increasingly recognised that these disadvantages start **before** birth and accumulate throughout life leading to intergenerational poverty, reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

It is also recognised that housing has a critical role by providing a stable foundation for individuals, families and communities, promoting positive environments and facilitating timely support and interventions. Housing programmes and initiatives can offer targeted support and resources to vulnerable populations such as homeless individuals, at risk youth or families experiencing housing insecurity.

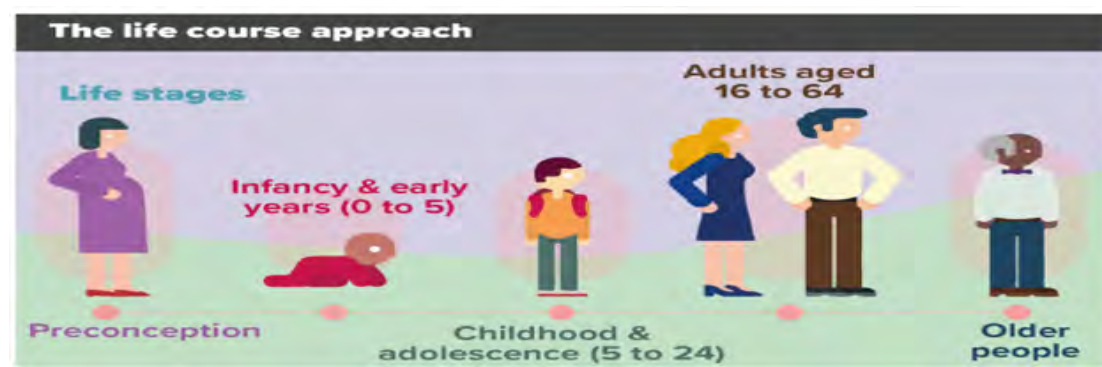
What we have been doing so far

It is important to recognise that Fife's prevention and early intervention journey doesn't start here, there has been significant work undertaken and progress made to further preventative and early intervention approaches in Fife over the last 10 years. This Strategy is a means of formalising our commitment to Prevention and Early Intervention and it is also a mechanism to share our message with our stakeholders, our workforce and the people of Fife so that prevention and early intervention can be embedded across our workforce, our partners and our communities.

We also acknowledge that there are a range of **core** preventative initiatives aimed at promoting public health and wellbeing. These initiatives may include but are not limited to: immunisation programmes, weight management interventions for obesity, Hep C elimination, smoking cessation, health visiting pathways, oral health improvement, social support services etc.

Prevention and Early Intervention Approaches

Our approach to prevention and early intervention in Fife adopts the **Life Course Approach**.



The World Health Organisations definition of this is: *'A life course approach to health aims to ensure people's well-being at all ages by addressing people's needs, ensuring access to health services, and safeguarding the human right to health throughout their life time'*.

Why a life course approach?

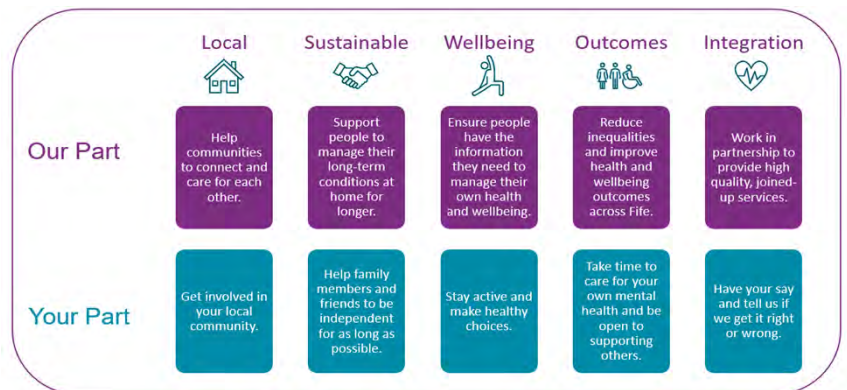
Prevention and early interventions can be undertaken at any point in a person's life (from before birth, through childhood, to adulthood and into our older years). The life course approach recognises the importance of understanding individuals' experiences and circumstances throughout their entire lives. It emphasises the interconnectedness of various factors, such as social, economic and environmental influences that may impact on an individual's life. This life course approach considers which interventions, services or resources are best used to prevent ill health, maintain or improve the health and wellbeing for people at different ages and stages in their lives.

Successfully intervening at an early age can have a positive impact across a persons' whole life. How and where we address risk factors for disease (tobacco use, harmful use of alcohol, lack of physical exercise, unhealthy diet, social isolation or air pollution) or deliver large prevention programmes (immunisation and cancer screening) will be different at each life stage. People are also more likely to need support to prevent or limit health or social disadvantage arising at specific times of transition in their lives. For example after pregnancy or childbirth, becoming unemployed, when relationships breakdown, or bereavement, when admitted or discharge from hospital, or when attending emergency care, being liberated from prison, or becoming homeless. We can take account of this when planning prevention and early interventions.

Our Wellbeing Pledge Approach

To support the delivery of the Prevention and Early Intervention Strategy, our Wellbeing Pledge has been developed in line with our Strategic Priorities, the Wellbeing Pledge is both our commitment to and our ask of the people of Fife.

**Adapted with permission from South Ayrshire Health and Social Care Partnership*



It is important to emphasise the collaborative nature of the partnership between organisations, individuals and communities involved. By highlighting the shared responsibility and commitment to wellbeing, we can work together towards a common goal. This can involve open communication, mutual respect, and a collective effort to support each other in achieving optimal wellbeing. By fostering a sense of unity and team work, the "us" component of the pledge can strengthen relationships, promote accountability and enhance overall wellbeing outcomes for all involved.



We want to enable the people of Fife to take proactive steps to maintain their own health and wellbeing and help others.

We refer within the Strategy to 'self-care' as an approach for individuals to maintain their own health and wellbeing. It involves recognising one's own needs

and taking steps to meet them in a healthy and sustainable way. Self-care activities can vary widely and may include practices such as exercise, healthy eating, getting enough sleep, engaging in hobbies or activities that bring joy, setting boundaries, seeking support from others and practicing mindfulness or relaxation techniques. By incorporating self-care into one's routine, individuals can better manage stress, burnout, and improve overall quality of life.

Enabling individuals to take proactive steps to maintain their physical, mental and emotional wellbeing will prevent, reduce or improve the onset of new or more serious health issues or crisis.

Partnership's Locality Planning Approach

An important part of Fife Health and Social Care integration was the creation of localities, bringing decision making closer to communities.

Localities provide one route, for communities and professionals to take an active role in, and provide leadership for, local planning of health and social care service provision.

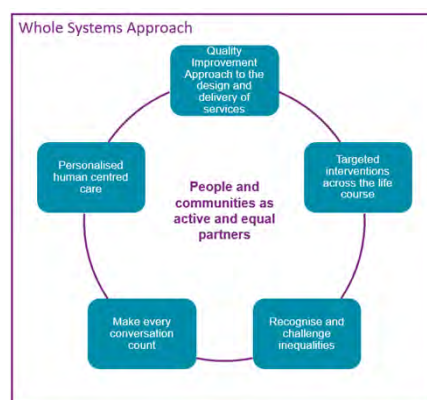
The locality planning approach will support the delivery of the Prevention and Early Intervention Strategy through: targeted interventions, collaborative working, robust communication and engagement activity, supporting and enabling better care co-ordination and building on existing relationships with our third and independent sector partners.



Whole System Approach

A whole system approach to prevention and early intervention involves a comprehensive co-ordinated effort across various sectors and stakeholders to address issues at their root causes and intervene early to mitigate potential negative outcomes. This approach recognises that prevention and early interventions are more effective and cost efficient than addressing problems at later stages.

By involving social care in our strategy, we can effectively identify and address the social, economic and environmental determinants of health. Social care professionals can help individuals and families navigate difficulties, build resilience and access the support they need to prevent further problems. Overall, social care is essential for addressing social inequalities, promoting wellbeing and ensuring individuals and communities have the necessary support to thrive.



In addition Fife's third and independent sector organisations are driven by a mission to address social disadvantage and improve the wellbeing of individuals and communities. These organisations work closely with communities, individuals and other stakeholders to develop targeted intervention and support systems. They may provide educational

programmes, awareness campaigns, support services, counselling, mentoring and advocacy programmes to individuals at risk or in need of assistance. By leveraging their expertise, community connections and resources these organisations contribute to a holistic approach that addresses social challenges at their roots.

Relative Contribution to Health from Modifiable Factors



Marmot’s eight principles towards improving population health and wellbeing identifies that Health and Social Care provides access to quality care and can influence risk factors (such as alcohol, drug use, sexual activity, unhealthy diet and lack of physical activity) which account for 20% and 30% respectively of how we can support independent healthier lives. However, the remaining determinants of health lie outside health and social care, which is why we need to and will work closely and in partnership with other sectors such as housing and education to deliver care that matters to people.

(Ref: Bookse etal, 2010 and Kings Fund – A vision for population health (used for illustrative purposes)

By adopting a whole system approach to prevention and early intervention, stakeholders can work together to create a more proactive and responsive system that promotes well being, reduces the burden on individuals and communities and improves long term outcomes.

Challenges

We recognise that we face many challenges in delivering proactive and effective approaches to prevention and early intervention in Fife. This diagram shows the key challenges highlighted throughout our research and engagement activity



Enablers

The diagram below shows the identified enablers that will support the overall delivery of prevention and early intervention in Fife.



- Locality groups can ensure that people who use health and social services get the right care and support, at the right time and in the right setting, with a focus on community-based and preventative care
- A diverse and engaged workforce can bring fresh perspectives and innovative ideas to the table and effectively support the implementation of this strategy

- Effective communication will maximise opportunities for people at every life stage to access the right care, at the right time and in the right place to maintain good health and wellbeing.
- Digital solutions can give people the skills to manage their own health and wellbeing and gain an insight into the conditions and circumstances that can affect their own health and wellbeing at an early stage.

Actions

To meet our identified challenges and achieve our vision, mission and priorities within the Prevention and Early Intervention Strategy, the following actions have been identified and are covered in more detail within our Delivery Plan.

Note: Person centred care is an approach to health and social care that prioritises the needs, preferences and experiences of individuals receiving care. It recognises that each person is unique and should be treated with dignity, respect and empathy.

Monitoring and Review

The Prevention and Early Intervention strategy will have an approved high level **Delivery Plan** that sets out how and when key deliverables will be delivered.

An underlying action plan will support the strategy deliverables by providing a detailed roadmap outlining specific tasks, timelines and responsibilities needed to achieve the desired outcomes. By breaking down the overall deliverables into actionable steps, the action plan helps to ensure clarity, focus, and accountability throughout the implementation process.

The reporting process will include quarterly reporting to the Strategic Planning Group to enable effective performance monitoring. Regular reporting of progress will be reviewed by the relevant committees and boards and will feed into the HSCP's Strategic Plan's Annual Performance Reports which will be reported and approved through the Integrated Joint Board (IJB).

Medium-Term Financial Strategy

The Prevention and Early Intervention Delivery Plan was developed in accordance with the Partnership's Medium-Term Financial Strategy and the funds that are made available to meet our statutory obligations in relation to service provision and performance targets in accordance with the National Health and Wellbeing Outcomes for Health and Social Care. This Strategy will also contribute to achievement of the measures within the Medium-Term Financial Strategy including:

- Best value and working within the resources available.
- Whole system working to build strong relationships with our partners.
- Technology first approach to enhance self-management and safety.
- Commissioning approach and developing third and independent sectors.
- Transforming models of care to support people to live longer at home, or in a homely setting.

Actions

- Awareness raising and culture change
- Workforce training
- Communications plan
- Health Promotion plan
- Person centred care
- Ongoing participation and engagement
- Use all data and feedback to inform decisions
- Map needs, services, assets and opportunities
- Anticipate who needs support and when
- Design and deliver care/services with people
- Tools and information to support self-care
- Whole system collaboration
- Leadership and coordination to drive change

Anticipated Outcomes

P&EI is embedded into workforce practices
Demonstrate increased activity and improved outcomes in collaboration with other strategy workstreams

Governance and Planning

The governance and planning for the delivery of the Prevention and Early Intervention Strategy is complex. The statutory responsibility for the strategic planning, commissioning and oversight of delivery for prevention and early interventions lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. Through the governance structure effective oversight of implementation of the Prevention and Early Intervention strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Meeting:	Public Health & Wellbeing Committee
Meeting date:	9 September 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary

There are 13 metrics reported to Public Health & Wellbeing Committee via the IPQR, of which, 3 (Mental Health Readmissions, Infant Feeding and Child Development) have no defined trajectory/target.

- Smoking Cessation did not achieve target for 2023/24.
- Alcohol Brief Interventions achieved target for 2023/24.
- CAMHS and Psychological Therapies are currently below trajectory for 2023/24, therefore not achieving national target.
- Targets met for Bowel and AAA screening but not for Breast.
- Childhood Immunisations target achieved for 6-in-1 at 12 months but not achieved for MMR2 at 5 years.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Improve Staff Experience & Wellbeing
 - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of March 2024; though CAMHS & Psychological Therapies are available up to the end of June 2024. The Screening measures have significant lag: Breast & AAA Screening are up to the end of March 2023; Bowel Screening is up to the end of April 2023.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all applicable metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report.

New measures included this month and onwards are related to Public Health Screening and Child Health with work to continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics:

Public Health & Wellbeing

- Breast and Bowel Screening
- Abdominal Aortic Aneurysm (AAA) Screening
- Infant Feeding
- Child Developmental Concerns

Highlights of July 2024 IPQR

A summary of the status of the Public Health and Wellbeing metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

meeting trajectory/target
within 5% of trajectory/target
out with 5% of trajectory/target

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Smoking Cessation	285	Mar-24	473	473
Alcohol Brief Interventions	120%	Mar-24	-	80%
Mental Health Readmissions <28 days	3.6%	Mar-24	-	-
CAMHS WT	70.8%	Jun-24	75.0%	90%
Psychological Therapies WT	67.8%	Jun-24	73.0%	90%
Drugs & Alcohol WT	93.1%	Mar-24	-	90%
Breast Screening	73.4%	Mar-23	-	80%
Bowel Screening	66.2%	Apr-23	-	60%
AAA Screening	87.3%	Mar-23	-	85%
Immunisation: 6-in-1 (at 12 months)	95.1%	Mar-24	-	95%
Immunisation: MMR2 (at 5 years)	85.7%	Mar-24	-	92%
Infant Feeding	31.6%	Mar-24	-	-
Child Developmental Concerns	18.4%	Mar-24	-	-

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment / Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and Governance Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Public Health & Wellbeing extract of the Position at July IPQR has been made available for discussion at the meeting on 09 September 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 15 August 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

This paper is provided to members for a “**moderate**” level of assurance, and for examining and considering the implications of the matter.

3 List of appendices

- Appendix 1 - IPQR Position at July 2024

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at July 2024
Produced in August 2024

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI). At each meeting, the Governance Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

Summarising performance against full list of National Standards and local KPI's. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. Performance RAG is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target. All charts with SPC applied will be formatted consistently based on the following;



Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

C1. Quality & Care

C2. Operational
Performance & Finance

C3. Workforce

C4. Public Health &
Wellbeing

MARGO MCGURK
Director of Finance & Strategy
13 August 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	7	5	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreases
◀▶	No Change
▼	Deteriorated - Risk Increases

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with elements of some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains in place.

C4. Public Health & Wellbeing

To improve health and wellbeing 4 2 2 - - High

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Smoking Cessation (2023/24)	285	YTD Mar-24	473	473	●	▲	—		● QE Dec-23
Alcohol Brief Interventions (2023/24)	120%	YTD Mar-24		80%	●	◆	—		●
Mental Health Readmissions within 28 days	3.6%	Quarter Mar-24			●	▼	▲		● YE Dec-23
CAMHS Waiting Times	70.8%	Month Jun-24	75.0%	90%	○	▼	▼		● QE Mar-24
Psychological Therapies Waiting Times	67.8%	Month Jun-24	73.0%	90%	○	▼	▲		● QE Mar-24
Drugs & Alcohol Waiting Times	93.1%	Quarter Mar-24		90%	●	▲	▼		● QE Mar-24
Breast Screening	73.4%	3-YTD Mar-23		80%	○	—	—		● 2021-23
Bowel Screening	66.2%	2-YTD Apr-23		60%	●	—	—		● 2022-23
AAA Screening	87.3%	YTD Mar-23		85%	○	▲	—		● 2022/23
Immunisation: 6-in-1 at Age 12 Months	95.1%	Quarter Mar-24		95%	○	▲	▲		● QE Mar-23
Immunisation: MMR2 at 5 Years	85.7%	Quarter Mar-24		92%	○	▼	▼		● QE Mar-23
Infant Feeding	31.6%	Month Mar-24			●	▲	▼		● QE Mar-24
Child Developmental Concerns	18.4%	Quarter Mar-24			●	▲	▲		● QE Mar-24

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

SPC Key

- Within control limits
- Special cause variation, out with control limits
- No SPC applied

Change Key

- "Better" than comparator period
- No Change
- "Worse" than comparator period
- Not Applicable

Benchmarking Key

- Upper Quartile
- Mid Range
- Lower Quartile
- Not Available



Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2023/24)

285 quits
60.3%

188 successful quits were required to achieve 23/24 trajectory

Data Analysis

There were 30 successful quits in Mar-24, which is 10 short of the monthly target and 4 less than that achieved in Mar-23. Achievement against trajectory is 60.3% (Mar-23 was 63.6%). For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: although 'other' services saw their success rate increase from 23% in Feb-24 to 43% in Mar-24.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Jun-23 (Q1), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 47.8% against a Scottish average of 66.1%.

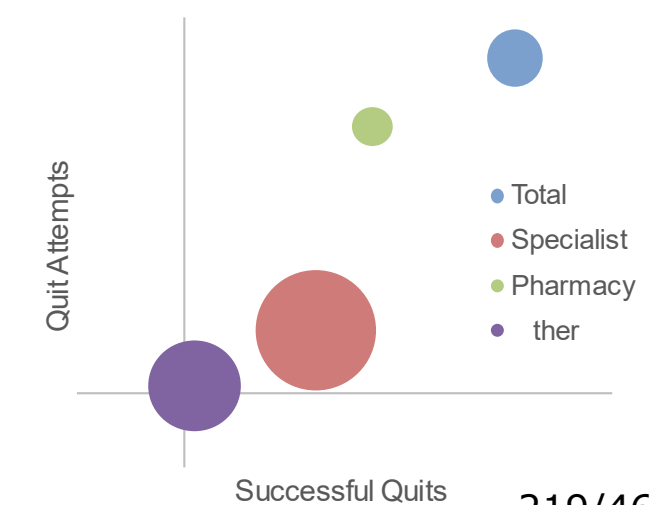
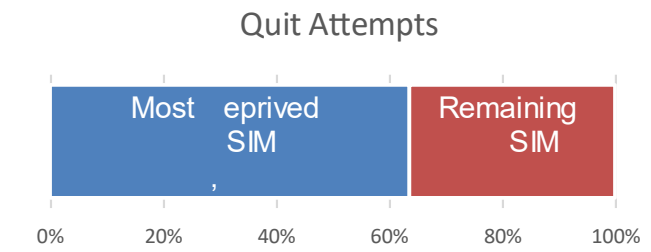
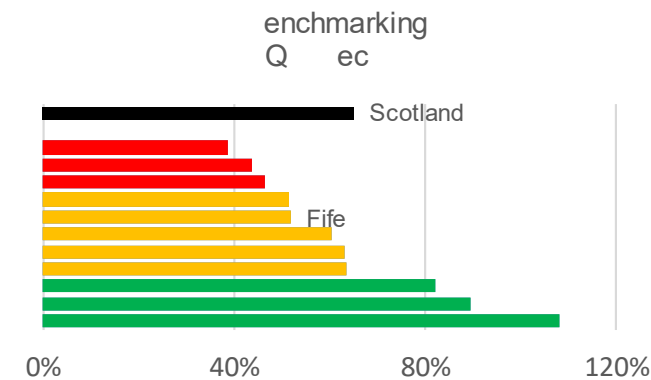
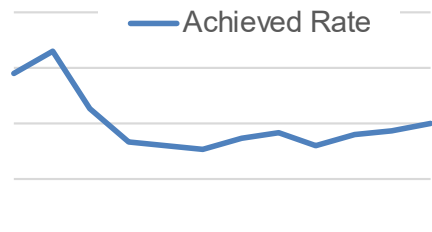
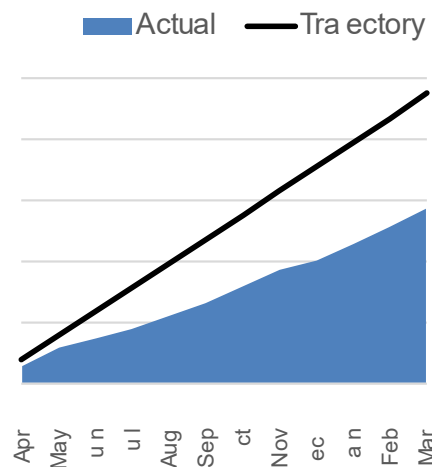
Achievements & Challenges

Fife Stop Smoking Services are working to meet the Scottish Government Tobacco & Vaping action plan, targeting the identified 4 priority groups: people living in our lowest SIMD areas; pregnant smokers; people with enduring mental health problems; and people with smoking related health issues. Successful quits for 40% (MDQ) is 227 to end of March 2024; Increased referrals from people experiencing deprivation who live outside of the 40% (MDQ) is a challenge, as they do not contribute to the LDP standard (target). They are part of the cumulative total of 465 quits for Fife services. All Scottish boards LDP standards (target) are being reviewed. In addition, local boards are now required to offer vaping cessation support this work does not contribute to LDP target.

Health Promotion Specialist service: Current face to face support provision has increased by 33% from July 2023 to 40 clinics per week. Increased provision has been progressed in our most deprived communities. Referrals and footfall have been fewer in number than pre-Covid levels, in response to this and listening to client feedback received, the service provides an additional 4 dedicated telephone support clinics per week to meet the needs of people who are housebound or unable to attend face-to-face appointments. Retention of clients in the specialist service remains a challenge for a variety of reasons, we are hopeful that the blended approach of telephone and face to face support will have a positive impact.

Data to March 2024 shows successful quit rate of 56% for quit attempts accessing the specialist service and 19% for Community Pharmacy service and 43% for other services.

Maternity Service: Referrals, engagement, and retention for pregnant smokers is continuing to progress. 56 pregnant smokers are actively receiving specialist stop smoking support up by 16 in the last month.





Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge

3.6%

Below Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Mar-24 was 3.6%, decreasing from 5.0% in QE Dec-23. The average number of readmissions each month in 2023/24 was 3. Average length of stay has been increasing from Nov-23 and was 120 days in Mar-24. (There was 4 patients with substantial LoS, 2 over 6 years and 2 over 2 years discharged in Mar-24).

On average, to year ending (YE) Sep-23, there was 11.1 readmissions per month within 133 days. Rate for QE Dec-22 was 11.2% with 28 readmissions.

On average, to year ending (YE) Mar-23, there was 20.1 readmissions per month within 365 days. Rate for QE Dec-22 was 23.9% with 50 readmissions.

In comparison to other mainland NHS Boards, NHS Fife has the second lowest readmission rate within 28 days. For average length of stay, NHS Fife was just below the Scottish average.

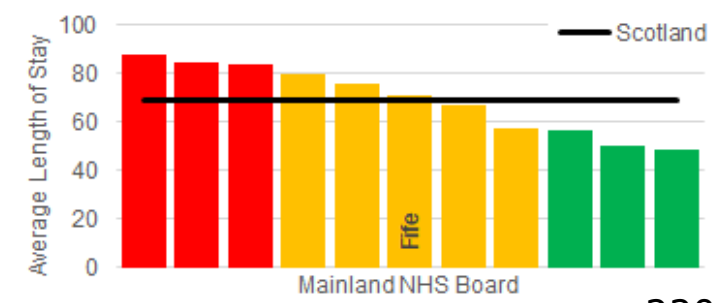
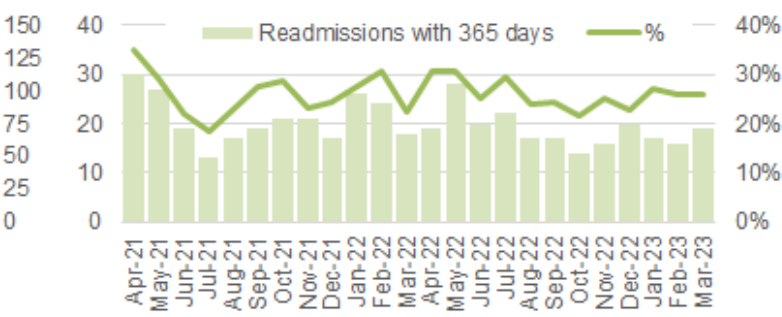
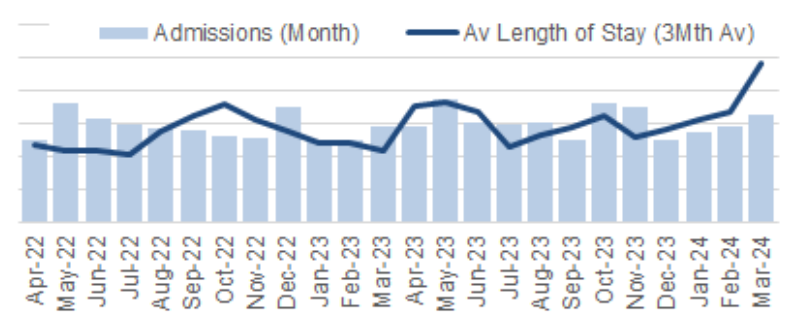
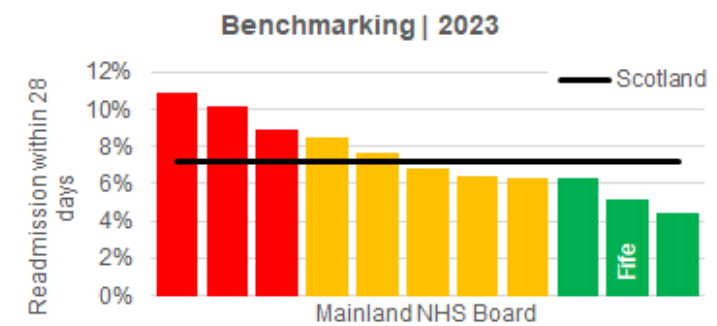
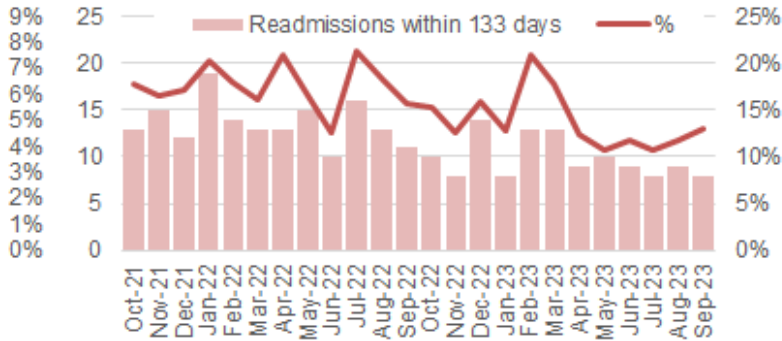
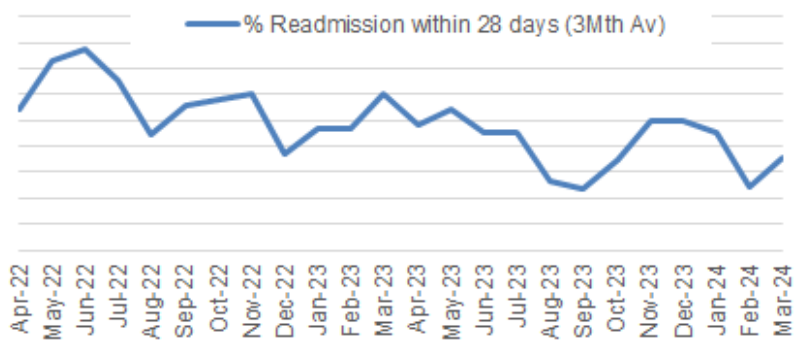
'Learning disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.

Achievements & Challenges

A Complex Delays Discharge planning group is in place to ensure that individualised packages of care are planned and commissioned prior to discharge. This is to ensure that appropriate care and support is in place to minimise readmissions. There are daily ward based, Multi-disciplinary team reviews to promote care that is least restrictive, identify and resolve barriers to discharge and identify supports to minimise future readmission.

Community teams promote engagement with a range of service providers both statutory and third sector to promote positive mental health and ensure mental health crisis is avoided where possible.

A review and redesign of urgent care provision for individuals in mental health crisis will be considered at the upcoming MH Programme Board in Aug 2024 with recommendations for future service development.





Data Analysis

Monthly performance decreased from 86.0% in May-24 to 70.8% in Jun-24 which is below local trajectory.

In Jun-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 15 in Jun-24 from 28 month prior.

The percentage of those waiting less than 18 weeks increased in Jun-24 to 91.26%. The number of referrals received in Jun-24 was 202, an increase from May-24 but lower than same month in 2023 .

The overall waiting list decreased to 170.

Benchmarking for the quarter ending Mar-24 shows NHS Fife lie in the lower-range of all mainland boards, 70.4% against Scotland average of 86%.

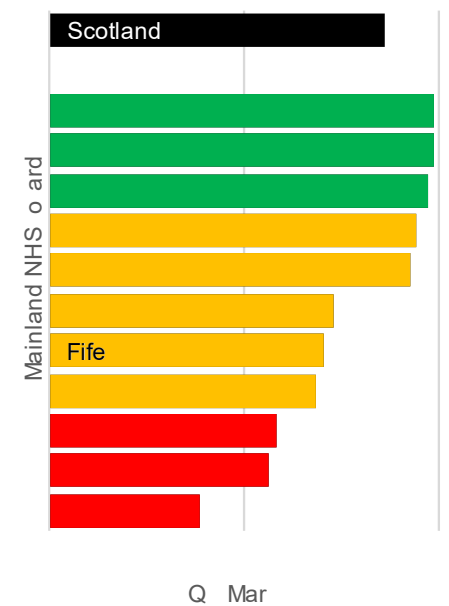
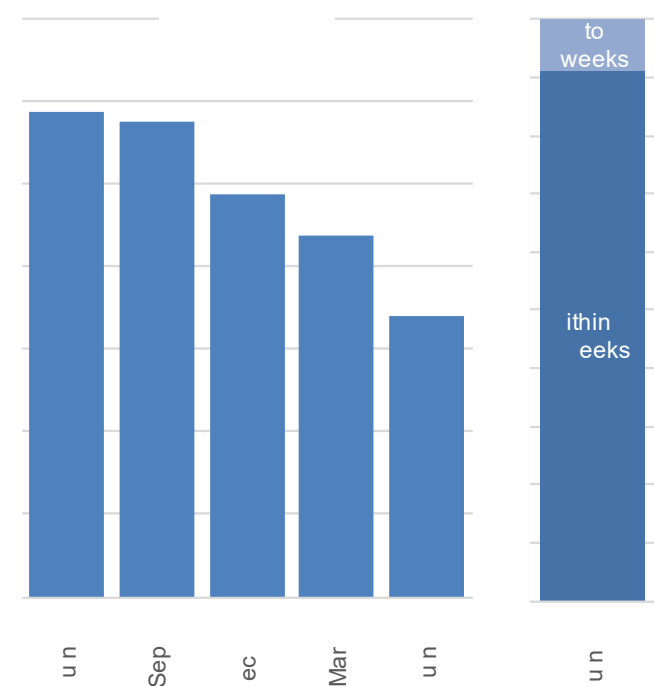
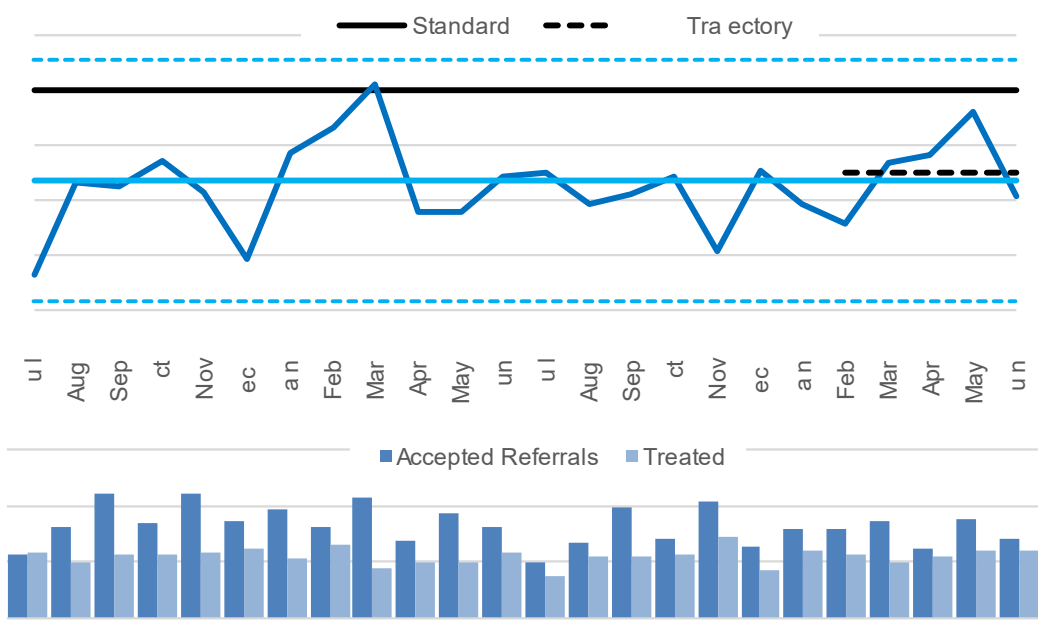
Achievements & Challenges

Appointments booked for all children and young people recorded as waiting over 18 weeks.

Significant focus on reducing the size of the waiting list and the number waiting over 18 weeks. At the end of June 2024 number waiting over 18 weeks was 15, and overall waiting totalling 170 children which is the lowest figure recorded since CAMHS data has been reported, dating back to 2013.(Highest being 911 waiting in June 2018)

Activity continues to be divided between urgent/priority (29%) and longest waits (71%), with overall activity being maintained as at May 2024.

The ability to achieve and sustain the 18-week RTT is dependent on the ability to effectively recruit and retain staff – this is essential to ensure capacity to meet demand. Workforce challenges are evident nationally and we continue to compete with other Boards and HSCPs in attracting staff





Psychological Therapies

In 2024/25, maintain 73% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (**National Standard 90%**)

67.8%

30 ↑

within 18 weeks to achieve trajectory

Data Analysis

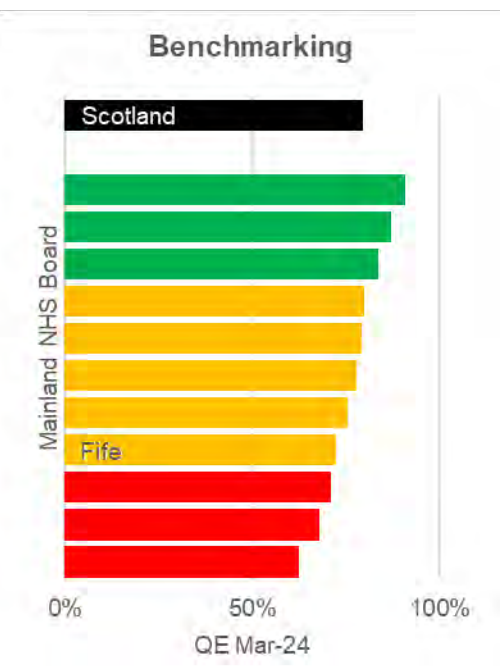
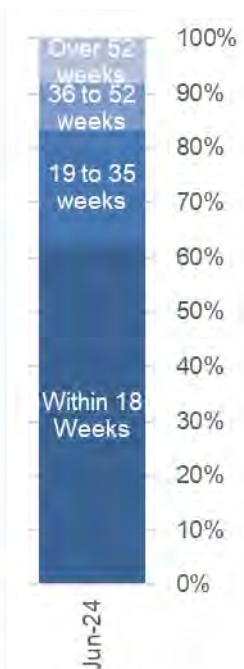
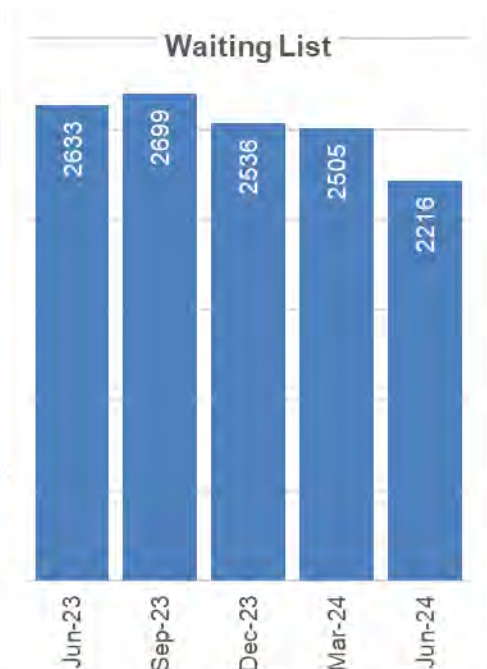
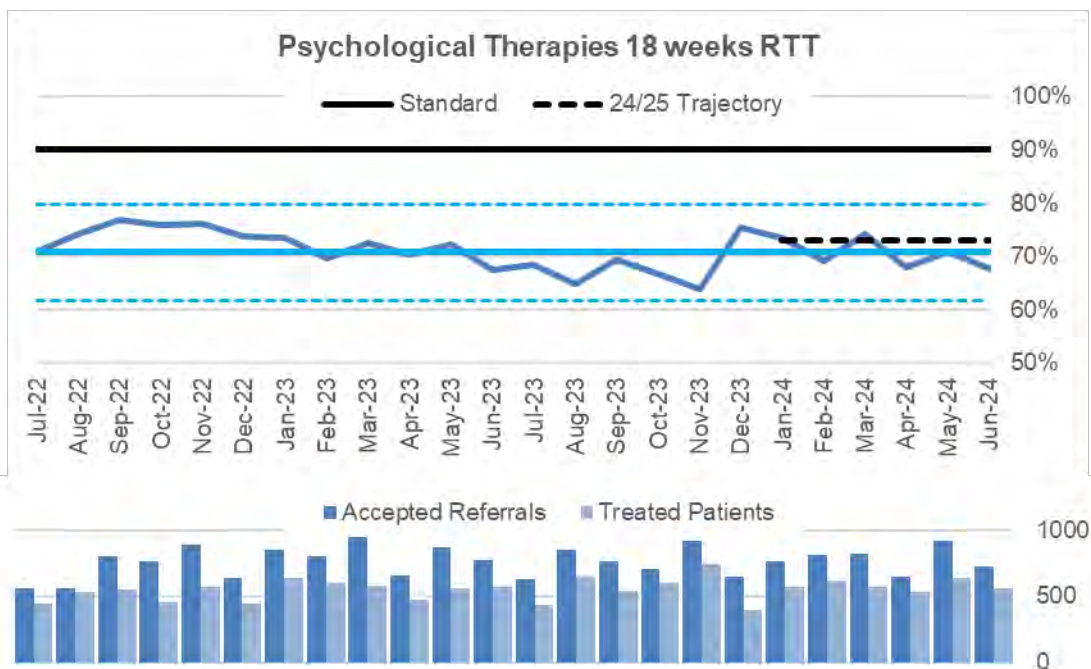
The number of new patients starting treatment can fluctuate due to nature of clinician's caseloads. In Jun-24 559 patients started therapy, this was less than the 639 in May-24 but more than the 533 April-24. There was a reduction in the number of patients treated within 18 weeks, leading to a decrease in performance to 67.8%, which is below local target for 2024/25 of 73.0%. This was in part due to fewer people starting online therapy but also due to the focus of activity, within CAMHS and Psychology, on the longest waits.

The overall waiting list was 2216, with the number waiting over 18 weeks decreasing to 841 and the number over 52 weeks decreasing to 183. Referrals for all ages reduced by 112 from month prior and is less than the number received in Jun-23. The % of referrals that were rejected in Jun-24 was 11.7%. NHS Fife was in the mid-range of NHS Boards as of the last quarterly PHS publication in June (for the QE Mar-24) and was below the Scottish average (72.3% compared to 79.3%).

Achievements & Challenges

This month again saw a reduction in the number of people waiting over 18 weeks for a PT. Of note is that the numbers of longest waits (over 53 weeks) fell below 200 for the first time since August 2018. Service development is one aspect of improving performance - a major focus currently within the AMH Psychology service (which has the largest number of referrals) is the newly established PT enhanced engagement team. This team will support appropriate engagement with PTs which are low intensity in terms of clinician time. As well as improving access to PTs in a sustainable fashion, this development aims to increase the number of people seen within 18 weeks. The main challenge to monthly performance remains the same – namely, the appropriate focus on provision of PTs for people who have waited over 18 weeks. Although longest waits are reducing overall, there are areas of service where the demand for PTs is significantly greater than service capacity and where neither redesign nor skill mix can mitigate the capacity gap. The current delays associated with recruitment continue to impact service delivery and this has a marked impact on PT performance in clinical services where the establishment was already small.

C4. Public Health & Wellbeing





Breast Screening

80% uptake in females between age of 50 and 70 within a 3-year rolling period (Minimum Standard of 70%)

Minimum Standard of 70% uptake in females between age of 50 and 70 within a 3-year rolling period in each SIMD quintile

73.4%

6.6% ↑ To achieve target

63.2%

6.8% ↑ To achieve Minimum Standard

Data Analysis

Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18.

The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas.

Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

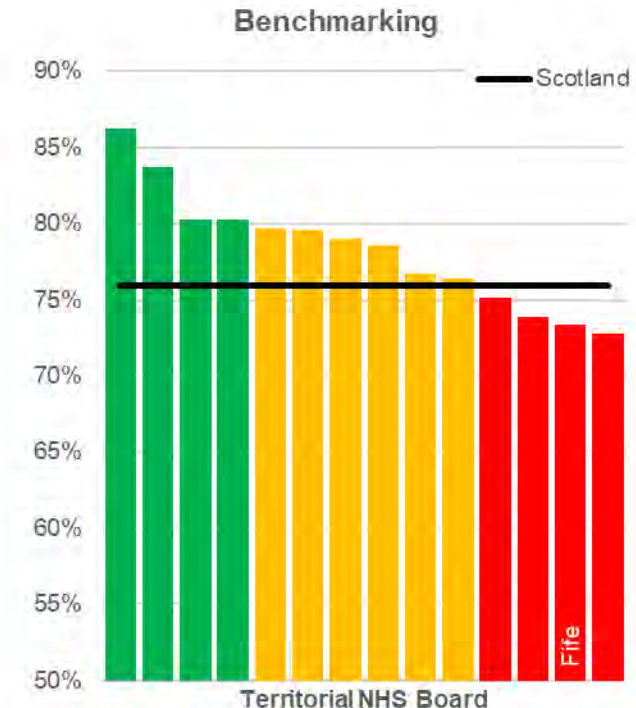
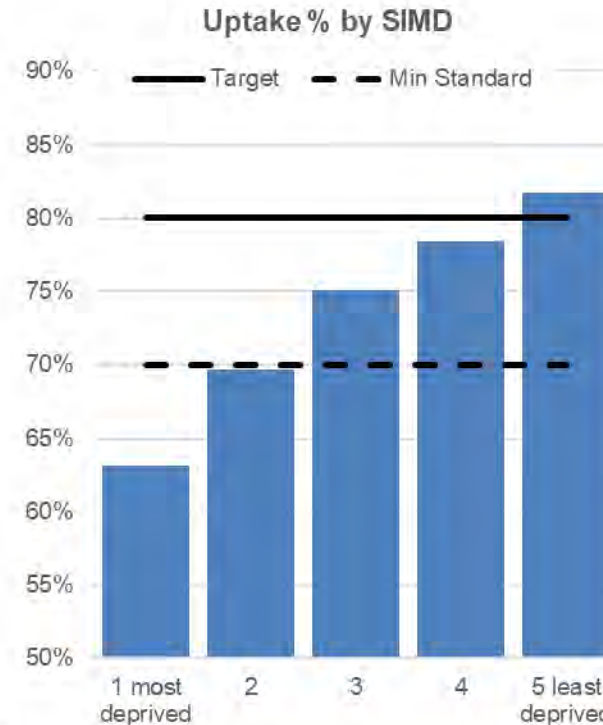
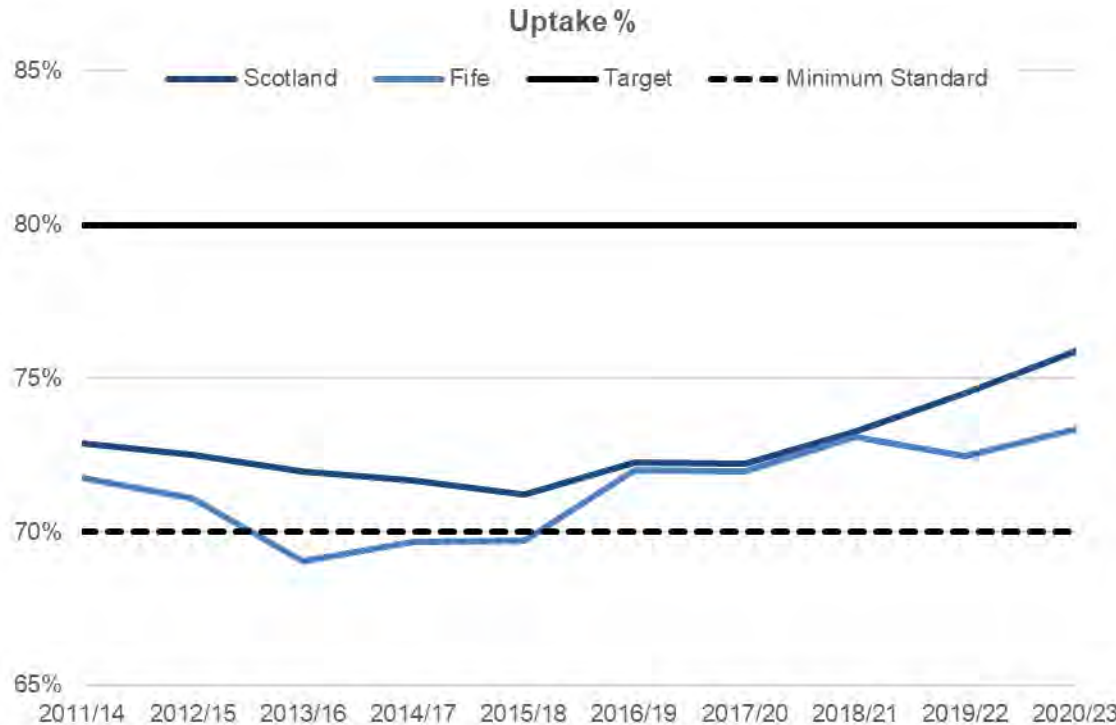
Achievements & Challenges

Achievements:

Breast Screening uptake within NHS Fife has continued to improve year on year (69.0% in 2013/16 screening round to 73.1% in 2018/21 screening round. Although uptake reduced to 72.5% during the pandemic in 2019/22, it has recovered to 73.4% in the current reporting period – 2020/23).

Challenges:

Breast Screening uptake in Fife remains lower than uptake in the majority of Health Boards in Scotland.





Bowel Screening

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result in each SIMD quintile

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

For the period May-21 to Apr-23, Fife exceeded the 60% uptake target for males, females and all persons, achieving 66.2%. Uptake for males and all persons exceed Scottish average whilst female uptake is 0.3% lower.

Uptake exceeds 60% for all persons in each SIMD quintile apart from the most deprived. To meet the target for most deprived, an improvement of 4.6% would be required for all persons.

The inequality gap is 18.0% for males, 20.4% for females and 19.2% for all persons. The gap in uptake between males and females was highest in the least deprived quintile (5.3%) and lowest in most deprived (3.0%).

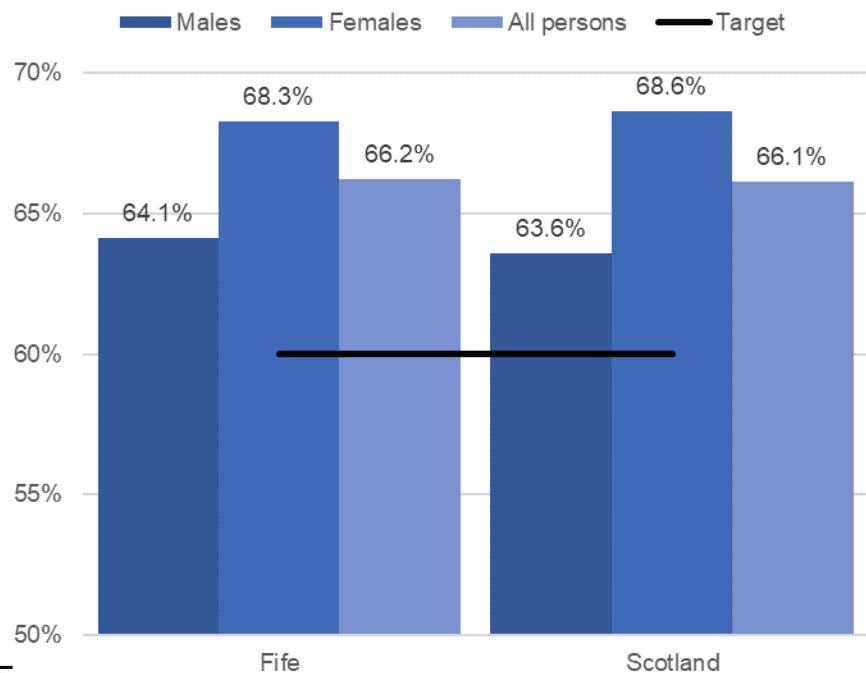
Benchmarking (all persons) shows Fife to be in the lower quartile at 66.2% uptake, marginally above the Scotland average of 66.1% and 0.4% below mid-range of all NHS Boards. Upper quartile uptake is 70.1%.

Achievements & Challenges

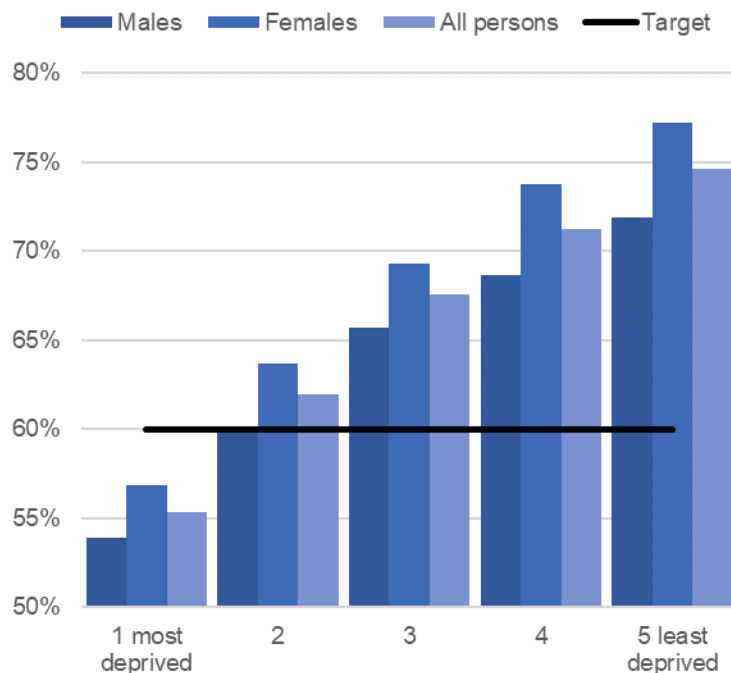
Achievements: The key achievement would be that Fife met the 60% uptake target in four out of five deprivation quintiles (SIMD quintiles 2-5). The NHS Fife Screening Inequalities Action Plan has been developed and will guide our inequalities work over the next five years. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 72.9% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 22.3% in Scotland.

Challenges: The lower uptake of Bowel Screening in our most deprived communities which would be addressed as part of our work on inequalities. Overall uptake of Bowel Screening in NHS Fife reduced from 66.8% in 2020-2022 to 66.2% in the current period. This was the first time uptake reduced since the introduction of the QFIT Test.

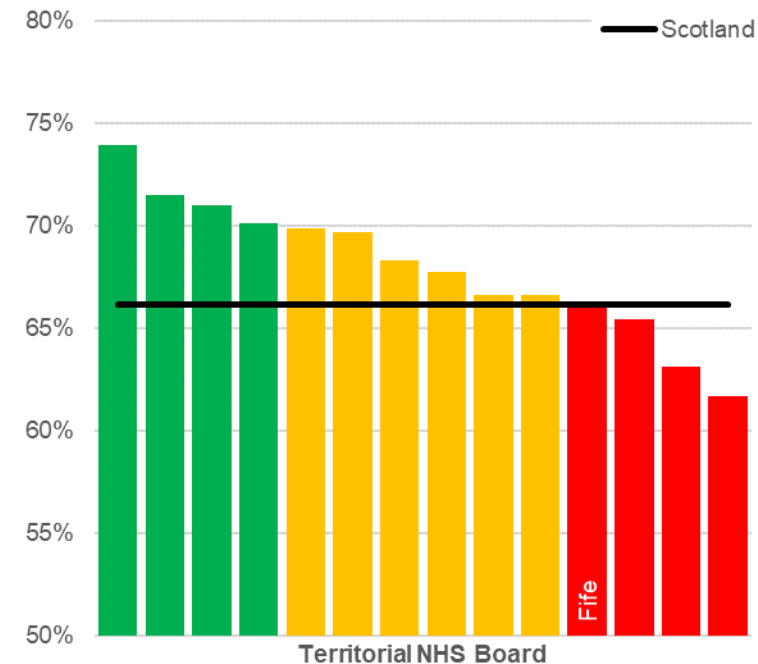
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

85% of men will be screened before reaching age 66 (Desirable Threshold)

85% of men will be screened before reaching age 66 in each SIMD quintile (Desirable Threshold)

87.3%

81.7%

most deprived

Desirable Threshold achieved for 2022/23

4.3% ↑

to achieve Desirable Threshold

Data Analysis

87.3% of eligible men were screened for AAA in 2022/23. The Desirable Threshold has been achieved in each of the last 3 years with a year-on-year increase in uptake with a 0.5% from previous year.

Uptake in each SIMD quintile achieved Essential Threshold of 75% with only most deprived quintile not achieving Desirable Threshold. The inequality gap was 10.0% between most and least deprived quintiles, a 0.2% reduction from previous year.

NHS Fife was in upper quartile compared all NHS Boards in 2022/23, with the highest uptake of all mainland NHS Boards, 16.6% higher than Scottish Average.

Achievements & Challenges

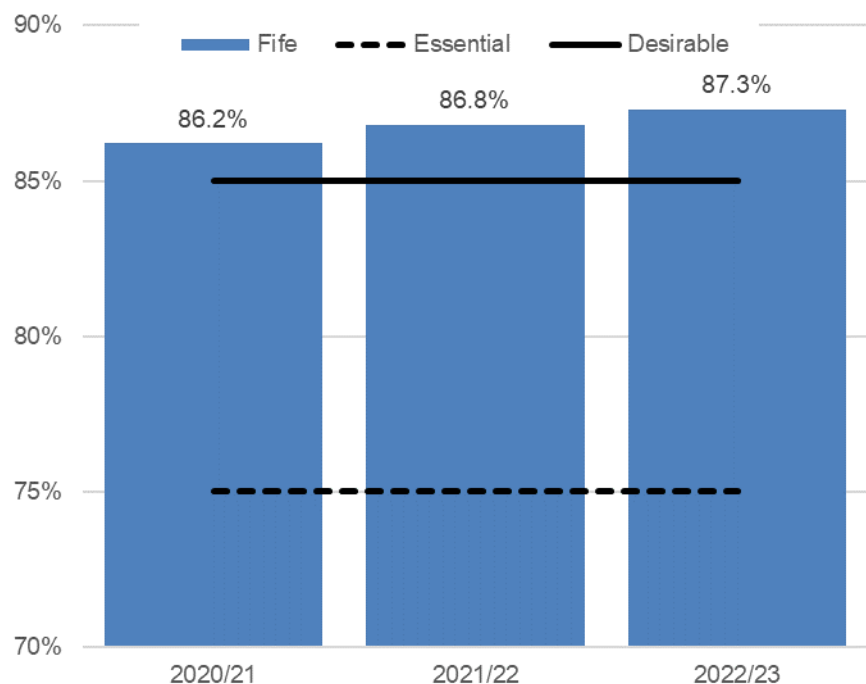
Achievements:

NHS Fife continues to achieve uptake above the Desirable Threshold year-on-year. Text message reminders for participants' appointments are now being issued where mobile numbers are available and since July 2023, two text messages are now being sent at 10 days and 3 days before screening appointment date.

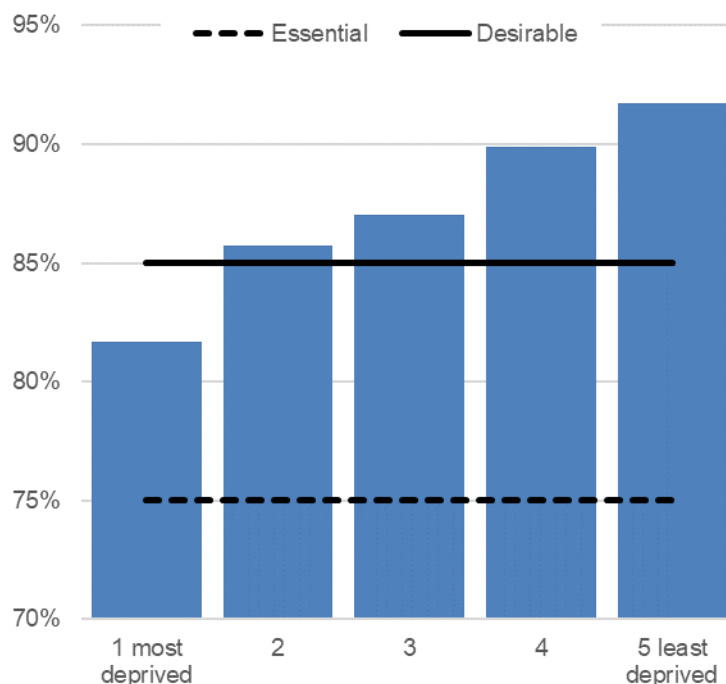
Challenges:

The main challenge is to improve uptake in the lowest SIMD quintile and to address Did Not Attend (DNA) rates across all SIMD quintiles. This will be part of our Screening Inequalities work which will be guided by the NHS Fife Screening Inequalities Action Plan.

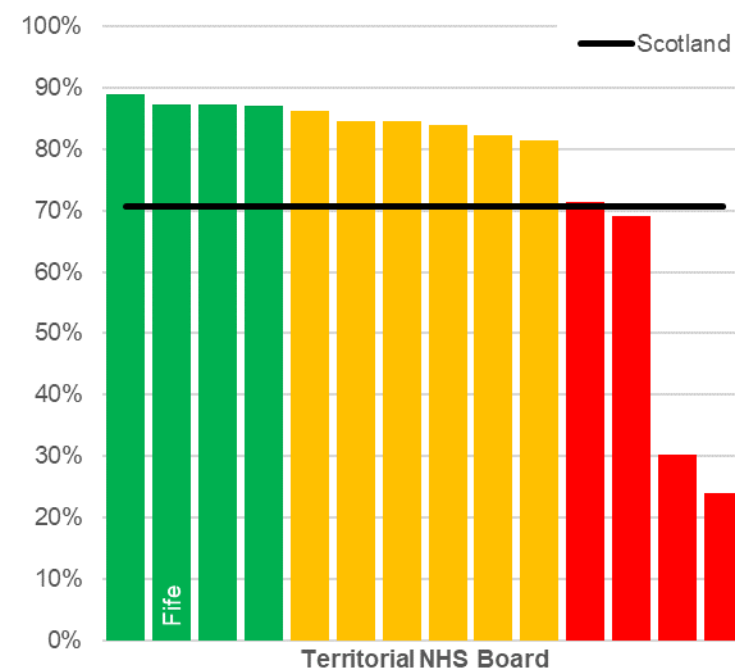
Uptake %



Uptake % by SIMD



Benchmarking





Childhood Immunisations

95% of children will receive their 6-in-1 vaccinations by 12 months of age

95.1%

Achieved

92% of children will receive their MMR2 vaccination by the age of 5

85.7%

53 ↑ to achieve target

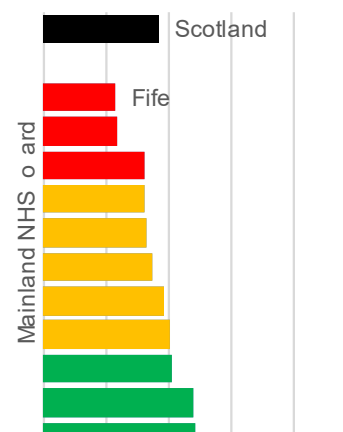
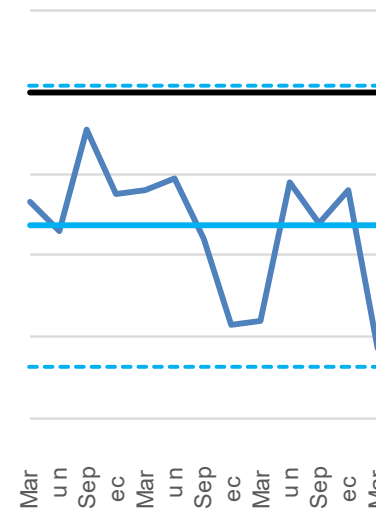
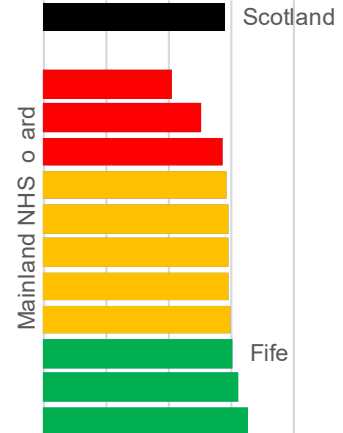
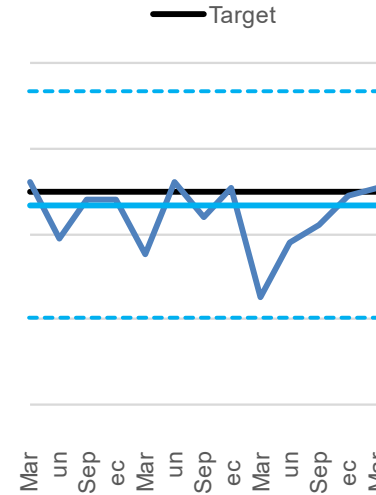
Data Analysis

6-in-1 at 12 months of age: The latest published data (for QE Mar-24) shows that NHS Fife uptake increased very slightly from 94.9% in the last quarter to 95.1% in the most recent quarter, which is above target and above the average of 94.7% (based on last 18 quarters). Rotavirus & MenB saw increases on previous quarter; PCV saw a 0.6% decrease in uptake. NHS Fife was in the upper-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.3%.

MMR at 5 years of age: NHS Fife uptake decreased from 89.6% in the previous quarter to 85.7% in QE Mar-24, which is below target, below the average of 88.7% and below the uptake seen in QE Mar-23 (86.4%). Hib/MenC & MMR1 saw decreases on previous quarter; 4-in-1 saw a 5% increase in uptake. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 92.1%.

Service Narrative

An increase in 6-in-1 uptake at 12 months over the last two quarters is encouraging: we are now in a position of being above the Scotland average. The infant vaccination clinics take place year-round. MMR2 QI work has included: improvements in 'was not brought' pathways; use of SIRS (national child health system) to appoint from queues instead of previous method of a letter inviting parents/carers to call to book; doubling of slots offered at some venues to allow those waiting to be appointed; regular review of lists to increase capacity in high queue clinics (queues have dropped from 1506 children 12 months ago, to only 71); drop-in sessions planned throughout the year with occasional evening clinics; scoping the use of a text reminder system. Through this QI work we are seeing small but positive impacts on other parts of the childhood programme (e.g. strengthening relationships and feedback from health visitors). Over July, drop-in clinics will be offered for all childhood vaccinations to support the previous QI work and to allow more flexibility for children to be brought for vaccinations, which in turn will increase uptake. Early uptake data evaluated at 3 years 5 months shows that when this cohort first became eligible for dose 2 MMR in summer 22, initial uptake was low (22%). This cohort still have lower than expected uptake when evaluated when they now have turned 5 years in the period Jan to March 24, despite further offers of vaccination in the intervening period. Early uptake data for more recent cohorts evaluated 3 years 5 months shows higher early uptake than this cohort (61%) which is encouraging and puts them in a better position to reach the 92% local target by the time they reach 5 years.





Infant Feeding

Increase the proportion of infants exclusively breastfed at 6-8 weeks

31.6%

Below Scottish Average

Data Analysis

The % of infants exclusively breastfed at 6-8 weeks in Mar-24 was 31.6%, an increase of 1.1% from month prior. The % that had ever breastfed increased to 66.3%

Exclusively breastfed at First Visit increased from 37.7% in Feb-24 to 38.2% in Mar-24 with a slight reduction in % ever breastfed to 67.7% from 68.0% month prior.

There has been an improvement at both, first visit and 6-8 week, reviews in all infant feeding categories from Year Ending (YE) Mar-23 to YE Mar-24. However, there was increase in the gap between exclusively breastfed from first visit to 6-8 weeks to 9.2% from 7.8% year before.

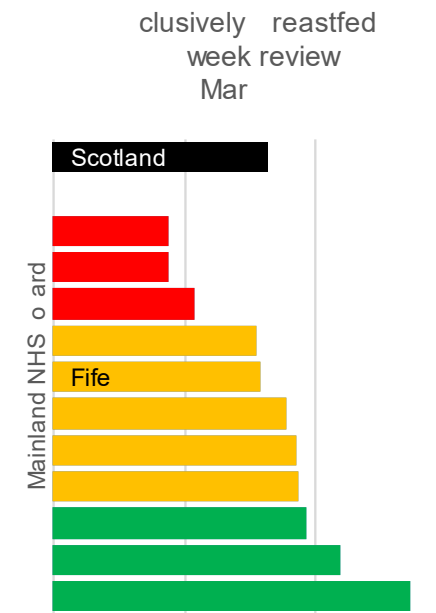
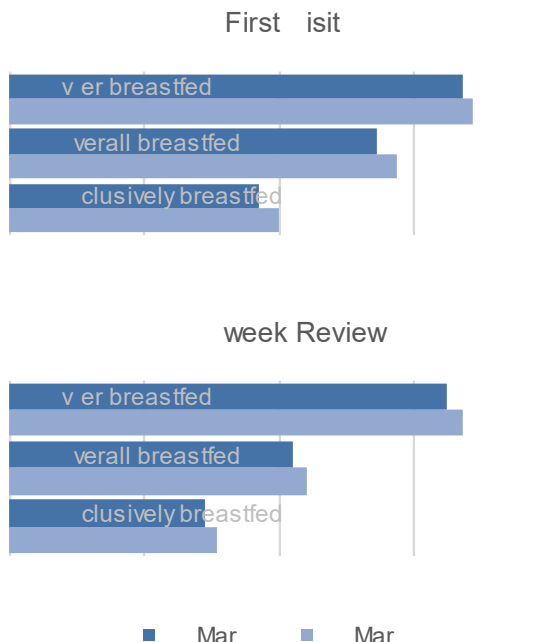
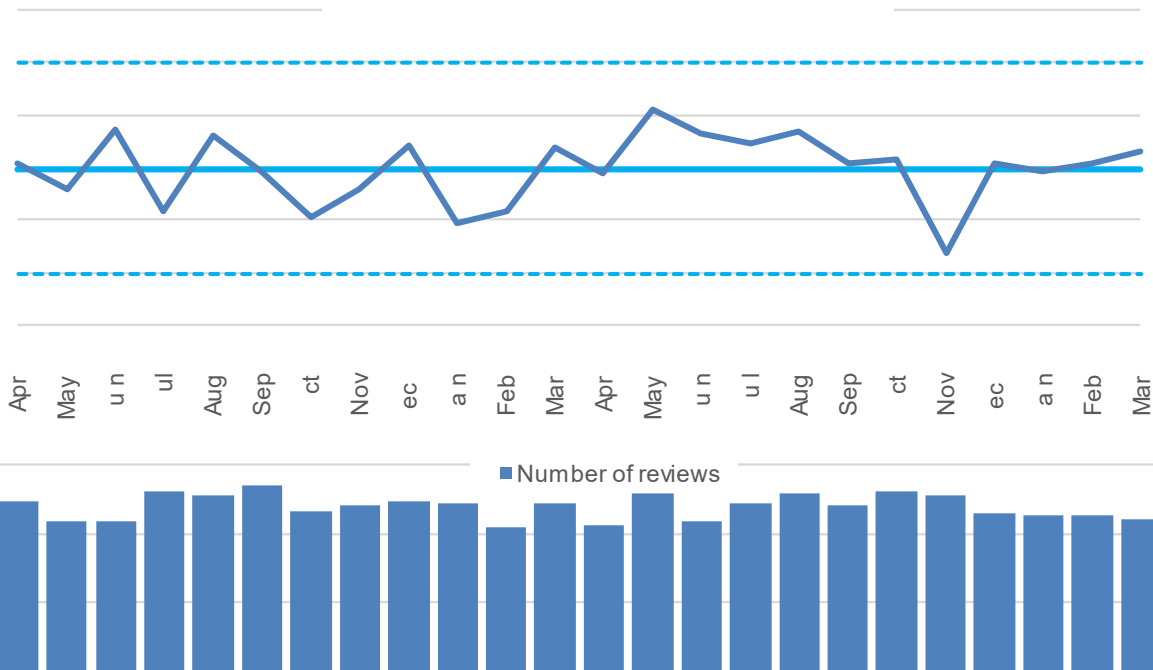
NHS Fife was mid-range compared to other mainland NHS Boards for % exclusively breastfed at first visit and 6-8 weeks in Mar-24, 5.9% and 7.1% respectively from upper quartile values.

Achievements & Challenges

The Health Visitors and NHS Fife Breastfeeding Support Team are collaboratively striving to enhance quality indicators and improve infant and child outcomes across all key contacts within the Universal Health Visiting Pathway (UHVP).

Post-pandemic, significant efforts have been made to gather and review data across all UHVP contacts maintain focus on and inform quality improvement initiatives.

C4. Public Health & Wellbeing





Developmental Concerns

Reduce percentage of children with one or more developmental concerns recorded at the 27-30 month review

18.4%

Above Scottish Average

Data Analysis

For quarter ending (QE) Mar-24, the % of children with one or more development concerns has increased to 18.4%. This is over 3% more than QE Dec-23 and highest % since Mar-23 (18.3%). There was 821 reviews in QE Mar-24, highest number since QE Mar-23, which was last time over 800 reviews occurred. NHS Fife is in mid-range of all Mainland NHS Boards, with an increase in 1.1% to achieve upper quartile performance.

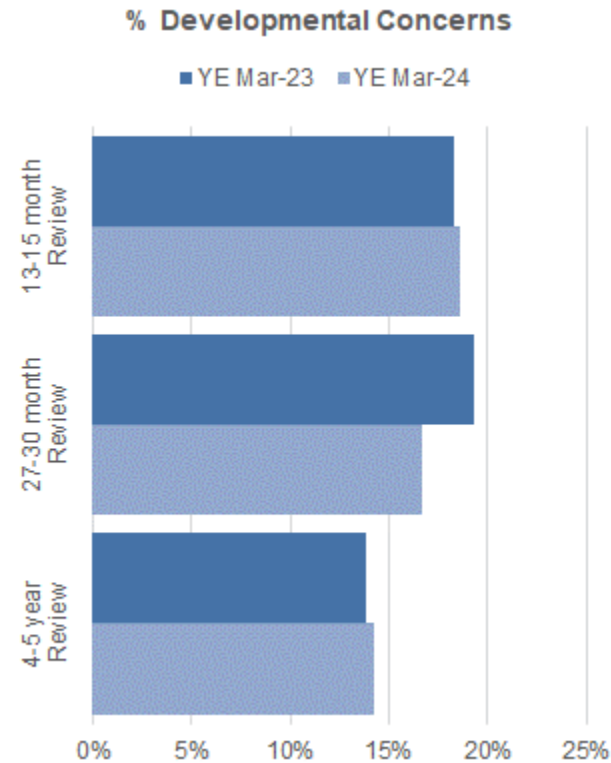
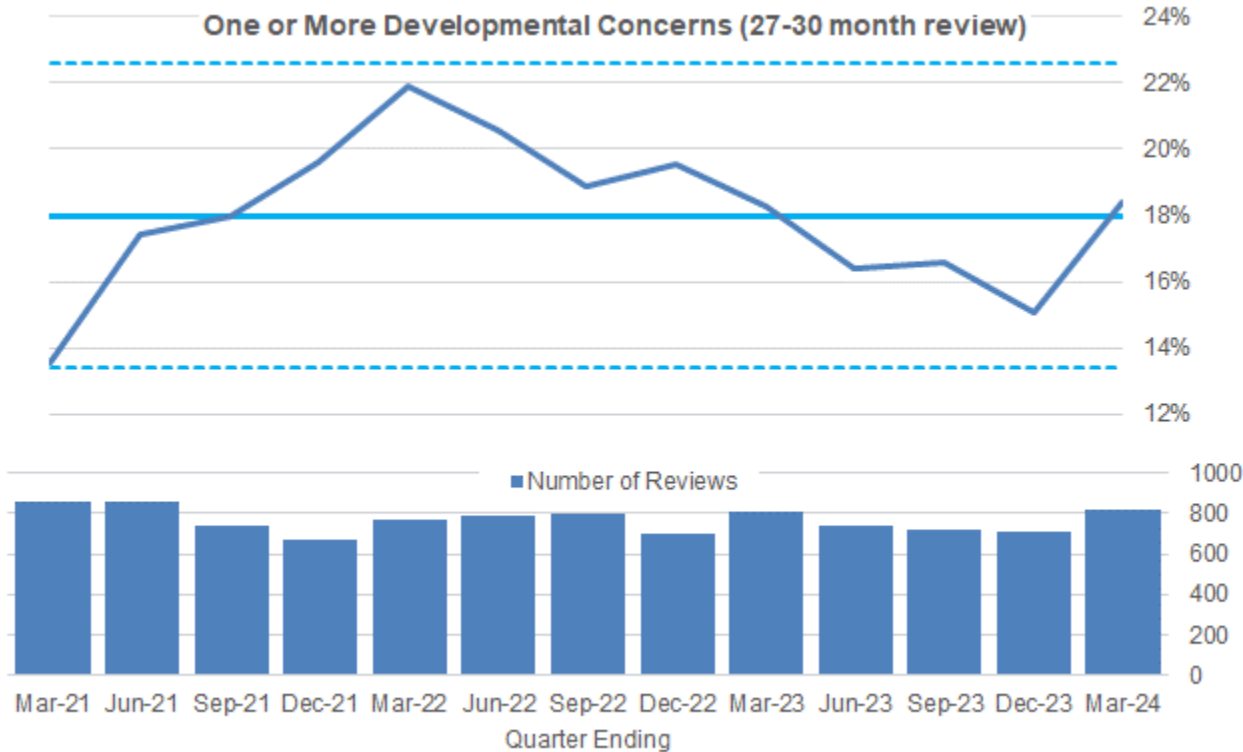
From 716 reviews carried out at 13-15 months, 18.2% of children had one or more development concerns. This has gradually decreased since QE Mar-23.

From 831 reviews carried out at 4-5 years, 18.4% of children had one or more development concerns. This is highest percentage since QE Mar-22 but both number of reviews and % of meaningful reviews were high.

Achievements & Challenges

The quality of Universal Health Visiting Pathway (UHVP) contacts will be assessed, supported by timely education and training to improve quality outcomes for infants and children at crucial early stages. Additionally, there will be a key focus on reviewing breastfeeding service provision across Fife to identify areas for improvement and work collaboratively with key partners to enhance breastfeeding outcomes.

C4. Public Health & Wellbeing



Meeting: Public Health and Wellbeing Committee
Meeting date: 9 September 2024
Title: Public Health Indicators and IPQR
Responsible Executive: Joy Tomlinson, Director of Public Health
Report Author: Joy Tomlinson, Director of Public Health

Executive Summary

- It was agreed to expand the IPQR indicators to include a wider range of Public Health metrics.
- At national level, the Care and Wellbeing Dashboard is being developed to provide access to the latest data on population health outcomes, inequalities and the wider determinants of health. The refreshed dashboard will be launched alongside the national Population Health Framework in Autumn 2024
- The Public Health and Wellbeing committee have a key role in providing assurance relating to the national screening programmes delivered within Fife. Uptake for three of the adult programmes fulfil the requirements for new indicators and have been added to the IPQR.
- Two Indicators relating to the Early Years have been added, with the intention of increasing understanding of the importance of support and input in the early years of life. These are exclusive breastfeeding at 6-8 weeks and Child development at 27-30 months.
- It is proposed that any further expansion of Public Health indicators within the IPQR awaits publication of the national Population Health Framework.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority, to Improve Health and Wellbeing

This report aligns to the following NHSScotland quality ambition(s):

- Effective
- Person Centred

2 Report summary

2.1 Situation

This report describes the approach taken to expand the Public Health indicators within the local Integrated Performance and Quality report (IPQR) and the ongoing national work to develop the national Care and Wellbeing dashboard.

2.2 Background

An action was agreed following the NHS Fife Board development session in April 2024 to incorporate a wider range of indicators within the IPQR for Public Health. The ambition is to increase visibility of public health interventions and which address inequalities and benefit population health.

The previous IPQR report included immunisation and smoking cessation uptake figures and the number of alcohol brief interventions delivered all of which are evidence based preventive interventions. The public health section of the report also included waiting times for Child and Adolescent Mental Health services, psychological therapies and drug and alcohol waiting times.

At national level, work has been taking place to develop the [Care and Wellbeing Portfolio](#) (CWP). The Scottish Public Health Observatory ([ScotPHO](#)), is working with Scottish Government on the future development of the Care and Wellbeing Dashboard. The ambition is to provide access to the latest data on population health outcomes, inequalities and the wider determinants of health. The dashboard is intended for use by NHS Boards and Community Planning Partnerships to inform planning work and support reform to improve population health and reduce health inequalities.

The Care and Wellbeing dashboard will also be an enabler for the forthcoming Population Health Framework (PHF), using evidence to help inform and support long term monitoring of population health.

2.3 Assessment

Overview

Public Health indicators are considered by a range of governance groups within NHS Fife, the Health and Social Care Partnership and Fife Partnership. These indicators are drawn from national dashboards and some locally held datasets.

Public Health indicators within national dashboards are collated and presented with the intention of increasing understanding of health and its determinants rather than for performance management purposes. As such many indicators are collated less frequently than metrics which are used to measure health service performance.

Principles for the Selection of Indicators

Public Health Indicators should aim to be SMART (specific, measurable, achievable, relevant and time-bound). The following principles have been used to guide selection of indicators for inclusion in the IPQR report:

- They directly link to at least one of the four priorities of the Population Health and Wellbeing strategy and one of the six national Public Health Priorities for Scotland.
- They are routinely captured by information systems using consistent definitions.
- They can be disaggregated using the Scottish Index of Multiple Deprivation (SIMD), which is critical to monitor and address health inequalities.
- They are indicators where it is agreed improvement work is needed.
- They allow benchmarking with an appropriate comparator, usually this will be Scotland.
- The frequency of measurement is well established, available within acceptable time limits and the data is quality assured.

Additional Indicators for the IPQR

- **Screening**
The Public Health and Wellbeing committee have a key role in providing assurance relating to the national screening programmes delivered within Fife. Uptake for three of the adult programmes fulfil the requirements for new indicators and have been added to the IPQR. This will allow early sight of the nationally published annual uptake figures before the detailed integrated screening report which includes all of the screening programmes is received by Committee.
- **Early Years**
Two indicators have been added, with the intention of increasing understanding of the importance of support and input in the early years of life. These are exclusive breastfeeding at 6-8 weeks and Child development at 27-30 months.

National consultation

A consultation reviewing indicators within the Care and Wellbeing dashboard is underway. The refreshed dashboard and will be launched alongside the national Population Health Framework in Autumn 2024. It is proposed that once the Care and Wellbeing dashboard is finalised further discussion takes place about those elements which Committee would most like to see included in future iterations of the IPQR.

It is proposed that any further expansion of Public Health indicators within the IPQR awaits publication of the national Population Health Framework.

This report provides the following Level of Assurance: **Moderate**; indicators chosen to meet the requirements for inclusion. Some areas identified for inclusion in the Care and Wellbeing dashboard are not yet achievable, such as journeys by active travel and physical activity indicators.

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The addition of Public Health Indicators within the IPQR provides an opportunity for regular oversight and discussion at Committee meetings. The benefit of this approach is that changes in trends can be discussed in advance of the publication of annual reports which contain more detailed analysis.

2.3.2 Workforce

The indicators will be impacted by any loss of capacity within the workforce. Quality improvement work in each of these topic areas will involve insights from the workforce which deliver these services.

2.3.3 Financial

The implementation of evidence based preventive interventions will enable of longer-term improvements in population health and a healthier overall population will require less healthcare.

2.3.4 Risk Assessment / Management

The risks associated with the Public Health indicators are managed within governance groups for screening and immunisation programmes, locally and nationally. Public Health indicators are presented across a range of different operational groups within NHS Fife, the Health and Social Care Partnership and Fife Partnership.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

The indicators chosen can be disaggregated by Scottish Index of Multiple Deprivation which will support understanding of any differential delivery for population groups more affected by deprivation. The indicators include new areas of focus in the early years of life, noting the opportunities to protect health from the earliest years.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct additional insights relating to the climate emergency as a result of expanding the indicators within the IPQR.

If there is further development of indicators which allow tracking of active travel, this could be helpful in monitoring future actions that support staff to travel to and from work.

2.3.7 Communication, involvement, engagement and consultation

Meetings took place earlier in the summer to discuss and agree the expansion of indicators within the IPQR.

2.3.8 Route to the Meeting

This paper has not been previously considered by other groups.

2.4 Recommendation

Committee members are asked to take a “**moderate**” level of assurance from the inclusion of the new Public Health Indicators within the IPQR, and to **discuss** the national review of the Care and Wellbeing dashboard and the opportunity to expand the IPQR further once this process is complete.

3 List of appendices

No appendices are included with this report.

Report Contact

Joy Tomlinson

Director of Public Health

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Meeting: Public Health and Wellbeing Committee

Meeting date: 9 September 2024

Title: High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report

Responsible Executive: Fiona Forrest, Acting Director of Pharmacy & Medicines

Report Author: Deborah Steven, HRPM programme Director

Executive Summary

- This paper is to provide assurance on the work delivered during Year 2 of the High Risk Pain Medicines (HRPM) Patient Safety Programme.
- The report outlines Year 2 deliverables and outcomes, as well as next steps for transitioning the programme to Business as Usual, to ensure continued focus on improving pain management, through safer use of HRPM and earlier adoption of supported self management strategies.
- Years 1 and 2 of the programme were delivered on time and within budget with early programme benefits recognised.
- As the programme transitioned earlier than anticipated, there is a potential risk of full benefits not being realised, however, this will be mitigated through the establishment of a High Risk Pain Medicines Safety group, which will continue to focus on delivery of those actions which will have maximum impact and require minimum resource for the organisation.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities
 - To Improve Health & Wellbeing;
 - To Improve Quality of Health & Care Services;
 - To Improve Staff Experience & Wellbeing;
 - To Deliver Value & Sustainability

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The High-Risk Pain Medicines (HRPM) Patient Safety Programme was established as a corporate objective for NHS Fife, in response to national and international growing concern of adverse effects and harm to patients when these medicines are used ineffectively or inappropriately.

The programme aimed to understand how pain is currently managed across Fife, with the aim of changing prescribing culture and reducing use of High-Risk Pain Medicines across all NHS Fife settings, as well as increased awareness and utilisation of non-pharmacological strategies for managing pain. To achieve these objectives, the programme was initially structured over three annual phases (Appendix 1). Re-prioritisation has led to an earlier than anticipated transition to business as usual at the end of year 2 rather than planned delivery of year 3. The purpose of this paper is to provide assurance on progress to date at the end of year 2 and the transition to ensure work is continued as part of a business as usual model through a newly formed HRPM Safety Group (HRPMSG).

2.2 Background

NHS Fife has higher rates of prescribing of these medicines compared to other health boards, as measured by National Therapeutic Indicators, as well as a higher-than-average involvement of prescribed medicines in drug related deaths.

The day-to-day governance of the Programme was via a Programme Board (mandated by the Sponsoring Group, Executive Directors Group). The programme reported into Public

Health & Wellbeing and Clinical Care Governance Committees, and shared information with the Health and Social Care Partnership via the Senior Leadership Team.

2.3 Assessment

The HRPM Patient Safety Programme has successfully delivered Year 1 "Understanding the Problem" and Year 2 "Testing Solutions" of the original programme plan on time and within budget. Further details of year 2 activity and outputs is provided in the accompanying report HRPM Patient Safety Programme Year 2 and end of Programme report.

The table below summarises activity during Year 2:

Year 2 Deliverables	
<ul style="list-style-type: none"> • "Pain Talking" Resource hub website 	<ul style="list-style-type: none"> • New Prescribing Guidelines and Toolkit
<ul style="list-style-type: none"> • Public communication Campaign 	<ul style="list-style-type: none"> • Staff communication campaign
<ul style="list-style-type: none"> • Pain Champion Network 	<ul style="list-style-type: none"> • Lived Experience Group
<ul style="list-style-type: none"> • Patient Community education sessions 	<ul style="list-style-type: none"> • Extensive suite of staff training to a wide range of professional groupings
<ul style="list-style-type: none"> • Improvement Activity / Tests of Change 	<ul style="list-style-type: none"> • Key resources to support good conversations

Key outputs and outcomes include:

- Good engagement with the Resource hub and Stafflink pages
- A lived experience group and wider consultation group that feel valued and listened to.
- A Pain Champion Network with a clear identity and purpose
- HRPM Prescribing guidance that is being regularly accessed on Stafflink pages
- Post staff training feedback that reflects change or intention to change practice
- Resources that staff find useful in supporting improved consultations leading to safer prescribing
- Improved patient care post surgically with clearly documented plans that are well received and implemented in primary care
- Positive early signs of change in prescribing trends

There is one outstanding programme risk

Overall Programme Impact Risk	Likelihood	Consequence	Risk Level	Post Programme Mitigation
There is a risk that benefits will not be fully achieved to desired levels, because of early transition of the programme resulting in reduced pace and scalability of future HRPM activity as there is no way to replicate the scale of the activity of the programme via business as usual.	4 - 60% - 79% chance	4 - Major Impact	HR - 16	<ol style="list-style-type: none"> 1. HRPM Safety Group to be established to monitor and evaluate programme impact post closure. 2. HRPM Safety Group to identify change initiatives in response to benefits impact understanding.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The focus of this programme was to improve patient safety and care in relation to use of high-risk pain medicines. Continued patient engagement work in year 2 included establishment of a Lived Experience Group and a wider consulting group who contributed via consultation, collaboration and co-production of year 2 deliverables which included the “Pain Talking” resource hub and associated public campaign.

Other areas of work were progressed including development of resources, new HRPM prescribing guidance and delivery of a suite of staff training to enable a skilled workforce which will lead to improved conversations and shared decision making to ensure value-based care planning for pain management and safer prescribing of HRPM.

2.3.2 Workforce

The programme, and continued work of the HRPMSG will support delivery of education and training of the workforce to ensure they have the appropriate skills and knowledge to help patients manage their pain and ensure safe and effective use of high risk pain medicines.

2.3.3 Financial

Programme expenditure in year 1 was approx £132K. Year 2 expenditure was approx £174K .With the early transition to business as usual, there are no additional anticipated costs in the financial year 2024-25.

2.3.4 Risk Assessment / Management

The programme used a Risks and Issues Log, which was regularly assessed and reviewed to inform risk mitigations. Further details are available in the attached report.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

This was a system wide programme of work, which therefore covered all areas across Fife including where health inequalities are experienced by local communities. A Stage 1 Equalities Impact Assessment (EQIA) was completed. It highlighted the need to build community links with opportunities for joint working to advance the equality of opportunity. Stage 1 also highlighted the need to capture both patient and staff experiences in the management of pain to foster good relations. These considerations having informed work plans with work progressed on engaging staff via events/surveys. Patients/carers have been engaged through the development of patient stories/surveys and establishment of the Lived Experience Group.

A Stage 2 EQIA has been completed to the end of the programme in May. There was an ongoing process to help consider vulnerable groups whenever any new change work was proposed. There was also a quarterly programme wide process where new EQIA considerations were gathered centrally and the EQIA stage 2 and appropriate plans were updated to reflect the mitigations undertaken.

This is not a proposal, this is a report for assurance and having undertaken the EQIA as stipulated above the programme has met and monitored the requirements relating to equalities and health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

Pain medicines are among the most widely used medications. As a result, the environment is becoming increasingly contaminated with analgesic residues created by the manufacture, consumption, and disposal of these medicines. Due to this programme, improved prescribing initiation and monitoring of these medicines should lead to reduced volume of prescribing, an increase in appropriate destruction pathways and reduction of overall waste.

2.3.7 Communication, involvement, engagement and consultation

The programme has undertaken extensive communication and engagement with the public and staff throughout years 1 and 2 including surveys, focus groups, public campaigns, consultations and both small and large scale engagement sessions. Further information available in attached report.

2.3.8 Route to the Meeting

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

- Pharmacy Senior Leadership Team 18 Aug 2024
- Medicines Safety & Policy Group 4 Sept 2024

2.4 Recommendation

This paper is provided to members for a “**moderate**” level of assurance.

3 List of appendices

- Appendix 1 - HRPM Medicines Safety Programme Year 2 and End of Programme report

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Year Two & End of Programme Report

High Risk Pain Medicines (HRPM) Patient Safety Programme



Managing pain,
a time for change

Acknowledgements:

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www.nhsfife.org

Foreword

"I welcome this report at the end of our High-Risk Pain Medicines Patient Safety Programme, which has been developed through engagement with communities and staff. Within NHS Fife and the Health and Social Care Partnership, the safety of our population is paramount, and we want the people of Fife to live well, work well and flourish.

Growing evidence tells us we need to think differently about how we manage pain, and the medicines used to help manage it. We recognise the impact that pain can have on the quality of life and the wellbeing of our population. We need to ensure pain medicines are used safely and effectively, to minimise risk of harm and to ensure that there are meaningful alternative strategies to medicines available within our communities.

In our second year of the programme, we have continued to engage with our patients with lived experience, as well as a wide range of our staff across NHS Fife. This has enabled us to develop a range of resources to ensure that our patients, carers and staff have knowledge of and access to, up to date information to enable safe and effective use of pain medicines and alternative strategies to managing pain.

I am very proud of the innovative approach we have taken in Fife over the last two years, and as we transition the programme into business as usual, it is important that we embed the learning, to ensure continued improvements in prescribing of high risk pain medicines and management of long-term pain. This work will now be incorporated into our NHS Fife High Risk Medicines Safety Programme.

I would like to take this opportunity to thank all those who have contributed to the High Risk Pain Medicines Programme over the last two years, in particular our patients who have shared their lived experience, which has helped shape the development of self-management resources for the people of Fife.

Fiona Forrest, Acting Director of Pharmacy and Medicines, NHS Fife

"I am pleased to bring you this report which is a summary of the work that has been undertaken across NHS Fife and the Health & Social Care Partnership in the second year of the HRPM Patient Safety Programme. Staff teams and our Lived Experience group have consulted, collaborated and co-produced a wide range of deliverables from the fantastic "Pain Talking" Resource Hub (www.nhsfife.org/paintalking), our new Pain Champion network, Community education sessions, refreshed guidance, resources to support improved conversations through to the suite of training opportunities amongst others. I know we have raised the awareness of pain as a long-term condition, facilitated change in the way we support patients living with pain and improved the safe and effective use of pain medicines.

The latest Scottish Health Survey highlighted that 38% of the adult population manage a long-term pain condition. That means over 140,000 people in Fife, perhaps your family, friends, colleagues or even yourself, are managing this condition which can be invisible to others yet have an overwhelming impact on how you live your life. I am confident the changes we are making will help support this population.

Over the last two years, I have been privileged to work with enthusiastic and committed professionals across multi-disciplinary teams, supported by the Project Management Office and Communications team. I would like to thank everyone for their significant contributions, in particular our Lived Experience Group and wider patient consulting group- your insight has been invaluable and your enthusiasm to support improvement has been boundless, which I am sure will benefit the people of Fife in the years ahead."

Debs Steven, Programme Director, HRPM Patient Safety Programme

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High Risk Pain Medicines (HRPM) Patient Safety Programme- Executive Summary

Background

The NHS Fife High Risk Pain Medicines (HRPM) Patient Safety Programme was established as a corporate objective in response to national drivers around change in evidence of benefit from medicines in chronic pain, prescribed medicine dependency, involvement of prescribed medicines in drug related deaths and identification of Fife as higher prescribers, compared to other health boards, of a range of medicines: opioids, gabapentinoids, non-steroidal anti-inflammatory drugs (NSAIDs) and benzodiazepines.

The three year programme aimed to change the prescribing culture and ensure appropriate use of HRPMs and raise awareness of alternatives to prescribing, across NHS Fife.

This report outlines the achievements of Year 2 “Testing Solutions” phase and the actions being undertaken to enable early transition to business as usual.

Approach

A programme approach was implemented, with NHS Fife Corporate Programme Management Office (CPMO) support and a Programme Director with subject matter expertise. The programme had oversight from a multi-professional programme board, with key stakeholders from across NHS Fife and HSCP. The cornerstone of the programme was good patient and clinician engagement.

Year 1 “Understanding the Problem” phase identified the following key opportunities, aligned with NHS Fife Strategic Priorities.

Strategic Priority	Programme Benefit
Improve Health and Wellbeing	More Empowered Patients
Improve staff experience and wellbeing	Enabled Skilled Workforce
Improve the quality of healthcare	Safer Prescribing of HRPM
Deliver Value & Sustainability	Improved Cost Effectiveness

Key Deliverables and Evaluation

Year 2 “testing solutions” phase identified, developed and tested deliverables to address the opportunities and realise benefits:

The table below summarises activity during Year 2:

Year 2 Deliverables	
<ul style="list-style-type: none"> “Pain Talking” Resource hub website 	<ul style="list-style-type: none"> New Prescribing Guidelines and Toolkit
<ul style="list-style-type: none"> Public communication Campaign 	<ul style="list-style-type: none"> Staff communication campaign
<ul style="list-style-type: none"> Pain Champion Network 	<ul style="list-style-type: none"> Lived Experience Group

<ul style="list-style-type: none"> • Patient Community education sessions 	<ul style="list-style-type: none"> • Extensive suite of staff training to a wide range of professional groupings
<ul style="list-style-type: none"> • Improvement Activity / Tests of Change 	<ul style="list-style-type: none"> • Key resources to support good conversations

All deliverables have demonstrated favourable outcomes- further detail and recommendations for scaling implementation are contained within the individual reports.

A summary of the key outcomes for Year 2:

- Launch of and good engagement with, the Pain Talking website and Stafflink pages
- A lived experience group and wider consultation group that feel valued and listened to.
- A Pain Champion Network with a clear identity and purpose
- HRPM Prescribing guidance that is being accessed regularly on Stafflink pages
- Positive feedback from staff following training sessions, that reflects change or intention to change practice
- Resources that staff find useful in supporting improved consultations leading to safer prescribing
- Clearly documented post op pain management plans for patients that have been well received and being implemented in primary care

Programme Level Evaluation

A key programme aim was to see an improvement in the eight National Therapeutic (Prescribing) Indicators (NTI) data when comparing Fife with the Scottish average, using March 2022 baseline data, when the Programme activity started. Analysis of the latest available data released in July 2024 (Mar 2024 data) shows that whilst Fife remains above the Scottish average in four of the eight areas, Fife has shown a more favourable trend than Scotland in seven of the eight areas, with a clear plateau or reduction in use. These are positive early signs of change, the full benefit of which may take longer to realise, due to earlier transition to business as usual and reduced pace on scaling implementation of tests of change.

Transition to Business as Usual

With the current financial challenges across the organisation, the programme has transitioned to a business as usual approach, before implementing Year 3 “Sustaining safe care” phase, where there would have been significant drive to scale and embed solutions across the organisation. In order to ensure the continued focus and implementation of the learning from the programme, a new HRPM Safety Group has been established aligned to the NHS Fife corporate objective, High Risk Medicines Safety Programme. This group will identify the priorities for scaling those deliverables which have maximum impact and minimum resource requirements. The self- management aspects for managing long-term pain, will be aligned under the HSCP Prevention and Early Intervention Strategy.

Summary and Next Steps

The NHS Fife HRPM Patient Safety Programme has successfully completed a two year programme to understand the complexities of pain management for people living with chronic pain, recognised the system wide nature of the need for change, developed and tested solutions which will help embed the culture change required around use of HRPM, whilst also providing resources to patients and clinicians

on evidence based supported self-management approaches. Early transition to business as usual will be progressed under a H RPM Safety Group will ensure continued focus.

The next steps required are to:

1. Establish and embed H RPM Safety Group as part of NHS Fife High Risk Medicines Safety Programme
2. Align with HSCP Prevention and Early Intervention Strategy
3. Ensure ongoing review and monitoring of national and local prescribing data
4. Ensure continued engagement with the Lived Experience Group

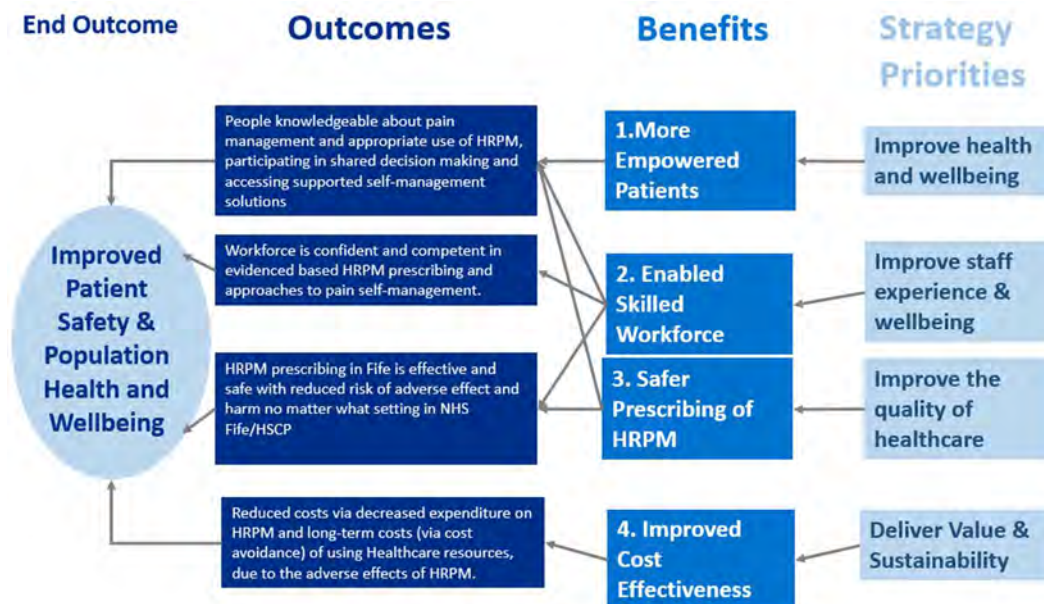
1. Introduction

1.1 Purpose

The High Risk Pain Medicines (H RPM) Patient Safety Programme was established as a corporate objective in response to national drivers around change in evidence of benefit from medicines in chronic pain, prescribed medicine dependency, involvement of prescribed medicines in drug related deaths and identification of Fife as higher prescribers, compared to other health boards, of a range of medicines: opioids, gabapentinoids, non-steroidal anti-inflammatory drugs (NSAIDs) and benzodiazepines.

The programme aimed to change the prescribing culture and ensure appropriate use of H RPMs and raise awareness of alternatives to prescribing, across all NHS Fife settings.

The agreed benefits of the programme aligned with NHS Fife’s strategic priorities within the Population Health and Wellbeing Strategy, are outlined below:



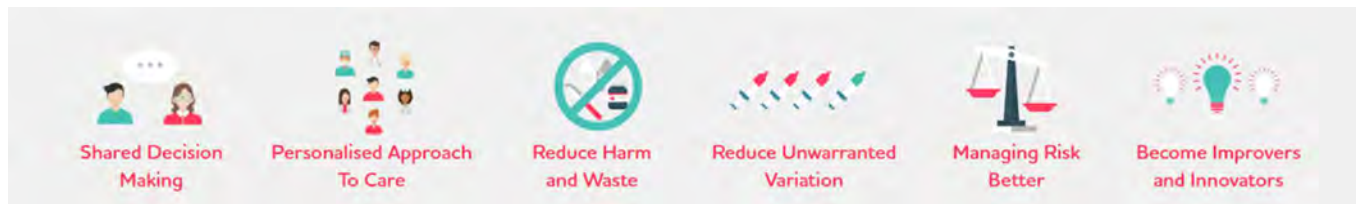
HRPM Benefits Framework

The purpose of this report is to present the main outcomes of Year 2 of the programme: Testing Solutions phase, which aimed to inform and enable system improvements. Due to the decision to transition the programme early, to business as usual, before the Year 3 Scaling Solutions phase of the Programme, the report will also outline how aspects of the work are being transitioned to build on what has been achieved to date and minimise impact of reduced scale and spread of the work.

1.2 Approach

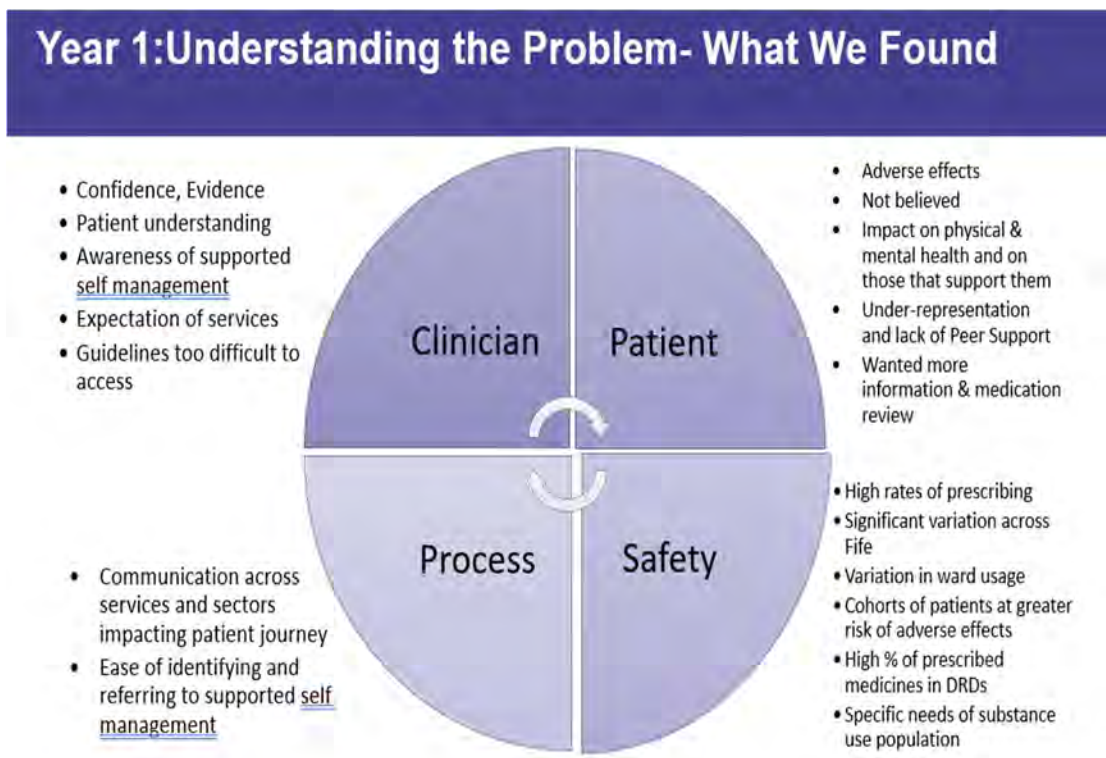
The programme was supported by NHS Fife’s Corporate Programme Management Office (CPMO) and underpinned by programme structures, governance and tools. This ensured focussed progress against key deliverables, enabling the Programme Director and other subject matter experts to optimise their contribution. A programme board met bimonthly comprising of key stakeholders from across the system and workstream leads.

Throughout the delivery of the programme the approach has been to align with the key principles of the Scottish Government programme of Realistic Medicine as outlined in the diagram below:



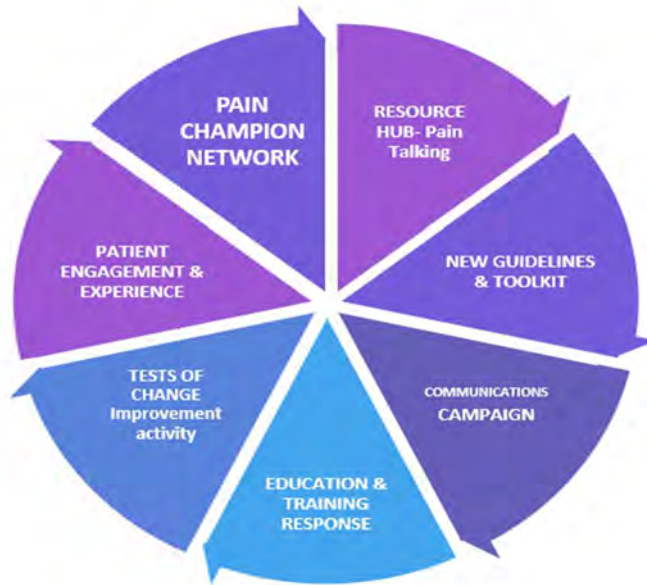
Year 1 of the programme focused on “Understanding the problem”, and a report was published in July 2023 at the end of Year 1, which outlined the main findings and key deliverables to address the issues identified.

The diagram below summarises the **findings** from Year 1 “Understanding the Problem” further details are provided in Appendix 1:



The diagram below summarises the **planned deliverables** for Year 2:

Response to Findings - Year 2 Deliverables



The following programme workstreams were established to deliver the activity of Year 2:



2. Year 2 deliverables and benefits realisation

The full benefits of the programme will take time to realise and the early transition to business as usual before Year 3 Scaling solutions phase, will have an impact on the pace and scale of realisation of programme benefits. Each workpiece, test of change or deliverable has been considered against the agreed programme benefits of:

- More Empowered patients
- Enabled Skilled workforce
- Safer prescribing of HRPM
- Improved Cost effectiveness

As many of the tests of change or workpieces have been delivered in smaller areas to date, reflection was undertaken on what was achieved by the deliverable and consideration given to which benefit it achieved or would be on track to achieve.

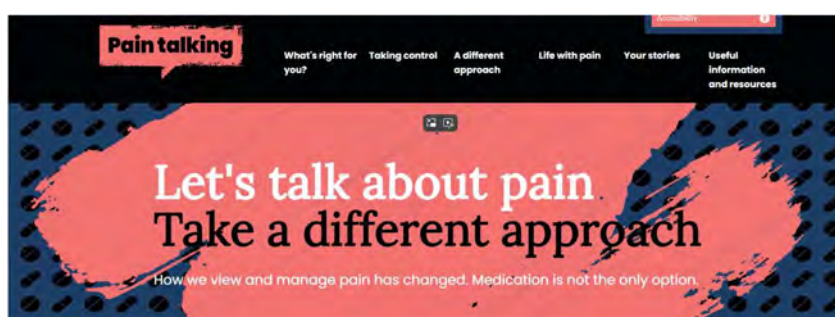
Programme benefits linked to deliverables:

HRPM Programme Benefits		More Empowered patients	Enabled Skilled Workforce	Safer prescribing of HRPM	Improved Cost Effectiveness
Workstream Area	Deliverable				
Resource Hub	Pain Talking Website				
Communications	Public Campaign				
	Staff Communication				
Evidence & Education	Community Education Sessions				
	10 Footsteps Training				
	Clinician Training				
	HRPM Prescribing Guidelines				
	GP Data packs				
Improvement Activity (Tests of Change) Acute Setting	Pre-Assessment Clinic Referrals (PAC)-				
	In-house pain team referral (FROG)				
	Post operative (IR) v (MR) opioid				
	Discharge Letters & Post Surgical Patient leaflet				
Improvement Activity (Tests of Change) Primary Care	Acute limit on Prescriptions				
	Practice Pharmacists focus on HRPM discharge letters.				
	Managing Repeat Prescriptions				

	Standardised consultation template				
	Resources (Pain medicine card and "Pain & Medicines Leaflet")				
Engagement & Experience	Lived Experience Group				
	Pain Champion Network				
	HRPM & Substance Use				

2.1. Resource Hub

The launch of an NHS Fife "Pain talking" website www.nhsfife.org/paintalking, an innovative resource hub, was delivered successfully to support people living with chronic pain, their carers and clinicians, and the wider community, for example friends, family and employers .



The Pain talking website is a "one stop shop", providing a sustainable source of self-management information for the public and the workforce supporting people living with chronic (long term) pain, with a focus on improving awareness and access to resources based locally in Fife and at a National level.

Members of the Programme's Patient Lived Experience Group co-produced the content of the resource hub with staff who had experience of working with people with chronic pain, and they were supported by the Participation & Engagement Officer for the Programme. The group shared their pain management stories, which form part of the hub, with a strong focus on the non-medicine and self-management strategies that have helped them. These will demonstrate that people affected by chronic pain can be empowered to reduce their reliance on pain medicines, which may have limited effectiveness and cause side-effects, and to encourage people to adopt self-management strategies. This in turn will enable safer and more appropriate prescribing through effective shared decision making.

The resource hub is supported through a maintenance agreement between NHS Fife Communications team and NHS Fife Pain Management Service, to ensure that the website remains up to date and provides current guidance to both clinicians and the public.

The Resource Hub also informed the public campaign to direct traffic to the web pages, the outcome of which is summarised below:

Analysis of web traffic by the communications team has shown that from launch on May 27th to 29th July the resource hub front page was accessed >1200 times with evidence that the other pages

navigated through the front page have received 4181 views for the same time period. The team also reported a higher than average engagement time with the site having an average engagement time of 1 min 14 secs with 50 secs usually being considered as good. Use of social media posts e.g. Facebook has been a key driver of traffic with particular interest shown when patient experience stories were highlighted.

On the 15th August, BBC Scotland's health correspondent showcased the work from NHS Fife HRPM programme on the main news programmes with the news story being repeated across various platforms across the day, including across television, radio and web based. The segment included key messaging on the management of pain delivered by the programme director and shared two case stories from our patients with lived experience. This saw 195 accesses to the hub page on that day and this will continue to be monitored.

In summary, the communications team report that the campaign can be considered successful and are keen to build on use of social media to drive traffic.

The benefits that have been delivered so far via the Resource Hub are:

More empowered patients – The patient information pages of “Pain talking” include information on pain, pain medicine, pain assessment, addiction, and dependency, how life changes with chronic pain, acceptance and stories from patients of how they manage their lives to do what they want to do whilst living with constant pain. It also has a large number of resources and information on organisations and websites that can help both locally and nationally.

Enabled skilled workforce – The clinicians' section of the Information and Resources page within the Resource Hub includes assessment tools, guidance on High Risk Pain Medication and consultation tools. The health professional referrals page has links to Fife Leisure Trust for Active Options classes and a Link Life Fife referral link for patients who need support with their mental wellbeing.

Safer prescribing of HRPM - Clinician section of the Information and Resources page on the Pain talking website is linked to the Stafflink pages containing the HRPM prescribing guidelines.

A patient survey will be undertaken later in the year, 6 months' post launch, to assess usefulness, accessibility and the direct impact of the hub and identify opportunities for improvement.

2.2 New Prescribing Guidelines and Toolkit

2.2.1 HRPM Prescribing Guidelines

Prescribing guidelines relating to HRPMs were refreshed in line with national updates and restructured into a “toolkit” to make them easier to use, with more accessible information, and particularly, a summary of national guidance on pain medicine options for each condition, which has been received favourably by clinicians.

In order to support clinicians with shared decision making with patients, very clear position statements from the organisation, reflecting the evidence base for chronic pain medicines, were developed in consultation with clinicians. These are available for clinicians to print off for patient consultations.

The new guidelines were launched on Stafflink in March 2024 and supported by dissemination through Stafflink news feeds, Primary Care Protected Learning Time webinars, Pain Champion network, “Grand Round” lunchtime learning sessions for hospital prescribers and through other planned training. The guidance will continue to be reviewed and updated on an ongoing basis by the new HRPM Safety

Group being introduced as part of the transition to business as usual for the Programme (See Section 4.1.) Clinician feedback on the usefulness, accessibility, further suggestions for improvement and impact of the guidance will be sought 6 months following launch.

A summary table of view of different parts of the guidance pages from April to End July 2024 can be seen below:

Stafflink Page	No. of views		Stafflink Page	No. of views
Guidance Home page	678		Gabapentinoid Prescribing Guide	195
Guidance overview	282		Gabapentinoid Quick Reference	145
Treatment options by condition	415		Opioid Prescribing Guide	193
Consultations -Quick Reference guide	216		Opioid Quick Reference	148
Position Statement	145		NSAID prescribing Guide	129
			NSAID Quick Reference	175

The benefits that have been delivered so far by the refreshed guidance and prescribing toolkit are:

Enabled skilled workforce –clinicians can more easily access the latest guidance, in an easy to use format, leading to better informed patient care.

Safer prescribing of HRPM – clinicians will have increased awareness of risks and mitigations for HRPM and tools to support better conversations with patients when initiating and reviewing pain medicines, resulting in safer and more appropriate prescribing of HRPM.

Improved Cost effectiveness-by following guidance based on local formulary options

2.2.2 GP Prescribing Data packs

In order to support implementation of the prescribing guidelines, and to enable safer prescribing of HRPM, GP practices were provided on a quarterly basis, with prescribing data packs, using prescribing indicators available from Public Health Scotland to inform them about their HRPM prescribing. The data packs also include information relating to numbers of patients identified by prescribing data as being at “higher risk”, to allow practices to prioritise those patients for review.

The packs allow GP practices to reflect on their prescribing of HRPM compared with other practices in their cluster and at a Fife wide and Scotland Level, with the aim of identifying improvement actions. The launch of the data packs was supported by a guide and webinars, held at various times, to increase engagement with over 30 attendees. Feedback has been positive, with the majority of attendees at the webinars rating the usefulness of the data as “high” and “extremely high” and increased enquiries for additional data to support further understanding of prescribing practices. Attendees were also asked what they would do differently as a result of the session. Comments included “This event has highlighted to me the high numbers of pain med being prescribed within practices and to be more vigilant of over prescribing pain meds in light of evidence”, “More likely to discuss alternative options

rather than increasing medication at first” and “Supplying fewer tablets/less medication on initiation of a pain medication to prompt review.”

Further feedback will be sought as part of clinician consultation later in the year.

The impact of the data packs will be monitored by the new HRP M Safety Group through ongoing monitoring of prescribing data. The focus in Year 2 of the Programme was the introduction and embedding of data packs as a tool and it is too early at this stage to assess direct impact on prescribing, due to a lag time in nationally available data.

The anticipated benefits of the prescribing data packs are:

Safer prescribing of HRP M – clinicians will be much more aware of their practices prescribing activity in relation to national therapeutic safety indicators and be able to undertake local quality improvement activity to address any outlying prescribing activity.

Improved Cost effectiveness–by reviewing practice prescribing in line with guidance based on local formulary options.

2.3 Communications Plan

Year 1 identified a clear need to increase public awareness of pain as a long-term condition and the change in thinking around how it should be managed in the longer term. Clinicians reported that positive and effective shared decision making with patients about appropriate treatment plans, would be enabled by improved patient understanding of the limitations of pain medicines and the opportunities for supported self-management strategies.

Responding to this feedback, two main strands of communication activity took place in Year 2: Public Campaign and Staff Communication

2.3.1 Public Campaign

During Winter 23/24, Pain Management messaging was embedded as part of the Fife Winter Campaign (themes of wrap up warm, mental wellbeing, balance and managing activity levels).

A public campaign was also launched at the same time as the Pain Talking Resource hub in May, to help highlight the new resource and promote some key messages, to which the Lived Experience Group contributed.

The campaign has involved posters around community venues, health facilities, social media posts and a desktop graphic on the home page of NHS Fife devices, all highlighting the new web pages and key medicines safety related messages. In order to maintain the momentum and support culture change in HRP M prescribing practices, it is hoped the public campaign will be repeated on a regular cycle.

The benefits anticipated to be delivered from the public campaign are:

More empowered patients – Patients have a greater understanding of chronic pain and its management and the role and risk of pain medicines. This will help them make informed choices about their treatment through shared decision making.

Enabled skilled workforce –clinicians will feel more empowered to discuss supported self-management strategies as alternatives to prescribing of HRP M. Consistent messaging will increase understanding and lead to a change in culture of prescribing in chronic pain.

Safer prescribing of HRPM – the campaign will support more constructive shared decision making, manage patient expectations about effectiveness of HRPM and raise awareness of potential adverse effects that should be addressed.

Evidence to demonstrate the impact of the public campaign will be gathered as part of planned survey work and analysis of communication and engagement metrics.

The Public Campaign is directly aligned to the resource hub and analytics have been described in section 2.1. The new HRPMMSG will continue to work with NHS Fife communications team to explore public campaign opportunities.

2.3.2 Staff Communication

A dedicated HRPM section was developed on Stafflink including information on the Pain Champion network, patient lived experience group, resources to support consultations, training opportunities with links to webinars and videos, prescribing hints and tips and an overview of the prescribing data packs. The area has a small section with content mirroring information from Pain Talking resource hub with additional information for clinicians.

The HRPM Stafflink pages were launched to coincide with the Resource hub at the end of May with analytics showing the area has been viewed 561 times to the end of July 2024 which is considered a good viewing rate.

The benefits that are anticipated to be delivered from staff communication via Stafflink are:

More empowered patients – Patients will have holistic consultations with staff with greater understanding and up to date clinical knowledge leading to more shared decision making and ultimately more empowerment of patients to lead on their own supported self-management plans

Enabled skilled workforce – the workforce supporting people living with chronic pain will feel more empowered to discuss supported self-management strategies as alternatives to prescribing of HRPM. Consistent messaging will increase understanding and lead to a change in culture of prescribing for chronic pain.

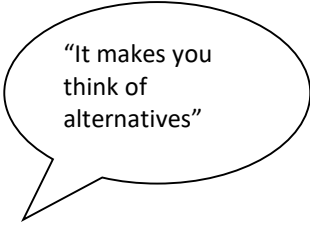
Safer prescribing of HRPM – the resources will support more constructive shared decision making, manage patient expectations about effectiveness of HRPM and raise awareness of potential adverse effects that should be addressed.

2.4 Education and Training

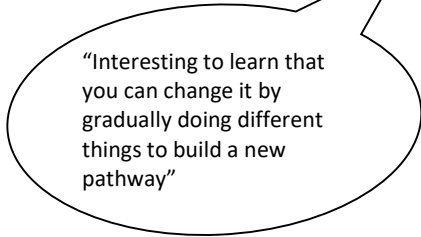
2.4.1 Community Education Sessions

Fife Pain Management Service (FPMS) developed and piloted a 1 hr education session, called “Sore? Know More!” delivered on a rolling monthly basis across 3 community venues in Fife and online, with the aim of increasing understanding of pain as a long-term condition, increasing awareness of supported self-management opportunities locally in Fife leading to earlier intervention and less reliance on medical solutions. The target audience is anyone living with chronic pain and their carers, friends or relatives. A total of 22 people attended the sessions with evaluation of the pilot receiving 13 responses showing 100% found the information useful and would recommend to others.

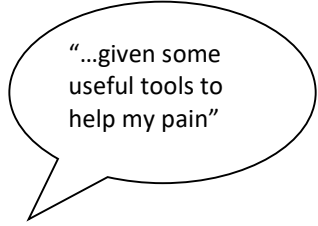
Key quotes included:



"It makes you think of alternatives"



"Interesting to learn that you can change it by gradually doing different things to build a new pathway"



"...given some useful tools to help my pain"

This has now been embedded as business as usual and FPMS continue to evaluate to consider the most appropriate venues to maximise attendance opportunities.

The benefits of the community education sessions that have been delivered so far are:

More empowered patients – Patients have a greater understanding of chronic pain and its management and the role and risk of pain medicines. This will help them make informed choices about their treatment through shared decision making and empower them to utilise community based resources and engage in supported self-management of their condition.

2.4.2 10 Footsteps training

The Programme supported 60 staff members from across NHS Fife, Fife Health and Social Care Partnership and other partnership agencies such as Fife Sports & Leisure Trust, to complete the 10 Footsteps training commissioned from *Live Well With Pain*, a UK nationally recognised expert pain organisation. The 10 Footsteps programme aim is to increase confidence of practitioners to support self-management of chronic pain and was delivered as 3 x 4hr online sessions across a number of cohorts of professionals and key workers who support people living with chronic pain. Evaluation from 31 NHS Fife attendees was undertaken by University of Newcastle on behalf of *Live Well With Pain*, with 87% of delegates rating the course content as "good" or "excellent" with many particularly noting the benefits of the facilitators having lived experience of chronic pain.

Comments included:

"Very logical, very good having patients who have lived with pain, hearing their opinions and tips on how we can improve as clinicians"

"I didn't expect to get people sharing their lived experiences and found this unbelievably insightful"

Outcomes from 10 Footsteps training are noted below. Delegates were asked about % confidence in undertaking certain tasks pre and post training.

Task/ Skill	Confidence Pre course (Mean %)	Confidence Post course (Mean %)	% difference
Getting started with a conversation about self-management	48%	76%	+ 28%
Carrying out a personalised assessment of needs and priorities for self-management	38%	71%	+ 33%
Coaching in specific skills for self-management	38%	70%	+32%
Developing and maintaining a collaborative relationship	58%	76%	+ 28%
Guiding people to relevant resources to support their self-management	50%	79%	+29%
Guiding people to use live well with pain resources including the Ten Footsteps	40%	83%	+43%

The benefits that have been delivered by attending the 10 Footsteps Training Programme so far are:

Enabled skilled workforce –the workforce supporting people living with chronic pain will feel more empowered to discuss supported self-management strategies as alternatives to prescribing of HRPM. Consistent messaging will increase understanding and lead to a change in culture of management of chronic pain.

Safer prescribing of HRPM – through improved conversations and use of the tools to aid understanding of the limitations and risks of pain medicines clinicians will be able manage patient expectations about effectiveness of HRPM and raise awareness of potential adverse effects that should be addressed.

In transitioning to business as usual, the 10 Footsteps training is now offered as part of the Health Promotion Service Prevention & Early Intervention Training Programme 2024-2025 and services wishing to fund staff development can book spaces via <https://health-promotion-training.co.uk/>.

2.4.3 Grand Round March 24

Grand Rounds are weekly sessions aimed at clinicians in the acute hospital setting. The invite was extended across the health and social care partnership setting to maximise attendance and emphasise the system wide nature of the work. An overview of the new resources and guidance was shared as part of a Grand Round webinar, which was attended by over 50 clinicians. An MS Forms link was shared as part of the session. From the feedback received, the session was rated as 4.5 /5 with the following comments:

- “Good reminder to not prescribe drugs that are ineffective and take the opportunity to reduce them.”
- “Time was limited to cover all aspects of this great work, it will be good if attendees take more time to familiarise themselves with the resources that were developed as part of HRPM.”

A further Grand Round is planned for Mar 25 to update on the work of the new HRRPM Safety Group.

2.4.4 Foundation Doctor Training (FY1 & FY2)

In Dec 2023, a session on Acute Pain was delivered to the Foundation Year 1 (FY1) Doctors and a session on Chronic Pain to Foundation Year 2 (FY2) Doctors, to help embed the newly refreshed guidance. Both were delivered by a consultant pain anaesthetist and were well received. These sessions will be repeated on an annual basis.

Foundation Dr Status	Date of session	No. of Attendees	Event rating/ 5	Comments
FY1	Dec 2023	37	4/5	<ul style="list-style-type: none"> • Closely linked to practice • Useful information - very applicable to me in orthopaedics. • Presenter was great, well prepared with great flow and knowledge. The slides were very informative and easy to read, well set out with good highlight points. • Good practical knowledge given.
FY2	Dec 2023	49	4.5/5	<ul style="list-style-type: none"> • Good understanding of our role and how we struggle as junior doctors treating pain, empathetic to both patients and Health Care Professionals • Good range of topics covered • Very useful in practical management of acute and chronic pain • Good practical approach to pain management, useful to remember not to guarantee that we can remove pain

2.4.5 Non-Medical Prescribing Training

A Microsoft Teams session was delivered by a specialist pain pharmacist to help embed the newly refreshed guidance. The session will be repeated on an annual basis and also made available as a video recording for others to access as part of their continuing professional development.

Date of Session	No. of Attendees	Event rating/ 5	Confidence rating Pre	Confidence rating Post	Comments- what would you do differently as a result of the training?
Mar 2024	18	4.57	2.43/5	3.71/5	<ul style="list-style-type: none"> Advising patients of the use of non-pharmacological options, thinking about what the patient enjoys and how they can use this to help with pain management. Thinking that if patients have chronic pain then pain medications may not help them. Being aware of how long patients have been on pain medications and if they are not getting benefit from them why are they still taking them Using prescribed meds much later on in pain management cycle for patients, making use of non-pharmacological modes first; cognisance of risks and adverse effects of opioids and NASIDs long term Use of pain medications, risks and benefits, will use this along side the pain management course i am doing at present re self-management

2.4.6 HRPM Workshop for GP Clinical Pharmacy Teams

A workshop session was delivered on MS Teams as part of protected learning time in March 2024. The session was attended by 60 members of the GP Pharmacy teams including Pharmacists. Pharmacy Technicians and Pharmacy support workers. Of those who completed the feedback questionnaire, they rated the event 4.5/5. Attendees were asked what they would do differently as a result of partaking in the event and the following was noted:

- “Identify risks (proactively) to target direct patient contact. Even if limit to a few patients per day, would still support change while managing workload”
- “Make use of HRPM resources/leaflets.”
- “Not be fearful of conversations, patients appreciate the support.”
- “Engage with practices around processes and priorities. Different options to ensure follow up. Continue to improve communications around intention for review, expected duration etc”

A member of the GP Clinical Pharmacy Team is a member of the new HRPM Safety group and further discussions are planned with the Primary Care pharmacy teams and GP practices, to assess the opportunities to support HRPM focused work.

2.4.7 Community Pharmacy Events

Community Pharmacy are often considered the most accessible healthcare professional as you can attend without an appointment or a referral. They support patients with long-term pain by providing advice on pain medicines, through Pharmacy First and also through dispensing prescribed HRPM and are therefore regularly in contact with patients taking HRPM. Two events (one webinar and one face to face) targeted at improving Community Pharmacy staff awareness and understanding of HRPM and Supported Self-Management were delivered in Year 2. Both were held in the evening to maximise attendance as staff would be unable to attend during the day.

More than 20 people attended the two events with the event rated 4.8/5 for effectiveness. Attendees were asked what they would do differently as a result with the following comments noted:

- 14 people stated that they would take time to have conversations with patients about pain medicines, listening and supporting them without being judgemental and sharing referral options with them.
- Monitor patient's frequency of buying Over the Counter or ordering pain medicines.
- Try to implement steps in pharmacy setting such as regular reviews.
- Share the message about the changing approach to managing chronic pain.
- 4 attendees stated that they would ensure all prescriptions for high-risk pain medicine have a consultation / are signposted for discussion with a pharmacist.
- Consider highlighting more non-pharmacological options.

The benefits that have been delivered so far through the training sessions delivered to staff ([sections 2.4.3-2.4.7](#)) are:

Enabled skilled workforce – the workforce supporting people living with chronic pain are up to date with the latest guidance, leading to better informed patient care. The workforce will feel more empowered to discuss supported self-management strategies as alternatives to prescribing of HRPM. Consistent messaging will increase understanding and lead to a change in culture of management of chronic pain.

Safer prescribing of HRPM – through improved conversations and use of the tools to aid understanding of the limitations and risks of pain medicines clinicians will be able manage patient expectations about effectiveness of HRPM and raise awareness of and mitigate for potential/actual adverse effects that should be addressed.

2. 5 Improvement Activity/Tests of Change

2.5.1 Background

Tests of change (ToC) were developed in response to a combination of year 1 findings and consideration of the patient pathways where High Risk Pain Medicines are used. The focus of tests of change for year 2 were agreed in the following areas:

All areas –

- Patient focussed resources to support better conversations around managing chronic pain and shared decision making

Primary Care-

- At initiation of prescribing of HRPM in primary care
- At the point where pain is persisting and moving from acute to chronic (3-6 months) where limitations of medicines need to be understood in managing chronic pain and non-pharmacological interventions should be considered in addition.
- Post surgical discharge where strong opioids may have been initiated in hospital, the use should be short term and research and year 1 findings note there is a risk of ongoing, and potentially long-term prescribing in primary care.
- Review of repeat prescribing of HRPM

Acute Setting (Secondary Care)

- Earlier engagement of Speciality inpatient pain team
 - PRE Surgical to manage patients due for surgery with existing complex pain.
 - POST Surgical and where patients admitted with complex acute on chronic pain.
- Improved pain management in line with evidence and improved communication post surgically with the patient and across the interface to ensure clear medication plans for reduction and stopping of planned short term pain medication.

Some of the Pain Champion network (described in Section 2.7) were directly involved in delivery of the tests of change (ToC). It is acknowledged that there are many additional areas and pathways across the system where HRPM may be used, and further tests of change could be considered - it will be the responsibility of the new HRPM Safety Group to consider and prioritise any further work relating to ToC.

A brief summary of tests of change (ToC) are included on the next 2 pages. A fuller summary report with recommendations and individual reports are available for each ToC on request, with recommendations being considered by the new HRPM safety group.

A sample of two of the resources, the Pain Medicine Card, and Pain & Medicines leaflet, developed as part of a test of change for all areas, is shown below. The initial print run of this was supported by Fife Health Charity and can be used in consultations where opioid and gabapentinoid prescriptions are initiated and to support patient understanding at the transition from acute to chronic pain. Funding for future printing of these would need to be sourced.

Pain Medicines Card:

Pain talking

Let's talk about pain
Take a different approach

How we view and manage pain has changed. Medication can help, but it's not the only option.

Find out more at nhsfife.org/paintalking

This card was funded by Fife Health Charity

Medicine to help with your pain

Medicines may help in short-term (acute) pain, but they are not the answer to managing long-term (more than 3 months) pain.

Pain medicines may be part of a plan to keep you moving and feeling well to keep doing the things you want to do.

Medicines need to be both effective and safe. Unwanted effects include drowsiness, constipation, difficulty breathing and dependency. You can find out more by reading the information leaflet provided with them.

Pain medicines

- ➔ If they make you drowsy, do not drive or operate machinery.
- ➔ Do not share or take other people's pain medicines.
- ➔ Store safely out of the reach of children. Return any leftovers to your pharmacy.
- ➔ If you are concerned about side effects, dependency, or they are not working, speak to your pharmacist, GP or nurse.

If you still have pain after 3 months, this website may be helpful: www.nhsfife.org/paintalking



Pain Management & Medicines leaflet:

Pain talking

Pain management and medicines

This leaflet explains pain management, including types of pain, pain reliever medicines, alternative pain management methods and potential risks.

Other ways to manage pain

- Understand your condition:** Increase your knowledge about pain and its management.
- Keep active and moving:** Gentle home exercise routine or classes with Fife Sports and Leisure Trust.
- Self-management:** Hot or cold, TENS machines and cushions may help with your pain if you use them regularly.
- Flare-up plan:** Have a plan to deal with bad days or setbacks.
- Set realistic goals:** Goals that are important to you. Take small steps.
- Relaxation:** Try different methods, set aside time each day.
- Manage thinking and emotions:** Understand how stress and anxiety affect your pain.
- Communication:** It's important to talk and catch up with friends and family.
- Get involved:** Find local support groups.
- Improve your sleep:** Pain can affect sleep and poor sleep can worsen pain.
- Diet and lifestyle factors:** Aim for a balanced diet, healthy weight and good hydration.
- Activity management/pacing:** Look at what you do, begin to prioritise, plan and pace yourself.

Remember

- If your medicines make you drowsy, do not drive or operate machinery.
- Never take more than the prescribed dose.
- Return out-of-date or unwanted medicines to your local pharmacy.
- Do not share or take other people's pain medicines.
- Store medicines safely out of the reach of children.
- Discuss any medication concerns with your doctor, nurse or pharmacist.

For more information on pain management, scan the QR code or visit nhsfife.org/pain-talking

Internet access is available in libraries and job centres across Fife.

We provide accessible communication on request in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who use BSL, read Braille or use Audio formats.

Our SMS text service number **07905800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact Fife.EqualityandHumanRights@nhs.uk or phone **01592 728130**

Acute pain is short-term pain caused by injury, illness, or surgery. It usually improves over time. Chronic pain, also known as persistent pain, lasts more than three months.

After 3-6 months, the body has usually healed as much as it is going to. Pain can, however, continue even when there is no identifiable cause or after the original issue is resolved. This is because of the complex pain processing system.

Types of pain reliever medicines

- Non Opioid:** Paracetamol.
- Anti-inflammatory:** Ibuprofen, naproxen, diclofenac.
- Opioid:** Codeine, co-codamol, alihydrocodone, tramadol, morphine, oxycodone and fentanyl.

Other types of medicines may be prescribed depending on the type of pain. These include antidepressants or gabapentinoids (gabapentin or pregabalin). Information given in this leaflet about opioid medicines is similar for gabapentinoids.

Medicines are often not very effective for chronic pain. Therefore, it is beneficial to use other ways of managing pain too.

On average, medicines can reduce pain by about a third, but not all pain is helped by medicines. The aim is to give you a better quality of life.

Medicines can cause side effects and other problems. It is important to discuss your medicines with a healthcare professional to assess their safety and effectiveness.

If medicines are not helping or causing you problems, it is better to reduce and stop them.

Speak to your GP or pharmacist for advice before making any changes to your pain medicines.

Opioid medicines

Opioid medications have not been shown to be helpful to manage long-term pain and can cause serious side effects and long-term risks.

It is best not to take opioid medicines for long-term use.

Side effects

- Feeling sick
- Constipation
- Dizziness
- Tiredness
- Increased risk of falls
- Dry mouth

Other problems

- Difficulty breathing
- Low mood
- Reduced sex drive
- Impotence
- Weight gain
- Problems sleeping
- Increased risk of infections
- Increased risk of broken bones
- Poor concentration or memory

Other longer-term risks

Tolerance and dependency can develop when opioid medicines are taken regularly. Over time, the body gets used to them and they can stop helping manage pain. Withdrawal effects may occur if they are stopped suddenly.

There is also the risk of addiction with opioid medicines.

Opioid medicines can also affect the body's immune and endocrine systems.

2.5.2 Tests of Change Summary

Setting	Test of Change	Benefits alignment	Recommendation & Why	Next Steps & BAU
Acute Services				
In Patient pain Team	Pre-Assessment Clinic Referrals (PAC)- Early identification of complex patients to Pain Team	<ul style="list-style-type: none"> Empowered patients Safer Prescribing 	<p>Adopt</p> <p>Consultation with the Inpatient Pain team provides the PAC patients with advice, options and knowledge to better manage their pain and determine the most effective post operation management and support a smoother transition of care.</p>	Adopted as BAU by PAC and inpatient Pain Team
	Criteria for in-house pain team referral (FROG) to improve timely referrals and earlier patient care	<ul style="list-style-type: none"> Safer Prescribing 	<p>Adopt</p> <p>With the use of Fife's standardised system for referrals patients are referred to the Inpatient Pain Service more efficiently where appropriate prescribing and non-pharmacological methods of care are provided in a timely manner.</p>	Adopted as BAU by inpatient Pain Team
National Treatment Centre (NTC)	Use of Post operative Immediate Release (IR) v Modified Release (MR) opioid in line with Surgical guidance	<ul style="list-style-type: none"> Empowered patients Skilled workforce Safer prescribing 	<p>Adopt</p> <p>78% (28) of Ortho staff surveyed felt pain managed well using IR and of 102 patients, 82% plus happy with IR.</p>	Adopted as BAU in NTC. HRPM Safety Group to consider recommendations to facilitate spread to other ward areas
	Prescribing plan in Discharge Letters & Post Surgical Patient leaflet issued to every patient to improve understanding and care across interface	<ul style="list-style-type: none"> Empowered patients Safer prescribing 	<p>Adopt</p> <p>Majority of Orthopaedic staff felt patients better informed through use of leaflet and weaning plan in discharge letter and Primary care clinicians valued the detailed plan</p>	Adopted as BAU in NTC. HRPM Safety Group to consider recommendations to facilitate spread to other ward areas

	Test of Change	Benefits alignment	Recommendation & Why	Next Steps & BAU
Primary care	Limit on “acute” Prescriptions	<ul style="list-style-type: none"> • Safer Prescribing • Cost effectiveness 	Adopt Less medication prescribed on initiation and many patients didn’t require repeat therefore didn’t impact GP workload.	HRPM Safety Group to consider recommendations to facilitate spread
	Practice Pharmacists focus on HRPM discharge letters.	<ul style="list-style-type: none"> • Empowered patients • Safer prescribing 	Adopt Value identified in pharmacists focus on HRPM to support patient pathway. Process maps created.	HRPM Safety Group to consider recommendations
	Review of Repeat Prescription process for issuing HRPM.	<ul style="list-style-type: none"> • Safer Prescribing • Cost effectiveness 	Adopt Practices identified a variety of ways to implement HRPM prescription review by introducing specific processes and utilisation of resources developed as part of the programme	HRPM Safety Group to consider recommendations
	Standardised GP consultation template	<ul style="list-style-type: none"> • Empowered patients • Safer prescribing 	Adapt The clinicians found the links in the template useful to share with patients and provide them with sources of further information, empowering patients to investigate areas of interest themselves. Template useful in some situations but too lengthy for 10 min consultation use.	HRPM Safety Group to consider recommendations and to inform opportunities with the new GP clinical system
	Develop Resources to support patient understanding and support shared decision making (Pain medicine card and “Pain & Medicines Leaflet”)	<ul style="list-style-type: none"> • Empowered patients • Safer prescribing 	Adopt Majority of feedback from clinicians at 3 GP Practices, physios and patients identified value in use of the resources which were developed in conjunction with Lived Experience Group	Initial batch of resources disseminated and funded with support from Fife Health Charity and available to download from Health Promotion

2. 6 Patient Engagement & Experience

Patient participation and engagement has underpinned the work of the HRPMP programme. The consultation in year 1 had > 200 responses from people living with pain and 32 responses from carers. To ensure the patient voice was heard, a participation and engagement officer (P&EO) from the HSCP led on the development of a “Lived Experience Group” (LEG). Sixty of those who had participated in the initial consultation, indicated they were happy to be contacted further. They were approached by the PEO to be part of the LEG with the purpose of consulting, collaborating and co-producing resources developed as part of the programme. It was recognised by the HRPMP Programme that there would be a significant commitment required and therefore the role was formalised with the NHS Fife Volunteer Department and a Role Profile was prepared and shared.

Initially 9 people completed the application forms and had a 1:1 session with the Participation & Engagement Officer and 6 people were subsequently recruited. Over the forthcoming months 2 members left due to personal reasons and 1 further member was recruited. The remaining 5 members of the LEG shared their patient stories and were directly involved in the design and content of the resource hub.

It was recognised at this point, that some people might not be able to commit to the asks of the LEG and so roles for different tiers of involvement were developed. The remaining 5 members of the original LEG were identified as Tier 1 LEG members and, to ensure as wide representation as possible a 2nd tier wider consulting group was established, where there was no commitment to the Programme, but they would be invited to share their views in the form of surveys on some pieces of work, such as medicine cards and patient leaflets. This resulted in 14 people joining the Programme as part of the Tier 2 Wider Consultation Group and to date, 4 surveys have been shared with them resulting in a better response rate and a stronger patient voice.

Some members of the Lived Experience Group highlighted that their health conditions prevented them from working and indicated that being part of the group gave them a sense of purpose and increased their sense of self-worth. It was recognised by the Programme that investing in the group members was important and training opportunities were sought. The most appropriate training was identified as Voices Training which was delivered by Healthcare Improvement Scotland and the HIS Team worked with the HRPMP Programme, to customise the training and make it more relevant. This training was attended by 4 members of the Lived Experience Group, supported by the P&E Officer, and feedback was positive.

During the Voices training sessions and at other points within Year 2, the group members fed back that they have felt supported and enabled by the P&E Officer in the approach to engagement and this flexible approach had allowed them to contribute in ways that suited their commitments and needs.

A survey was undertaken with the 5 members of the Tier 1 LEG and 4 responses were received with:

- 100% describing their experience of being part of the LEG as positive or very positive.
- 100% describing the support they had received as a member as positive or very positive.
- 100% describing the opportunities to share their views as VERY positive.

All members were asked about the impact being a member of the LEG had on how empowered they felt as a patient. Initial responses, prior to becoming a member of the LEG, showed people rated their levels of empowerment as 2 out of 5. Since becoming a member of the LEG, showed 3 out of 4 people rated their levels of empowerment as 4 out of 5 with another person rating it 3 out of 5 – indicating an increase in feelings of empowerment since being part of the LEG.

In conclusion, the members of the Lived Experience Group have told us that they feel positive about their experiences with the group so far. They all felt positive around the opportunities they have had to share their views and have their views heard. It was noted that the NHS Fife Volunteer sign up process was perceived as complex and a barrier to people becoming involved. This led to the programme developing the Tier 2 wider consultation group, where full volunteer processes did not have to be implemented. This feedback has been raised with the relevant department to see what opportunities there are to streamline the process.

The benefits from the Tier 1 LEG and Tier 2 Wider Consultation Group that have been delivered so far are:

More empowered patients – Direct involvement of the Tier 1 LEG has resulted in feedback that they feel more empowered. The output from the LEG and the wider consultation group has led to patient centred resources which should act as an enabler to supported self-management and therefore lead to more empowered patients across Fife.

Enabled skilled workforce – the workforce supporting people living with chronic pain have described that the national and local stories of patient experiences and how they manage pain have empowered them to be more confident in describing supported self-management and signposting to local resources and services.

The NHS Fife Pain Management Service are linking with the HSCP participation & engagement officer to identify how the LEG can be supported in the longer term to continue input to the new HRPM Safety Group and explore peer support network opportunities.

2.7 Pain Champion Network

The Pain Champion Network established a network of over 30 Pain Champions from across Fife. The champions were recruited from NHS Fife, Fife Health and Social Care Partnership, Fife Sports & Leisure Trust and Link Life Fife, all of which provide services to patients experiencing pain.

To support establishment of the champion network, they had the opportunity to complete the 10 Footsteps training as outlined previously in the report, undertake an introduction to Quality Improvement training workshop and developing a community of practice through regular network huddles which included an educational aspect.

The Pain Champion Network has helped to spread the 10 Footsteps training as well as communicate the key HRPM programme products, such as the updated HRPM Guidance. The network is directly influencing the prescribing culture in Fife as some Champions are prescribers.

The champions are responsible for:

- Providing feedback to peers regarding pain management practices
- Acting as a link to the Fife Pain Management Service for ongoing advice and information
- Educating patients and families about pain management
- Distributing pain management materials
- Acting as role models for other staff and peers by addressing issues in their cohort
- Cascading training to staff in their service / area

- Helping to disseminate key programme messages.
- Identifying and exploring improvement opportunities

Feedback from Champions include:

“Thanks to the 10 Footsteps Training and within my role as a Pain Champion, when I identify patients who have not had regular pain medication reviews, I feel empowered to support them to use their medication safely and ensure they are prescribed appropriately.” *Primary Care Pharmacy Technician*

“I hope to help as many people as possible living with pain, to live a better quality of life and to support their self-management. I think the biggest thing I have found so far is that people don't have any education around pain and most people I have worked with have been looking for a solution to be pain free and I think this holds people back from doing/trying things to reduce or better manage their pain.- since applying the principles of the 10 Footsteps I've seen an improvement in many of my clients and I've been keen to share my learning with my colleagues.” *FSLT Health & Wellbeing co-ordinator*

“I have enjoyed being a part of the HRPM programme and finding out what is going on within other areas of the health service. I am excited for the roll out of the new Pain Talking website and will disseminate this across the wider physiotherapy team and the GP practices we all work in. It will be an excellent resource for staff and patients to access so we are all providing the same key messages regarding pain management.” *Advanced Practice Physiotherapist*

The benefits from the Pain Champion Network that have been delivered so far are:

Enabled skilled workforce – the workforce supporting people living with chronic pain do feel more empowered to discuss supported self-management strategies as alternatives to prescribing of HRPM. Consistent messaging will increase understanding and lead to a change in culture of management of chronic pain. The network disseminates good practice.

Safer prescribing of HRPM – through greater understanding of the limitations and risks of HRPM prescribing champions will directly influence prescribing practice and lead by example.

The Pain Champion Network will continue and will support the work of the HRPM Safety Group and enable it to deliver specific outputs. The administrative support to arrange meetings and communicate with the Champions will be provided by Practice and Professional Development with strategic support from the lead for PPD and the co-chair of the HRPMSG.

2. 8 HRPM & Substance Use

Through work prior to the HRPM programme it had been identified some HRPM, notably opioids, gabapentinoids and benzodiazepines, were indicated in fatal and non-fatal overdoses in people who use substances. It had also been noted that Fife had a higher involvement of gabapentinoids in drug related deaths.

A short life working group (SLWG) was therefore established, led by a Consultant in Public Health, with key stakeholders from Fife Alcohol & Drugs Partnership, NHS Fife Addiction Services and 3rd sector agencies with a focus on understanding more about the involvement of HRPMs in drug related deaths in Fife.

The 4 packages of work intended to be undertaken by the SLWG were:

- a) **Audit and analysis of the drug related deaths** in NHS Fife in the year 2021 to identify how many involved HRPM and establish whether the person was being prescribed the HRPM at time of death or not. This helped understand the source of supply, whether through a legal prescribing route or whether from an illicit source, such as diversion through relatives and friends, local networks or other route e.g. internet
- b) **Literature search** of the UK evidence base to understand the prevalence of factors which contribute to, and the nature of, use of prescribed medicines other than as prescribed. The review also looked at interventions to reduce misuse and diversion of prescribed medicines which might help elicit interventions suitable for tests of change in Fife.
- c) **Multi-professional focus group** was undertaken with staff from NHS services, and substance use third sector agencies to consider the drivers for misuse and diversion of HRPM, potential interventions to address these and to consider the needs of the people who use substances in the context of the HRPM patient safety
- d) **Substance Use Lived Experience engagement** through either focus group or survey (delayed due to staff capacity issues in the public health and the ADP support teams)

A report capturing the learning of the SLWG was submitted to Fife Alcohol and Drugs Partnership in summer 2023 and shared with the HRPM Programme Board to help inform some of the tests of change and guidance refresh undertaken in year 2.

Staff capacity delayed the final aspects of the work of the SLWG, however the recommendations were considered and acted on as part of the guidance refresh and in tests of change such as, reduced initial prescription quantities and provision of early information on risks of medication. The report will be reviewed by the new HRPMSG for any additional action.

3.1 Programme level evaluation

3.1.1 Prescribing Data & National Therapeutic Indicators (NTIs)

The overall programme aim was to see an improvement in the National Therapeutic (Prescribing) Indicators (NTI) data when comparing Fife with the Scottish average, using March 2022 data as the baseline, when Programme activity started. Analysis of the latest available data released in July 2024 (Mar 2024 data) shows that whilst Fife remains above the Scottish average in 4/8 areas, there is more favourable trend than Scotland in **seven of eight** areas. Notably **Fife has shown a greater % reduction than Scotland** in measures for 3 HRPM groups (Opioids, Benzodiazepines, and NSAIDs). Both Fife and Scotland have shown a slight increase in Gabapentinoid measure but Fife % increase is lower (+2% cf +6%).

Current NTI status as at March 2024, with details below:

NTI	Fife	Scotland	Trend
1. Analgesics (Gabapentinoid DDDS) (weighted)	23.9	18.8	
2. Analgesics (Opioid DDDS) (weighted)	16.3	10.7	
3. Hypnotics and Anxiolytics (DDDs) weighted	12.4	11.1	
4. NSAIDs (DDDs) weighted	27.2	29.9	
5. Opioid and Gabapentinoid dependency (high dose gabapentinoids %)	1.0	1.1	
6. Opioid and Gabapentinoid dependency (high dose gabapentinoids %) 120mg	1.0	1.1	
7. Opioid and Gabapentinoid dependency (high dose gabapentinoids %) 50mg	4.0	3.8	
8. Opioid and Gabapentinoid dependency (long term opioids %)	57.5	59.7	

- Gabapentinoid use: Remains **above** Scottish average but with a lower % increase compared with Scotland since March 2022 (+2% cf +6%)
- Strong opioid use: Remains **above** Scottish average but with a greater % decrease compared with Scotland since March 2022 (-13% cf -9%)
- Hypnotic/ anxiolytic use: Remain **above** Scottish average but with a greater % decrease compared with Scotland since March 2022 (-43% cf -40%)¹
- NSAID use: **Below** Scottish average with a greater % decrease compared with Scotland since March 2022 (-7% cf -1%)
- High dose gabapentinoid use: **Below** Scottish average with a lower % increase compared with Scotland since March 2022 (+5% cf +13%)
- High dose opioids > 120mg morphine equivalence: **Below** Scottish average for patients on with a greater % decrease compared with Scotland since March 2022 (-35% cf -27%)¹
- Lower dose opioids > 50mg morphine equivalence: Remain **above** Scottish average for patients with a greater % decrease compared with Scotland since March 2022 (-40% cf -36%)¹

¹ The way these measures are calculated at a national level have changed during the time period which will reflect greater % reduction than anticipated

- Strong opioids for > 2 years: **Below** Scottish average for % of patients though have seen a slight increase (+4% cf 0% Scottish Average)

These results are based on data from the end of year 2 of the programme which aligns with the period of time where GP practices had been furnished with Practice datapacks to promote curiosity and encourage quality improvement focus on an individual level and before resources had been developed and disseminated to support patient conversations. It also should be remembered that the tests of change were undertaken in a very small number of areas so will not have a significant impact on overall prescribing at this time. With Year 3 Scaling solutions phase of the programme, being transitioned to BAU now, it may take longer to see the anticipated level of improvement. There are early positive signs of a reduction in prescribing in some areas and a greater focus on safety. With the continued focus from the new HRPM Safety Group, it is anticipated that a continued improvement trajectory will move Fife closer towards the Scottish average where appropriate.

Under the HRPM programme's agreed benefits and evaluation framework the original plan had been to assess the overall programme impact in terms of awareness, understanding, perceptions, staff skills/attitudes and the patient experience through a series of surveys (similar to those originally undertaken as part of year 1). These were expected to be undertaken when the key deliverables had been completed and sufficiently embedded, likely in the final quarter of year 3. With the changes to the Programme, there are still plans to undertake some surveys at this that time and report back to the HRPM Safety Group.

4. Programme Transition to Business as Usual

4.1 Programme Funding

The Programme expenditure in year 1 was approx £132K against a budget of £200K, with Year 2 expenditure increasing to approx £174K. With the current financial challenges, the programme moved to a business as usual status at the end of year 2. There will therefore be no additional costs incurred in the financial year 2024-25.

4.2 HRPM Safety Group

The final HRPM Programme board met in April 2024 following the decision to transition the programme early, to agree a plan to expedite to business as usual, with a commitment to embed the benefits of the programme across the operations of the organisation and within NHS Fife governance arrangements.

This has led to the establishment of a new HRPM Safety Group, aligned to the NHS Fife High Risk Medicines Safety Programme, under the oversight of a multi-professional Medicines Safety & Policy Group (MS&PG), which reports to the Area Drugs and Therapeutics Committee (ADTC). In order to ensure that the non-pharmacological self-management aspects of the HRPM are embedded, the new safety group will also align with the Fife HSCP Prevention & Early intervention Strategy.

4.3 Lessons Learned

Lessons have been gathered at project, workstream and strategic programme levels as the programme has matured over its lifecycle. An independent lessons learned event was also facilitated by the Corporate Programme Management Office (CPMO) team, and a full report is available.

Key recommendations include:

- Ensure adequate time for **stakeholder engagement** and at the start and throughout the programme.
- **Clearly defined deliverables** of the programme and role and remit, of programme workstreams.
- Consider the **development needs** of wider stakeholders such as patient and staff groups, this in-turn will then support the groups to meaningfully contribute to the work. e.g. Patient Voice training for Lived Experience Group and Quality Improvement Training for Pain Champions
- Ensure **appropriate and early access to expertise** to support delivery of the programme e.g. Change/Programme management, Communications expertise etc.
- **Consider scalability of tests of change** in the design phase, to ensure successful delivery of the overall programme.
- Replicate the **patient engagement** model of the programme. Having a defined engagement role undertaken by a specialist in that area provides a focus on patient engagement activity. This ensures stakeholders are involved not just informed and this helps ensure stakeholder expectations are continuing to be met.

4.4 Risk Assessment/ Management

The core business risks below were being mitigated by the ongoing work of the programme. With the formal transition of the programme to business as usual, risk assessment and further mitigations will be considered by the HRPM Safety group in relation to the following:

Core Business Risk	Previous Risk Score	Mitigations from Year 1 & 2 delivery
<p><u>Ineffective/ High Prescribing</u></p> <p>There is a risk that patient safety, care and wellbeing is compromised due to limited staff/clinician knowledge of unintended consequences from extended, ineffective, or high prescribing of HRPM.</p>	HR-16	<ul style="list-style-type: none"> Extensive suite of staff training New HRPM prescribing guidelines and toolkit with Staff communication Development of Pain Champion Network
<p><u>Patient Safety & Wellbeing</u></p> <p>There is a risk that the safety and wellbeing of patients using HRPM is adversely affected resulting in harm, dependency or even death, due to lack of regular medication reviews, lack of patient information and lack of communication across the interface.</p>	HR-16	<ul style="list-style-type: none"> New "Pain Talking" Resource hub & Public Campaign New HRPM prescribing guidelines and toolkit with Staff communication Tools developed to support shared decision making ToC implemented to improve post surgical care plans, patient information, discharge information and how implemented at practice. ToC to reduce quantities of medicines issued at initiation and improve repeat prescribing review
<p><u>Ineffective Pain Management Pathways</u></p> <p>There is a risk that patients experience poor quality of care and possible admissions, due to inadequate pain management pathways.</p>	HR -16	<ul style="list-style-type: none"> FROG Referral guidance for Fife Pain Management Service -inpatient and outpatient Referral to FPMS Inpatient team from Peri-operative Pre-assessment clinics

Overall Programme Impact Risk	Likelihood	Consequence	Risk Level	Post Programme Mitigation
There is a risk that benefits will not be fully achieved to desired levels, because of early transition of the programme resulting in reduced pace and scalability of future HRPM activity as there is no way to replicate the scale of the activity of the programme via business as usual.	4 - 60% - 79% chance	4 - Major Impact	HR -16	<ol style="list-style-type: none"> HRPM Safety Group to be established to monitor and evaluate programme impact post closure. HRPM Safety Group to identify change initiatives in response to benefits impact understanding.

5. Conclusions

The Programme successfully completed and delivered Year 1 and Year 2 of the HRPM Patient Safety Programme on time and within budget and achieved a large number of deliverables as outlined in the report. These include the Pain Talking Resource Hub, Lived Experience Group, Pain Champion Network, extensive staff training programme, revised guidelines, tools and resources to improve conversations and shared decision making leading to informed choices for people living with pain and raising awareness of meaningful alternatives to prescribing pain medicines through supported self-management.

A suite of quality improvement Tests of Change (ToC) were undertaken across the whole system throughout Year 2, including:

- Developing patient focused resources to support better conversations around managing chronic pain and shared decision making
- Supporting earlier engagement of the Specialty inpatient pain team both pre- and post-surgical
- Developing and testing tools to support reduced or more appropriate prescribing of HRPMs for chronic pain including limiting amounts of HRPM medicine prescribed, encouraging reviews of repeat prescribing of HRPMs, having clear care plans for reducing HRPM use post-surgery and consideration of alternatives to pain medicines for people living with chronic pain.

Reports for each ToC were prepared containing a number of recommendations that will be considered by the new HRPM SG.

There has been excellent staff and patient engagement to date and a willingness to explore opportunities to improve prescribing and patient care though implementation of some aspects has proved challenging due to staff capacity to undertake quality improvement activity.

With regards to prescribing of HRPM, whilst NHS Fife remains an outlier and above Scottish average there are some early positive signs of improvement with greater rates of reduction, or lower rates of increase than the Scottish average or a plateauing of previous increasing trends. If year 3 scalability had been implemented as originally planned we would have hoped to see a more significant turnaround in prescribing.

There remains a risk that the scalability of solutions identified, developed and implemented during the first two years of the programme will no longer be achievable leading to a significant reduction in the benefits originally anticipated due to the early transition to business as usual, resulting from the financial challenges of the organisation. The new HRPM Safety Group will review these risks and identify actions to mitigate this risk, taking into consideration organisational capacity, in order to prioritise implementation of deliverables which will have maximum impact and minimal resource requirements.

6. Recommendations and Next steps

The next steps required are to:

1. Establish and embed HRPM Safety Group as part of NHS Fife High Risk Medicines Safety Programme
2. Align with HSCP Prevention and Early Intervention Strategy
3. Ensure ongoing review and monitoring of national and local prescribing data
4. Ensure continued engagement with the Lived Experience Group

Appendices:

Appendix 1: Table of Problems Identified in Year 1 aligned with Year 2 deliverables to address.

Problem Identified	Year 2 Deliverable to address ToC = Test of Change
High clinician confidence in delivering pain management in both sectors contrasting with very limited accessing of guidance and lower confidence in advising on non-pharmacological strategies suggesting a risk that current pain management work is not aligned to the most up to date guidance.	<ul style="list-style-type: none"> • Revised prescribing guidance and guidelines • Training Output • Dedicated HRPM Stafflink pages
Communication across services, sectors and between clinicians can be limited which impacts on clinician understanding and ability to support patients effectively.	<ul style="list-style-type: none"> • FROG referral guidance for Fife Pain Management Service (FPMS) • ToC -Personalised Prescribing Plan in Discharge letters
Cohorts of patients at greater risk of adverse effects from HRPM.	<ul style="list-style-type: none"> • Revised prescribing guidance and guidelines • Training Output • Primary Care Datapacks
Varying clinicians' perceptions on role and expectations of Fife Pain Management Service (outpatient chronic pain team and inpatient pain team) leading to missed opportunities to refer or inappropriate referrals.	<ul style="list-style-type: none"> • FROG referral guidance for Fife Pain Management Service (FPMS) • ToC -Pre-operative identification/assessment screening (for chronic pain & Opioid use) of complex cases for flagging to inpatient pain team
Clinician and patient awareness and utilisation of services which would facilitate supported self-management.	<ul style="list-style-type: none"> • Pain Talking Resource Hub • Training output • Pain Champion Network • ToC- Pain Management & Medicines leaflet
High rates of prescribing of HRPM above Scottish average (measured by National Therapeutic Indicators) with increased risk of adverse effects, potential for diversion and waste.	<ul style="list-style-type: none"> • Primary Care Datapacks • Training Output

Problem Identified	Year 2 Deliverable to address ToC = Test of Change
Patient understanding of acute v chronic pain management, over reliance on pharmacological strategies for pain management and expectation of pain resolution through a medical model.	<ul style="list-style-type: none"> • Pain Talking Resource Hub • Promotional Campaign • Community Education Sessions (Sore? Know More!) • ToC- Pain Management & Medicines leaflet • ToC – Pain Medicines Card • ToC - Implementation of Post operative standardised leaflet
Patients experiencing short- and long-term adverse effects from HRPB impacting on quality of life and overall health leading to cascade prescribing and increased utilisation of healthcare resources including hospital admissions.	<ul style="list-style-type: none"> • ToC -Post operative Immediate Release (IR) v Modified Release(MR) opioid use (in Planned Care Orthopaedics settings) • ToC - Implementation of Post operative standardised leaflet • ToC -Acute limit on prescription quantities • ToC- Pain Management & Medicines leaflet • ToC – Pain Medicines Card
Patients have described various situations that demonstrate living with a pain condition has a significant negative impact on their physical and mental health/quality of life, as well as to the wellbeing of those who closely support them.	<ul style="list-style-type: none"> • Pain Talking Resource Hub • Patient Lived Experience Group
Patients felt there could be better information provided on their medicines and would welcome more regular medication reviews.	<ul style="list-style-type: none"> • ToC -Post operative standardised leaflet • ToC -Personalised Prescribing Plan in Discharge letters • ToC- Pain Management & Medicines leaflet • ToC – Pain Medicines Card • ToC- Standardise Consultation Format/Template in GP system
Patients felt underrepresented and isolated, would welcome peer support and opportunities for further involvement in the work of the programme.	<ul style="list-style-type: none"> • Patient Lived Experience Group
Patients would like information about alternatives to medicines and supported self-management solutions, but from one easy to find location (as the feeling was information was too dispersed and they did not know where to find it).	<ul style="list-style-type: none"> • Pain Talking Resource Hub • Community Education Sessions (Sore? Know More!)

Problem Identified	Year 2 Deliverable to address ToC = Test of Change
<p>There is involvement of prescribed HRPM in drug related deaths (25% of deaths had prescribed gabapentinoids implicated; 14% of deaths had prescribed benzodiazepines implicated; 11% of deaths had prescribed opioids/opiates after excluding opioid substitution therapy (OST)).</p>	<ul style="list-style-type: none"> • HRPM Substance Use short life working group report and recommendations • Revised prescribing guidance and guidelines • Training Output

Report Author

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NHS Fife High Risk Pain Medicines Programme

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

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Meeting: Public Health and Wellbeing Committee
Meeting date: 9 September 2024
Title: Child Poverty Action Report
Responsible Executive: Joy Tomlinson, Director of Public Health
Report Author: Sheena Watson, Tackling Poverty and Preventing Crisis Board Programme Manager

Executive Summary

- It is a legal requirement for Local Authorities and Health Boards to jointly prepare and produce a Child Poverty Report every year under the Child Poverty (Scotland) Act 2017
- The 2023/24 report was prepared by Sheena Watson, Programme Manager for the Tackling Poverty and Preventing Crisis Board. This report was presented to Fife Partnership Board at their meeting on 6th August 2024
- The report highlights that 23.6% of children in Fife are living in relative poverty, slightly above the national level of 21.3%.
- Work that is highlighted within this year's report includes poverty awareness training and joint work between local authority teams and the health promotion service. Training has been provided to staff on the Benefits Checker and Our Fife toolkit.
- A dedicated worker has been providing support within maternity services. In total 508 families were supported through the income maximisation work, with financial benefit of £645,232 for families.
- The range of work within the report also includes detail on actions to mitigate against increases in cost-of-living, prevention of crisis through a No Wrong Door approach, improving the use of data relating to poverty and interventions to tackle homelessness.
- The Tackling Poverty, Preventing Crisis programme board provides oversight of the activities set out within the report and governance is provided by Fife Partnership Board.

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Government policy / directive
- Legal requirement
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority to Improve Health and Wellbeing

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

It is a legal requirement for Local Authorities and Health Boards to jointly prepare and produce a Child Poverty Report every year under the Child Poverty (Scotland) Act 2017. The report is submitted to Scottish Government annually and feedback is provided to local areas. The meeting is asked to discuss the 2023/24 report.

2.2 Background

The 2023/24 report was prepared by Sheena Watson, Programme Manager for the Tackling Poverty and Preventing Crisis Board. This report was presented to Fife Partnership Board at their meeting on 6th August 2024 alongside a suite of papers with a common theme of poverty and health. This is the second year of preparing a combined report describing anti-poverty programme work for adults and children in Fife. The report describes the progress to date, alongside priorities for 2024/25 and preventive actions that are being taken.

The current policy document for child poverty in Scotland is [Best Start Bright Futures: tackling child poverty delivery plan 2022 to 2026](#). This describes six priority groups for child poverty which are: Lone parents, families affected by disability, mothers under 25, children under 1, ethnic minorities and families with more than 3 children. It sets out three broad areas for action:

- Providing the opportunities and integrated support parents need to enter, sustain and progress in work
- Maximising the support for families to live dignified lives and meet their basic needs
- Support the next generation to thrive

The first area for action, links to Corporate Objective 1; We will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.

2.3 Assessment

The report highlights that 23.6% of children in Fife are living in relative poverty, slightly above the national level of 21.3%. Relative poverty is the most commonly used indicator to track trends across Scotland. The national trend for child poverty in Scotland is assessed as broadly stable, following a rise in recent years. The localities in Fife with higher levels of child poverty are Levenmouth, Kirkcaldy, Cowdenbeath and Glenrothes areas.

Work that is highlighted within this year’s report includes poverty awareness training and joint work between local authority teams and the health promotion service. Training has been provided to staff on the Benefits Checker and Our Fife toolkit. Towards the end of the report, there are two case studies which illustrate the direct benefit to individuals as a following advice and support from health visiting and Family Nurse Practitioner teams.

Last year, the Tackling Poverty Preventing Crisis Board approved the short-term funding of a new full-time post to help increase the number of training sessions and lead on the delivery of all aspects of Poverty Awareness Training. The post holder sits within Fife Health Promotion Service Training Team. This funding is scheduled to end in March 2025.

The report includes a breakdown of income maximisation work which covers a wide range of settings. This work supports adults and children and helps them access benefits they are entitled to. Some settings have provided a breakdown of referrals across the child poverty priority groups. A dedicated worker has been providing support within maternity services. In total 508 families were supported through the income maximisation work, with financial benefit of £645,232 for families.

The range of work within the report also includes detail on actions to mitigate against increases in cost-of-living, prevention of crisis through a No Wrong Door approach, improving the use of data relating to poverty and interventions to tackle homelessness. The activity within has oversight within the Tackling Poverty, Preventing Crisis programme board Fife Partnership and governance is provided by Fife Partnership Board.

This report provides the following Level of Assurance: Moderate

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Actions in the report will positively affect health of the population, mitigate health inequalities, and reduce health service demand in the longer term. The income maximisation work and training makes a material difference to children and families through supporting access to benefits.

2.3.2 Workforce

Some of the programmes of work described will have a positive effect on lower paid staff in NHS Fife. Improving income maximisation opportunities and taking up training offered in relation to poverty may have an impact on workload of frontline staff.

2.3.3 Financial

The programmes of work described within the report are resourced from a range of funding allocations, mainly from Scottish Government. There are areas of uncertainty, particularly the sustainability of posts which are supported by temporary funding.

2.3.4 Risk Assessment / Management

The risks relating to these programmes of work are considered and reviewed by the Tackling Poverty and Preventing Crisis Board. The governance for these is within Fife Partnership.

The work contributes to actions that address the health inequalities risk held by NHS Fife. The risk appetite for this area is high. Aspects of these programmes of work contribute to Corporate Objectives 1, 2 and 3.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

This work contributes directly to addressing child poverty and groups with protected characteristics are affected to a greater degree by poverty, for example women, disability, ethnicity. Actions to reduce poverty support the Fairer Scotland Duty and Anchor Institution ambitions. This is partnership work led by Fife Council and as it is an annual report on progress an Equality Impact Assessment was not required.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct impacts from this work that will positively benefit the climate emergency response, however many anti-poverty measures will increase the resilience of individuals to mitigate impacts, including access to funding for home insulation.

2.3.7 Communication, involvement, engagement and consultation

Third sector organisations sit on the Tackling Poverty and Preventing Crisis Board. Project assistants with lived experience of poverty have been employed in some areas in Fife. Work is ongoing to build on this.

2.3.8 Route to the Meeting

This paper has not been reviewed previously. The Tackling Poverty report has been presented to and endorsed by Fife Partnership Board.

- Fife Partnership Board, 6th August 2024
- Tackling Poverty Preventing Crisis Board, 12th August 2024

2.4 Recommendation

This paper is provided to members for a “**moderate**” level of assurance. It is also provided for **discussion** - for examining and considering the implications set out within the Tackling Poverty and preventing crisis annual report.

3 List of appendices

- Appendix 1 - Tackling Poverty and Preventing Crisis Annual Report 2023/24

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Tackling poverty and preventing crisis

Annual Report 2023/24

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- Introduction
- Key Findings and Next Steps
- Poverty in Fife
- Prevention
- Social Inclusion and Stigma
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- Appendix 2 – Case Studies

Introduction

This is Fife's annual report on Tackling Poverty & Preventing Crisis.

It sets out progress, priorities for 2024/25 and next steps towards our preventative approach.

Fife continues to face challenges in recovering from the health, social and financial crises of recent years. Through partnership work, people are being supported to meet these challenges and take control with dignity and respect.

A number of initiatives are underway to bring about change and improvement. Programmes aiming to enhance family support and provide 'no wrong door' services are underway so people can access the help they need as early as possible. These balance the urgent need for public service redesign alongside critical ongoing support for those facing the complex challenges of living on a low income.

Change on this scale takes time. A whole system approach to improvement, drawing on the evidence from the annual Winter, Cost of Living Programmes and more recently, the Fife Strategic Assessment published in August 2024, are identifying challenges and opportunities to increase the impact of anti-poverty projects.

This report highlights specific examples of progress to date on benefit maximisation, the Fife Advice Framework and Cash First and identifies next steps. It highlights actions specifically addressing child poverty, fulfilling the statutory requirement to produce an annual local child poverty action report under the Child Poverty (Scotland) Act 2017.

Key Findings and Next Steps

Evaluations of recent programmes and research is telling us:

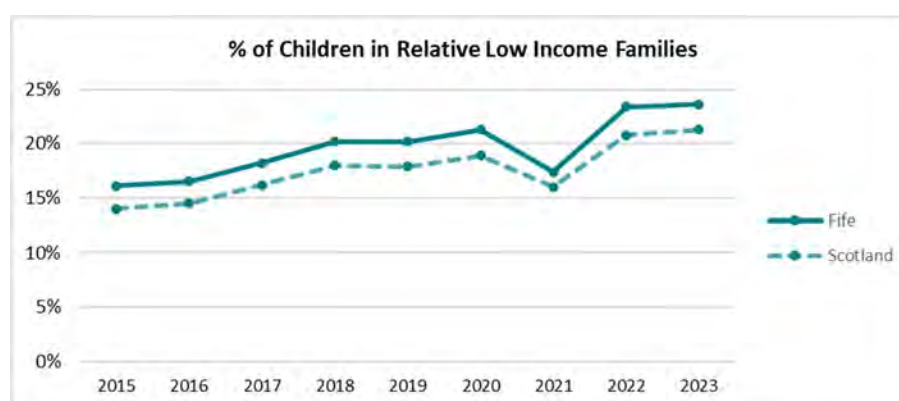
Findings	Fife Picture	Next Steps
<p>Significant levels of benefit underclaiming is leaving people with less than they need to manage on.</p> <p>Policy in Practice¹ estimates that the total amount of unclaimed income related benefits and social tariffs across Great Britain is now £22.7 billion a year.</p>	<p>Large scale benefit uptake campaigns in Fife are helping increase people's income from benefits and getting more people their full benefit entitlement.</p> <p>The financial gain to date is estimated to be £6.7 million.</p>	<p>A rolling programme of benefit take up campaigns is scheduled for 2024/25.ⁱ</p>
<p>The need for emergency food is frequently not the only issue those using a food bank have.</p> <p>Many of those using food banks need help with other underlying issues such as debt, employment support and living with long term health issues and disabilities.</p>	<p>There is a need not to deal with the need for emergency food in isolation.</p> <p>The development and roll out of the Fife Advice Framework is better equipping front-line staff and volunteers to provide first level benefits advice.</p>	<p>Funding is secured to scale up Fife's Poverty Awareness and benefit checker training programme. This will build staff skills and knowledge in supporting people.</p> <p>Learning for Fife's Cash First programme approaches will increase dignity and reduce food bank use in Fife</p>
<p>The Scottish Welfare Fund and the provision of home starter packs by a variety of Council and third sector organisations, is not meeting the level of need for household items in Fife.</p>	<p>People are struggling to get items to set up home. A range of organisations and Council services provide support in isolation of each other.</p>	<p>A review of the Scottish Welfare Fund is being undertaken.</p> <p>A Fife Council and third sector collaboration is scoping the improvements needed to create a joined-up system of household support.</p>

¹ [Missing out 2024: £23 billion of support is unclaimed each year - Policy in Practice](#)

Findings	Fife Picture	Next Steps
<p>Better intelligence is needed to proactively reach people in need, with a focus on prevention rather than just responding to crisis</p>	<p>The use of data and the Low-Income Family Tracker (LIFT) is providing evidence of both current and future need, helping to target support.</p> <p>This is key as available budgets to deliver support, decrease.</p>	<p>The continued use of the Low-Income Family Tracker and the Fife Benefit Checker will help Fife target support.</p>
<p>Warm and Welcoming Places are community-led and helping to break social isolation experienced by many in the community. Meals and wider support and being provided,</p>	<p>A significant number of users have long term health issues and are experiencing poor mental health and are not accessing help elsewhere.</p>	<p>Develop community led welcoming places to provide wrap around advice and support.</p>
<p>Lived Experience People with lived experience of poverty are having an increased number of opportunities to be able to influence change.</p>	<p>Project Assistants who have lived experience of poverty have been employed to work in some Areas in Fife. This is being rolled out across more areas in Fife.</p>	<p>In partnership with the Poverty Alliance, Fife is developing mechanisms for working with those with lived within the Cash First programme.</p>

Poverty in Fife

- Child poverty in Fife continues to track just above Scotland for both relative and absolute poverty rates (see table 1)
- 23.6% of children in Fife are now living in relative poverty (in households with an income of less than 60% of UK median income) compared to 21.3% for Scotland (DWP, FYE 2023).
- While both Fife and Scotland have seen an increase in child poverty between 2019 and 2023, this had been projected before the cost-of-living crisis so was not unexpected. Levenmouth, Kirkcaldy, Cowdenbeath and Glenrothes Areas all have higher child poverty rates than Fife as a whole. This is broadly consistent with income and employment deprivation (SIMD 2020).



- As of March 2024, 25,320 children in Fife were actively benefitting from the Scottish Child Payment (Social Security Scotland, 2024). The Fife Benefit Checker (Entitled To) is updated with new benefits as legislation changes occur. The Scottish Child Payment was included in the benefit checker since its introduction promoting the uptake.
- There were an estimated 33,888 low-income households in Fife in April 2024 (Low Income Family Tracker dashboard).
- Single households are the largest group, accounting for two thirds of all low-income households, and 92% of those who are in a cash shortfall (expected take-home income less than expected expenditure).
- Lone parent households (5545 households, approx. 10,700 children) were the second largest group (16.4%), followed by couples without children (9.7%). Couples with children accounted for 4.8% of low-income households (1632 households, approx. 4,000 children).

Prevention

Fife has focused on income maximisation and targeted programmes of winter support, as ways to address poverty and prevent crisis during the cost-of-living crisis. Partnership work training and raising the capacity of front line staff and volunteers to give advice and support, has increased the number of people and places where early help can be accessed in Fife communities.

Tackling Poverty and Preventing Crisis Board and Winter Programme 2023/24

Fife's Tackling Poverty and Preventing Crisis Board refocused its delivery plan this year building on learning from the winter support and cost of living programmes.

This is the second year of delivering the Winter Programme and was supported with £5.3 million of funding. This was in addition to a £1.8million top up to the Scottish Welfare Fund. The support has been shared across fuel, food, and cash support, mostly accessed at the point of crisis. (See Infographics below highlighting the key aspects of the programme)

Preventative measures have focussed on benefit maximisation campaigns and a new partnership with the Fuel Bank and Cosy Kingdom², which has provided both energy advice and emergency fuel top ups.

Welcoming Places have been developed by a range of voluntary groups and some areas have developed welfare hubs where wrap around support can be offered.

Given Fife's longstanding challenges of deep-rooted poverty and inequality, alongside pressing budget reductions and constraints, there is a need to be smarter in how whole system change is delivered.

² Cosy Kingdom is a free and impartial energy and debt advice service available to all tenants and homeowners across Fife.

Winter and Cost of Living Programmes

Food



277,112 meals

were provided by Fife Council over the school holidays for the year



17,112 food parcels

distributed by Trussell Trust in Fife 2023/24 from 11 centres

£1.3 million

was spent on crisis awards for food from the Scottish Welfare

Fuel



£155,317

worth of fuel top ups issued

1,220 people

have received first level energy advice



199 frontline workers

trained to give energy advice

33 households

benefited from Boiler Repair Scheme, with a spend of **£73,147**



£30,000

spent on Winter Warmer packs to help those in crisis situations, including heated blankets, fleeces, gloves, hat and scarves

87

Welcoming and Warm Places were provided

Additional £1.8m

provided by Fife Council on top of Scottish Government SWF allocation



8,865

completed benefit checks over the past 12 months

44,190 views

on the Our Fife/Get Help website

Benefit Maximisation

£6.7 million

Large scale benefit uptake campaigns gain to date is estimated to be

867

have increased their income by **£860,870** through Pension Credit campaigns - an estimated lifetime value of **£3.9 million**

Approx. £470,980

additional financial gains from Pension Credit campaigns, with a lifetime value of **£2.8 million**

440

new Tax-Free Childcare accounts, saving each family **20%** of their total childcare costs each month.

Fife Advice Framework and Poverty Awareness Training

Providing staff and volunteers with the knowledge they need to signpost and offer first level benefits advice.

A huge range of cost of living and welfare support is available. For those who aren't eligible for any benefits, some of the support which is offered is universal, meaning anyone can get it.

Crisis support
Community Support Line
 If unable to access information online, staff will be able to assist or arrange an appointment.
0800 952 0330 (Mon-Fri, 9am-5pm) or call **07432 609475**

Benefit Checks
Self help - Free online benefits checker at: our.fife.scot/gethelp/income
 For those under 18, not a UK national or having trouble using the online calculator a benefit check appointment can be arranged by calling the Community Support Line.
 Welfare support staff can offer support & help at our **community job clubs**. visit: www.fife.gov.uk or call **07432 609475**

Drop-in advice & help
Local support
 Welfare support staff can offer support & help at our **community job clubs**. visit: www.fife.gov.uk or call **07432 609475**
The Well is a place where you can drop-in, both in the community and online. Call **03451551500** or visit: www.fifehealthandsocialcare.org

One to one support
Support & Connect
 For families with children in education. Referral only- online form
CARF (Citizens Advice and Rights Fife)
 Welfare benefits **03451400092**
 General Advice **03451400095**
 Debt Advice **03451400094**
www.cabfife.org.uk
Frontline Fife
 Homelessness, housing advice, short-term housing and addictions support.
www.frontlinefife.co.uk
Cosy Kingdom
 Free, impartial energy and debt advice.
www.cosykingdom.org.uk

For useful information, advice, help with benefits, energy bills and food go to: our.fife.scot/gethelp

The awareness and knowledge to use the Our Fife /Get Help website alongside the Fife Benefit Checker has been scaled up this year. Citizen's Advice and Rights Fife (CARF) have proactively engaged with public sector staff teams and community groups to embed income maximisation into their usual offer of support.

Local Authority teams already undertaking this approach include Housing Officers, Rent Officers (debt collection), Welfare Support Officers, customer facing staff in local council offices and telephone helplines, revenues officers and fuel poverty officers. Elected Members in Fife have undertaken the training to support their constituency casework and some Community Council members have also participated. Third sector agencies involved has included local health condition support groups, employability support agencies and even a local grass roots football coaching team. Most recently, Scottish Autism have been able to upskill staff to embed income maximisation into their practice.

This work has been jointly delivered with the Health Promotion Service who have delivered this targeted 'Level 1 Fife Benefit Checker and Our Fife Toolkit Training' to key teams/services. Innovative approaches to the delivery of training including lunchtime poverty discussions, online modules, and the creation of a 'training the trainer' network has helped reach a wide range of staff and volunteers.

In total, 722 staff and volunteers were trained in 2023/24 and a group of 35 training the trainers was established to continue rolling out the programme.

Targeted Poverty Awareness information sessions on how poverty can impact children and young peoples' health, education and developmental milestones has been created. The training covers having a healthy conversation with children and young people about poverty and increases knowledge of national and local sources of support.

Social Inclusion and Stigma

Key to tackling the stigma surrounding poverty, is to involve people with lived experience of poverty in the design of services.

Project Assistants with personal experience of poverty, have been employed to work in Areas Teams in Fife. They have so far inputted to issues around recruitment, communication, system changes (No Wrong Door Approach) and the evaluation of winter funding. They are involved in the cash first pilot and will be part of the steering group for the next Rural Poverty Conference in October 2025.

A Food4Fife Strategy was launched in May 2024 with the aim of preventing food poverty by providing a dignified, fair and just access to healthy and affordable food for all one. The Council adopted the Dignity Principles in May 2018, and these underpin the work that is done in relation to food insecurity including Cafe Inc. Key principles include giving people the power to choose their meals and including families in decision making. A research project including both surveys and a focus group is planned for summer to discover from families (both children and adults) about what can be improved in the delivery of Cafe Inc and the difference it is making.

Cash First is an approach rooted in human rights that can have an immediate impact on people's lives by offering flexibility and respect for people to decide what their immediate needs are. Following a successful bid, Fife Council has been awarded funding by the Scottish Government to run a series of tests of change over the next 24 months in each of the seven Area Committee areas exploring Cash First approaches to mitigating and preventing poverty. Building on Kirkcaldy's Choice First cash first initiative and the Hardship Grants provided during COVID, the tests of change will help understand and overcome specific local barriers experienced by individuals and families facing crisis. The chosen areas reflect diverse local circumstances and levels of maturity in developing cash-first approaches.

To ensure more children and families are involved in service design, Fife's Whole Family Wellbeing Fund is funding projects to help shape a better understanding of current experiences of services, what needs to improve and how change can be facilitated by working together through a co-production/co-design approach. This is being achieved by improving the interface across the third sector, statutory services, and community planning partnerships and through meaningful involvement of families in Fife in the design, development and delivery of services. The project is led by FVA and the third sector who have a track record in this area to develop and spread this approach with and alongside families learning what works.

Tackling Poverty & Preventing Crisis Delivery Plan 2021-2024:

The progress updates in the tables below provide the detail of the projects to:

- Get people the benefits they are entitled to
- Protect people from cost-of-living increases with a focus on support for food, fuel and childcare costs
- Prevent crisis through a No Wrong Door approach ensuring early and joined up support
- Improve the use of data relating to poverty and crisis to target spend on prevention of crisis
- Tackle Homelessness

Next steps for Fife 2024/25 include:

- Implementing a No Wrong Door approach with the emphasis on prevention and earlier intervention
- Reducing long term food poverty through the delivery of the Food4Fife Strategy launched in May 2024 and Cash First tests of change
- Developing a joined-up system of household support
- Working with communities to create welcoming places that provide wrap around advice and support.

Outcome:

Get people the benefits they are entitled to

	2023/24 progress update and priorities for 2024/25	Status / notes
Welfare benefit take up campaigns to increase take up in benefit entitlement	<ul style="list-style-type: none">• Tax-Free Childcare targeted campaign reached people with no entitlement to welfare benefits but were impacted by low income. The campaign secured and increased of 440 new Tax-Free Childcare accounts and used which saved each family 20% of their total childcare costs each month.• 35 families who use Fife Council childcare provisions mitigated the annual price increase as actually reduced their childcare costs. A case example evidenced a household saving of £684.50 per year. This campaign is currently being delivered again following improvement recommendations from the last campaign activity.• Campaigns ran to reach those entitled to Scottish Child Payment, Best Start Foods.• Managed migration and the start of new replacement benefits such as health-related benefits and unpaid carers	Child poverty

	2023/24 progress update and priorities for 2024/25	Status / notes
<p>Access to services and advice out with office hours</p>	<ul style="list-style-type: none"> • Access to services and support is available 24 hours per day via the Our Fife Toolkit (Cost of Living Support (Fife. Scot)). This one stop shop website for Fife residents hosts self-service access to The Fife Benefit Checker, information on local food and fuel support provision, health support, support for your family and a section specifically for young people. • The site also hosts a self-service portal for debt advice provided by Citizens Advice & Rights Fife. • Organisations such as faith-based groups, sports clubs and community councils enable income maximisation and crisis support information to be cascaded not only in locations the community are accessing, but also at a suitable time for them. • To support campaign activity to promote the take up of Tax-Free Childcare accounts, Fife Council staff who provide childcare in breakfast and after school clubs have all undertaken training to provide support and guidance to parents either before 9am, or until 6pm. These staff also operate over the holiday and in-service days. 	<p>Child Poverty Strategic Assessment completed on benefit max delivery against 6 priority groups by TPPC Board</p>
<p>Income maximisation provided in a range of settings</p>	<p>Embedding income maximisation advice into maternity services continues to work well.</p> <ul style="list-style-type: none"> • 508 families have engaged with the dedicated worker either while pregnant or while they have a child under the age of 5 in the household. 29% are under the age of 25- yrs. and 32% are lone parents. • Over the course of the financial year, the adviser has achieved client financial gains of £645,232.57 As a return on investment for every £1 invested, the return has been over £11. <p>Support & Connect (Education led welfare and benefits support)</p> <ul style="list-style-type: none"> • An Education Welfare Network has been established to improve the knowledge about what support is available in their local area to support the families in their school. <p>91 Referrals were made £145,579 of financial gains were made for the families.</p> <p>Breakdown of referrals by child poverty priority groups are shown below</p> <ul style="list-style-type: none"> ○ Ethnic minority families 4 ○ Families with more than 3 children 40 ○ Families where the mother is aged 25 or under 6 ○ Mothers and families with a child under 1 year 3 ○ Families with a disability 43 ○ Lone parents: 57 	<p>Child Poverty Data matched against 6 characteristics Support and Connect</p>

	2023/24 progress update and priorities for 2024/25	Status / notes
	<p>Boosting Budgets (a 7-week financial capability group for parents and carers across various schools) Total financial gain for the families who took part in 2022/23 - £51,258.07.</p>	Child Poverty
<p>Direct support lone parents to increase the take up of child maintenance</p>	<p>Child Maintenance – Child Maintenance Update 23/24</p> <p>Family Support</p> <p>Provision of direct support to resident lone parents in Fife focused on income maximisation and a child’s right to fair financial support (wherever possible) from both their parents.</p> <ul style="list-style-type: none"> • 57 referrals received • 55 families engaged in advice or casework. • Financial Gain £20,569 to benefit 19 children living in 13 households. <p>Training Development</p> <p>Developing a training module which will enable workers and volunteers to include Child Maintenance in all income maximisation conversations with lone parent families.</p> <ul style="list-style-type: none"> • Tested and developed “Confident conversations about Child Maintenance” course (2-hour in person module) • Delivered 5 training sessions with 72 participants from Fife Gingerbread, FRASAC and Fife Women’s Aid • Hosted introductory “mini talks” with Scottish Women’s Aid and Citizens Advice Scotland Money Talks team 	Child Poverty
<p>A tiered training programme on welfare support to increase the range and number of staff participating in the Health Promotion poverty awareness training</p>	<p>The Poverty Awareness Training Programme – 722 people received training broken down as</p> <ul style="list-style-type: none"> • virtual workshops - total of 173 participants • 43 face-to-face and virtual workshops were delivered with 361 participants in attendance. <p>In addition to this there were 3 x Train the Trainer Workshops – In total there are now 35 trained trainers from across all sectors supporting the delivery of Poverty Awareness Training.</p>	Child Poverty

	2023/24 progress update and priorities for 2024/25	Status / notes
Provision of community-based advice and support	<ul style="list-style-type: none"> • 2711 engagements with welfare support assistants across Fife • 865 telephone calls to the Welfare Support help line - a way to contact preferred by families. • 18 additional welfare support assistants employed through Community Recovery Funding • Increased joint working with Citizen's Rights and Advice Fife staff 	

Outcome:

Protect people from cost-of-living increases with a focus on support for food, fuel and childcare costs

	2023/24 progress update and priorities for 2024/25	Status / notes
Tackling Fuel Poverty	<ul style="list-style-type: none"> • Coordinated crisis fuel support through the partnership with the Fuel Bank (a national charity), Cosy Kingdom and the Council created a single point of contact for people needing immediate help with a fuel top up. Since October 2023 when the partnership with the fuel bank started, 2048 Council tenants have received £134,390 and 431 vouchers have been awarded to non- Council tenants totalling £20,927. The Housing Service has proactively provided additional HRA funded support to tenants in low fuel efficiency houses and those with damp and mould where fuel poverty is assessed as a contributory factor. • The Handy service installs small measures to help reduce heat loss, save energy, and keep participants warmer at home. Measures can include: <ul style="list-style-type: none"> ○ LED Light bulbs ○ Thermal curtains ○ Reflective radiator Foil ○ Draught excluders ○ Window & door draught proofing 	

	2023/24 progress update and priorities for 2024/25	Status / notes
	<ul style="list-style-type: none"> • They can also provide microwaves, electric blankets, halogen heaters & cosy packs where needed too. The Handy Service was funded to increase its reach by a third. Below are the figures for the additional funded work: <ul style="list-style-type: none"> ○ 717 additional households have received Handy Service measures. ○ Average financial gains because of receiving the handy service £168 per home. ○ 59 households have received income maximisation support. ○ 1,220 people have received first level energy advice. ○ 199 frontline workers trained to give energy advice. ○ 33 households benefited from Boiler Repair Scheme, with a spend of £73,147. • Winter Warmer Packs Winter Warmer packs were provided for people in crisis situations. Heated blankets in the packs. This has cost £30 k with 1000 packs distributed including to Afghan refugee families. • Warm Spaces – Warm and Welcoming Places are providing community-led local provision helping break social isolation, provide meals and the opportunity to access wider support and services. This has developed as an offer over the 24 months from a starting point of funds for the purchase of food to meet the demand the community food providers were experiencing through to a Hub type model where people are comfortable to attend and get wider support. A significant number of users have long term health issues and are experiencing poor mental health. 	
Free period products	<p>The online ordering service was re-instated in September of last year, so people can order products directly to their home.</p> <p>New community groups have come on board over the last 12 months to further expand the provision in the community.</p>	
Improved access to local, affordable and flexible childcare	<p><u>Early Adopter Community Work</u></p> <p>Fife Council continues to work with the Scottish Government through the School Aged Childcare Early Adopter Community Team. The work is focussed in the Levenmouth Area, with opportunities to capture learning and apply this to other areas of Fife. The aim of the project is to ensure there are sufficient, affordable and sustainable childcare options for school aged children across Levenmouth.</p>	Child Poverty

	2023/24 progress update and priorities for 2024/25	Status / notes
Employability Support	<p>In 2023 with UK Shared Prosperity Fund allocation from UK Government 14 projects were added to the employability pathway. This activity commenced in July 2023 and will run to March 2025.</p> <p>This included additional provision supporting those with mental health issues as a barrier to work, green skills training, a volunteering into work project, industry specific qualifications as well as additional projects supporting vulnerable families.</p> <p>Making it Work for lone parents is a partnership project with staff from Fife Gingerbread, Clued Up and Citizens Advice & Rights Fife working collaboratively. Lone Parents are a high priority group (disproportionately impacted by child poverty) facing multiple and complex barriers. The project is largely funded through the City Deal but has received Whole Family Wellbeing Funding to expand the cohort of families eligible for support. This is helping improve outcomes for children, young people and families that are affected by substance use and poor Education attendance/engagement.</p>	Child Poverty
Community Wealth Building	<p>Life Chances is a progressive approach to recruitment that seeks to re-wire existing systems and processes to change the mainstream ways the Council recruits by applying a Community Wealth Building lens.</p> <p>The Life Chances model was developed and tested in 2023/24 to design employability provision into public sector recruitment. The programme works with people who find it difficult to overcome labour market challenges (such as long-term unemployment, little or no work experience) to progress into fair, sustainable work in the public sector.</p> <p>The Life Chances pilot started in June 2023 with 24 placement opportunities across Fife Council lasting 13-weeks with participants paid the real Living Wage (as a minimum) alongside access to employability support. By the end of 2023/24, 11 participants had secured ongoing employment with Fife Council and a further 12 have had their placements extended to allow access to upcoming vacancies.</p>	
Food4Fife Strategy	<p>A Food4Fife Strategy was launched in May 2024 with the aim of preventing food poverty by providing a dignified, fair and just access to healthy and affordable food for all one. The delivery plan is being developed to :</p> <ul style="list-style-type: none"> • Reduce long term food poverty by better integrating support for people experiencing food insecurity. • Increase financial inclusion through increasing benefits maximisation. 	

Outcome:

Prevent crisis through a No Wrong Door approach ensuring early and joined up support

	2023/24 progress update and priorities for 2024/25	Status / notes
<p>Develop the 'No Wrong Door Approach'</p>	<p>The NWD approach will ensure easier access to services, more joined up partnership working and less duplication of services maximising hr resources to ensure effectiveness and efficiency.</p> <p>The emphasis is on prevention and earlier intervention through the development of a streamlined pathway which avoids people having to navigate across a whole range of services to address the issue that matters to them.</p> <p>A programme of work has been underway to support transformational change. The design of the model is now focusing on one locality ie Cowdenbeath which will inform the development of an operational model which can be scaled up across the 7 localities in Fife.</p> <p>Whole Family Wellbeing Fund (WFWF)</p> <p>The WFWF is funding an extensive programme of work and is supporting the development of the No Wrong Door business case, including design work to develop a Fife-wide early intervention approach. This is supporting Fife in its vision to localise provision as part of a people and place-based model, which is accessible and avoids multiple interventions across the system, involving issues such as money advice, housing, food and fuel poverty, and wellbeing.</p> <p>One of the projects is a test of change - Putting People First (PPF) has provided holistic wraparound support on a 1:2:1 and community basis. To date this team has supported 168 households in the Kirkcaldy Area with a wide range of interlinked issues.</p> <ul style="list-style-type: none"> • 46% of the cohort are in one or more of the child poverty Priority Groups • 23% of people have been care experienced or have had a child placed in care. • Project data estimates that where support was given 60% of people were facing poverty related issues e.g. low to negative household income, poor living conditions and material hardship that required simultaneous council and partner service responses. <p>A further initiative is being tested in Cowdenbeath building on the learning from this work .</p> <p>The programme of activity for the WFWF is aligned to priorities in the Children's Services Plan 2023-26. A report on progress of the development and delivery of whole family support in Fife has been submitted to the Scottish Government and is included in the annual report for the Children's Services Plan 2024. The next stage of Whole Family Wellbeing will continue to focus on the key drivers for</p>	<p>Child Poverty</p>

	2023/24 progress update and priorities for 2024/25	Status / notes
	change to support service redesign across the partnership leading to a sustainable model of delivery within communities in Fife.	

Outcome:

Improve the use of data relating to poverty and crisis to target spend on prevention of crisis

	2023/24 progress update and priorities for 2024/25	Status / notes
Use data and project intelligence to deliver better outcomes.	<ul style="list-style-type: none"> • A Fuel Poverty Needs and Demand Assessment was undertaken to learn from winter 2022/23 and inform approach to support over winter 2023/24. Recommendations included Fife Council partnering with the Fuel Bank, to deliver fuel top-ups, and training of frontline organisations in provision of first level home energy advice. • Through the Low-Income Family Tracker (LIFT) there was an annual gain of £1,331,850 to Fife households via the Pension Credit and Attendance Allowance campaigns • LIFT enabled us to use our administrative datasets to quickly and accurately identify households that were subject to the benefit cap and met the criteria for DHP. This criteria includes those who were claiming Housing Benefit or the housing element of Universal Credit. A total of £111,979.28 April 23 was paid out for a total of 73 cases in 2023/24. • Tracking of impact of Unpaid Carers Campaign (September 2023) 	

	2023/24 progress update and priorities for 2024/25	Status / notes
	<ul style="list-style-type: none"> Debt profiling of LIFT data identified that 1 in 4 low-income households are in some kind of debt to Fife Council (the majority of debt relates to Council tax arrears). This identified a number of potential groups to target for support. 	
Improve data sharing across the Partnership	<ul style="list-style-type: none"> The LIFT Dashboard continues to provide valuable insight to services that enables them to target support to low-income households to maximise benefits and tackle debt. We met regularly with Social Security Scotland (SSS) to share Fife's information needs to inform what could be put in place for all council areas. This included facilitating links between SSS and SAVVI (Scalable Approach to Vulnerability Via Interoperability) A Fife briefing on analysis of first release of sub-local authority data on take up of Scottish Child Payment (SCP), showed strong positive correlation between take up of SCP and relative child poverty, suggesting that SCP is mitigating the impacts of poverty for those households in greatest need. We met with Julie Arnot from Public Health Scotland to explore new indicators being developed to assist in measuring child poverty at a local level. This included sharing innovative examples of how we have been using data locally, including use of LIFT for targeting, and local interpretation of nationally published data. 	
Targeting anti-poverty spend focussed on tangible impact that increases prevention measures	<ul style="list-style-type: none"> Benefits maximisation projects were reviewed to assess the scale of each project relative to the size of the target group, including priority groups where possible. 	Data collected against 6 characteristics
Improve community voice structures	<p>North East Fife Lived Experience – Project Assistants</p> <p>The area team in North East Fife have recruited three Project Assistants, all with experience of living in poverty, to help the design, development, monitoring and review of projects, Project Assistants work closely with the area's Rural Poverty Group, which is focused on tackling poverty and improving access to services in the rural area of North East Fife.</p> <p>WFWF co-production and co-design approach</p>	

	2023/24 progress update and priorities for 2024/25	Status / notes
	The fund has enabled the creation of a Family Services Improvement Co-ordinator in FVA. A 2-day training course for the co-production project team was held in June 2023. The co-production team, which has been named 'Together for Change', identified the theme of service disconnection as an area of enquiry. Collaborative Conversations with CYPF and the workforce have been held across the seven localities. This is focusing on service users' perspectives and experiences of using services – what is working, what could be better, and how involved they are in shaping services. CYPF involvement has consisted of 135 C&YP and 184 Parents/Carers. An independent evaluation is being undertaken by IRISS and will be completed by August 2024.	

Outcome: Tackle Homelessness

	2023/24 progress update and priorities for 2024/25	Status / notes
Tackling homelessness	<p>Fife Council declared a housing emergency in March 2024. A three-year plan to tackle homelessness highlighted the need for an estimated £67.3 million to help the escalating number of families without permanent housing.</p> <p>Between March 2020 and March 2024, the number of households in temporary accommodation in Fife increased by 110%, rising from 525 to 1,100. As at March 2024, 387 children were living in temporary accommodation, up from 315 in 2020. Between 2023 and 2024 there was a 36% increase in households in temporary accommodation, however the number of children in temporary accommodation decreased by 5.6% over this period.</p>	
Implement the Housing First Model for 75 tenancies per year focussed on groups at risk of homelessness	<p>Progress in 2023/24 - Housing First was provided by 4 providers in 2023/24 to support all age groups across Fife. The number of Housing First Tenancies at the end of March 2024 was 66. Awareness sessions on the benefits of Housing First have been delivered to all Area Housing Teams, RSL Housing Officers, Temporary Accommodation and Safer Communities Teams.</p> <p>Priorities in 2024/25 – The aim is to continue to grow Housing First to 115 tenancies and build on partnerships within Health & Social Care partnership to improve wraparound support services.</p>	
Recommission a range of housing support and homelessness services with	Progress in 2023/24 - Our commissioned services have remained the same over this period as we are still trying to stabilise our support services after the disbanding of the PSP. Over the 23/24 period, 1771	

	2023/24 progress update and priorities for 2024/25	Status / notes
an enhanced focus on prevention and early intervention	<p>people have received support which includes both accommodated and visiting support clients, with over 90,000 hours of support being provided.</p> <p>Priorities in 2024/25 - Our aim is to continue to assist those most vulnerable, ensuring they receive the most appropriate support tailored to their needs. We will also strive to ensure that current commissioned services are performing to their potential in line with their SLAs.</p>	
Implement the Transitional Affordable Housing programme (TAHP)	<p>Progress in 2023/24 - FC & FHAA delivered 131 affordable units in 23/24 taking its total to 259 since the implementation of the TAHP. Open Market Shared Equity (OMSE) & Open Market Transactions (OMT) targets were met. New Builds started to complete, with all other new builds on site.</p> <p>Priorities in 2024/25 - The TAHP programme is expected to complete in 26/27. Fife Council had 8 new builds handed over at Methil High Street at the beginning of the financial year with a further 158 new builds expected to complete this year.</p> <p>It is unlikely that the TAHP target of 1200 Affordable Homes will be achieved. The TAHP is on target to complete 931 affordable Homes (78% of original TAHP Target) between 2022/23 and 2026/27.</p>	

Case Study

Client was referred for assistance by a Health Visitor. Food insecurity had occurred due to financial strain of the family relocating from Ireland to Fife.

A benefit check was completed, and the client disclosed that she had never been in receipt of Child Benefit for any of her 5 children as she thought that was what the Child Responsibility element of Universal Credit was all she was entitled to. In not claiming this benefit, the family was missing out on £87.60 per week.

The client has also not been claiming Scottish Child Payment. She was missing out on £25 per week per child = £125 per week.

During the conversation, the client also mentioned that she hadn't heard of the Best Start Grants or Best start foods administered by Social Security Scotland. The client could claim the Best Start Early Learning Payment for the 3-year-old child and Best Start School Payment for the 5-year-old child which was £589.40 in total. The client was also not claiming Best Start foods at £39.60 every 4 weeks.

Total unclaimed client financial gain = £11,644.40

Case Study

MTT (Maternity Income Maximisation)

A Family Nurse Practitioner called the MTT about a client who had put £30 into her meter for electricity and bought some food shopping but had no money left to last under her next universal credit payment in 6 days. The clients only received only £292.11 per month UC standard allowance with rent of £303 per month.

. The client is 19 years old and now 37 weeks' gestation with her first child, but due to being under 25, she only receives the lower rate of Universal Credit until her child is born. Client does receive Best Start Foods of £19.80 every 4 weeks and had received Best Start Pregnancy and Baby Payment of £707.25 The client has full Council Tax Reduction in place, all household bills are up to date, and she has no debt liabilities.

To assist the client the Family Nurse Practitioner offered to assist the client with an application to the Scottish Welfare Fund. The client was awarded £110 to support her with food and utility costs until the next payment of Universal Credit was received.

The client secured a Crisis Grant of £110, Child Responsibility Element of £244.58 per month, Child Benefit at £24 per week and Scottish child payment at £25 per week, which in total gave the client an additional £5,286.



BENEFIT TAKE UP CAMPAIGN TIMELINE

CAMPAIGN	MARCH	APRIL	MAY	JUNE	JULY	AUGUST
TAX FREE CHILDCARE	█					
HEALTH RELATED BENEFITS			█			
JOB START PAYMENT				█		
SCHOOL AGE CHILDREN				█		
FUNERAL SUPPORT PAYMENT						█

Meeting: Public Health & Wellbeing Committee

Meeting date: 9 September 2024

Title: Fife Alcohol and Drug Partnership Annual Report and Survey 2023/24

Responsible Executive: Fiona McKay, Interim Director of Health and Social Care & Chief Officer

Report Author: Elizabeth Butters, ADP Service Manager

Executive Summary:

- This report highlights the work carried out by the Alcohol and Drug Partnership over the last year and highlighted the significant improvement of the MAT standards
- The report outlines the work of residential rehabilitation and whole family support
- The report also gives details of the work across localities in Fife within the KY clubs which are a drop in centre open across different areas in Fife.

1 Purpose

This report is presented for:

- Discussion – the Public Health & Wellbeing Committee is asked to discuss the Alcohol and Drug Partnership (ADP) Annual Report and Survey and highlight amendments required.
- Decision - the Public Health & Wellbeing Committee is asked to approve the Alcohol and Drug Partnership (ADP) Annual Report and support the Survey for submission to the Scottish Government.

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- NHS Board Strategic Priorities - No. 1 & 4

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP) with a responsibility to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities. Fife ADP is chaired by the Integration Joint Board (IJB) Chief Officer and both the IJB Financial Officer and Head of Planning, Performance and Commissioning are also members. There is representation from NHS both operational services and Public Health, Fife Council including Criminal Justice and Children and Families Social Work, Police Scotland, HMP Perth, ADP third sector commissioned services and the ADP lived experience panel.

ADPs are required to report to the Scottish Government on progress and improvements achieved from the annual allocated government alcohol and drugs income and Health and Social Care Partnership contribution. This funding is routed through NHS Boards to Integration Authorities for onward allocation.

The Fife ADP annual reporting is in two sections. The first is the ADP local annual report (Appendix 1) reflecting on progress against the ADP Strategy 2020 - 2023 and the second is a template required by the Scottish Government to assess ADP compliance with recommendations attached to the funding. The latter (Appendix 2) should be approved by the ADP Committee, its Chair and the IJB governance structure before onward submission to the Scottish Government for analysis and feedback.

2.2 Background

In November 2020, Fife ADP Committee completed its local strategy for 2020 to 2023 in line with the Scottish Government National Strategy “Rights, Respect and Recovery 2018”. This was based on a local Needs Assessment 2018 and a Fife Public Health report: A synthesis of Policy Recommendations 2019 and lived experience qualitative research conducted independently in September 2020, analysing and understanding the ADP and its response to the pandemic and lockdown. The key priorities from the ADP strategy 2020-23 are outlined below:

- Prevention of problematic substance use involving work with young people
- Early Intervention to prevent worsening or development of harms which will make recovery less challenging.
- Recovery and treatment for those who have developed a physical and psychological dependence on substances.
- Protection of children and young people affected by another’s use of substances.
- Whole Population Approach with an aim of achieving and maintaining health supporting levels of alcohol consumption.

At the mid-term point of the previous strategy, the Scottish Government allocated funding the Drug Mission Priorities (2022-2026) and for the delivery of the Medication Assisted Treatment Standards (2021). The new priorities are indicated below:

- Whole Family Support and Development of Family Inclusive Practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment Standards
- Assertive Outreach
- Non-Fatal Overdose Pathways
- Lived Experience Panel

The ADP delivery plan and subsequent last annual report pertaining to this strategy contains projects adhering to elements of Rights, Respect and Recovery National Strategy but has adapted to reflect refreshed priorities contained within the new national strategy. This is also inclusive of recommendations made by the final report of the Drug Death Taskforce (2023) and Whole Family Support and Family Inclusive Practice Guidance (2022).

2.3 Assessment

Over the last year of 2020 - 2023 strategy, the ADP has maintained improvements towards **Whole Family Support** with new services continuing to embed into current provision and achieving good outcomes for children, young people and families affected by a loved one’s use. A current project supporting transition for children affected by substance use from P7 to S1 in the Levenmouth area has commenced with outcomes and engagement levels meeting targets.

Residential Rehabilitation has new improved pathways, and more people accessed this type of treatment though there are challenges nationally with availability of treatment centres.

The ADP's **assertive outreach initiatives** developed strong pathways from custody, hospital and prison reaching people not yet engaged with services both for alcohol and drug use.

Harm reduction has developed further with a project involving people with lived and living experience contributing to an increase in Take Home Naloxone. The ADP has invested in a dedicated trainer to support distribution within the ADP system of care including the Community Pharmacy network and a programme to support wider distribution increasing awareness of overdose. Over 1,900 people have been trained and the ADP target for Take Home Naloxone distribution has been exceeded by 17%. **ABI delivery** has exceeded the Scottish Government annual target for Fife by 58% with increases in delivery in primary care and A&E.

Medication Assisted Treatment (MAT) Standards have progressed in year and most actions indicated in the implementation plan have been completed. Fife was able to fully comply with evidence required for the Public Health Scotland annual assessment. For Fife ADP, the final PHS assessment indicates a status of green fully implemented for MAT 1 to 5 and partial green, a strong progress towards full implementation. Partial green on MAT 6 to 10 is the highest score available to ADPs, due to limitations on the numerical measures set by Public Health Scotland, thus Fife has achieved the best possible position for the MAT Standard implementation progress for the last year.

The table below provide an overview of Public Health Scotland's external validation over the three years of the MAT programme and demonstrates Fife ADP's progress.

MAT Standard	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24
1) Same Day Access and Prescribing	Amber	Provisional Green	Green
2) Medication Choice throughout	Amber	Provisional Green	Green
3) Anticipatory Care & Assertive Outreach	Amber	Amber	Green
4) Harm Reduction in Services	Amber	Amber	Green
5) Retention in Services	Amber	Amber	Green
6) Psychological Interventions	Not scored this year	Amber	Provisional Green
7) Primary Care	Not scored this year	Amber	Provisional Green
8) Advocacy, Housing, Welfare	Not scored this year	Amber	Provisional Green
9) Mental Health	Not scored this year	Red	Provisional Green
10) Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green

Fife ADP has continued to commission Scottish Recovery Consortium to enhance and sustain the already established autonomous **Lived Experience Panel**. An independent living experience group in Dunfermline - with a management group implementing feedback and improvements – has progressed to a second year with several regular attenders.

Locality planning has continued with additional “one stop shops” developed in year, one in the Cowdenbeath locality and in Kirkcaldy and the Methihill club maintained. Involvement from worked with Community Managers, ADP services, GP cluster leads, welfare support, housing services, advocacy and family support services have made the new KY clubs successful. The one stop shops provide a warm, welcoming and safe space for people affected by alcohol and drugs to attend to meet with service in an informal setting and to enjoy a bite to eat, a warm drink and engage with support at their own time and choosing. Available at the one stop shops are information, advice and harm reduction support and for those ready to access treatment, triages can be conducted in a private room and same day access to treatment for either alcohol or drug dependency is available. NHS Addictions, NHS BBV&SH team, tissue viability team and ADP Social Work Compass team also attend regularly to offer their service to people who need to be seen in their communities.

In the Scottish Government Survey (Appendix 2), the ADP has provided a checklist of work undertaken in the year to improve function and governance, availability of services/interventions and detail on broader themes such as lived/living experience and stigma.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The quality of care has improved for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by the third sector will increase access to support whilst also preventing unplanned early discharge including the hospital liaison service, and Specialist Social Work Team. Support offered to families both as part of a whole family support in partnership with Children’s Services, and delivery of adult carer’s support has improved outcomes for people affected by a loved one’s use and provide some targeted work for prevention on substance use problems within families and communities. Availability of harm reduction support across the community pharmacy network and within outreach teams will improve protection and act as access points for those not yet in the treatment and support system.

Delivery of support in the centre of communities with the Localities Boards has developed in partnership with people with lived and living experience has also improved quality of care and moves the ADP closer to its national target for increasing numbers in treatment.

2.3.2 Workforce

An increase in budget for the ADP amounting to over £2 million and the programme for government funding continuation has significantly increased the ADP workforce including the Support Team. The MAT Standards plan for NHS Addiction Services has caused significant increases in workforce to manage implementation and additional patients. Psychologist input has also been required for both MAT Standards and for the new Specialist Social Work Team. This is part of a planned increase in demand for services and to also provide a more intensive and frequent level of support to those with comorbidity, complex and multiple needs.

Increases have also occurred in the third sector to manage capacity demands and respond to local needs associated with Drug Mission Priorities funding.

2.3.3 Financial

The ADP provides quarterly financial information on the income and expenditure matched against key themes outlined within the Scottish Government reporting template. The ADP has an efficiency applied last year which was met within existing allocation.

2.3.4 Risk Assessment / Management

The production of the Annual Report does not require a risk assessment or analysis of legal implications. The ADP has a current Risk Register which is targeted and reflective of projects outlined within the ADP Strategy with risks outlined clearly and mitigating and contingency actions identified and recorded.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

For the annual report, an EqlA has not been completed and is not necessary as the report is retrospective and reflects the work undertaken over the year. An Equality Impact Assessment is not required to record previous activity and outcomes. However, an EqlA was completed in full during the development of the new ADP strategy 2024 - 2027.

2.3.6 Climate Emergency & Sustainability Impact

The ADP Annual Report does not have a direct impact on environmental and climate change position in Fife. Recovery based projects within the report do encourage and support people in recovery to be part of environmental based work.

2.3.7 Communication, involvement, engagement and consultation

The Lived Experience Panel Chair is a member of the ADP and has attended all meetings and consulted with the Panel on ADP strategy, policy and service reviews. Over the year the Lived Experience Panel has contributed to the review of their own Panel and the commissioning of an independent service to support their individual and collective development. People with lived and living experience have been involved with the co-production and planning of the locality-based approach in Levenmouth and continued to be regularly consulted on their needs as the project evolves. The ADP works closely with

Scottish Drugs Forum’s living experience group based in Dunfermline and a management group meets quarterly to consider feedback and improvement recommendations from this group. The development of the peer led Take Home Naloxone was also co-produced and developed with people with lived and living experience.

The ADP has employed people with lived experience to qualitatively survey people using services and their family members in Fife to assess the impact of the MAT Standards implementation MAT Standards during the last year.

The development of the strategy in year involved further consultation and engagement with stakeholders, services, wider partners and those affected by substance use in the community with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event. Over 90 attendees including services, service users and family members attended the event. The Public Health Needs Synthesis 2023 analysed national and local data based on use of opioids and benzodiazepines, alcohol, depressants, stimulants and cannabinoids and took a focus on groups experiencing additional needs or vulnerabilities with a focus on development of the six strategic themes. In partnership with HSCP Participation and Engagement Team a consultation plan was developed and executed bringing the views of communities, the general public and people with lived experience of substance use or working in services. This focused co-production work enabled the ADP to develop the vision, mission themes, six strategic themes and the principles and values underpinning how the strategy implemented and its services delivered.

2.3.8 Route to the Meeting

- Fife ADP Annual Report and Survey was considered by the Alcohol and Drug Partnership Committee on 10th June 2024 and both were supported in their entirety. The Fife ADP Committee agreed to submit the survey in draft form to comply with the Scottish Government deadline on 28th June 2024. A final version will be submitted after the Integration Joint Board meeting in July.

The report was considered by the Qualities and Communities Committee on 5th July and amendments were not required. The Committee supported the report’s submission to the Integration Joint Board on 26th July.

Following approval from the Integration Joint Board, the completed survey has been submitted to the Scottish Government.

2.4 Recommendation

This paper is provided to members for a “moderate” level of assurance. It is also provided for:

- **Discussion** – For examining and considering the implications of the matter.
- **Decision** – For reaching a conclusion after the consideration of options detailed within the report.

3 List of appendices

Appendix 1 – Fife ADP Annual Report 2023–24

Appendix 2 – Fife ADP Scottish Government Annual Survey 2023–24

Report Contact

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Fife Alcohol and Drug Partnership

Prevention, Protection, Early Intervention, Treatment & Recovery

FIFE ALCOHOL & DRUG
PARTNERSHIP

Annual Report

2023 – 2024

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Back Cover

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. This report pertains to the final year of the previous ADP Strategy 2020 – 2023, and development of the new strategy features as a main part of last year's work. The previous strategy had five main themes;

Executive Summary

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another's use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

All ADPs are required to report annually to their Integrated Joint Board and nationally to the Scottish Government on progress on embedding the strategy and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions.

Commissioning and Quality Improvement

Family Support: Continued whole family support improvements to the joint commissioning with Education and Children's services for whole family and young people. Continuing to embed adult family support and carer's service and development of a new project supporting primary school to secondary school transitions for children affected by substance use.

Residential Rehabilitation: Currently working with the Lived Experience panel to implement the recommendations set out within the Health Improvement Scotland report.

Medication Treatment Standards Improvement Programme 2023/24: Fife is in the third year of implementing a rights based, safe and effective levels of care for people who can benefit from opiate replacement therapy. Fife ADP and its services are externally validated by Public Health Scotland. MAT 1 to 5, same day prescribing, and choice of medication, response to high-risk situations, harm reduction provision and retention in service have all progressed to green. MAT 6 to 10 in particular psychological interventions, primary care and mental health shared care models and independent advocacy have all been assessed as provisional green, This demonstrates significant progress in the implementation of all of the standards.

Assertive Outreach and Harm Reduction: We have continued to embed and support quality improvement for ADP services working in police custody suites, prison, hospital and in communities. The new ADP social work service Compass and the expansion of the one stop shop models into community areas where harm and risk of substance related death are high, has been very beneficial. These provisions protect people and support them to access help from a broad range of services including BBVSH, the Well and treatment for wider health care and social needs.

Lived/Living Experience Panels: Fife ADP has continued to commission Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. An independent living experience group in Dunfermline – with a management group implementing feedback and improvements – has progressed to a second year with several regular attenders.



Fife ADP Strategic Performance and Service Delivery

Fife ADP and its services are required to record and achieve national targets for Alcohol Brief Interventions (ABI), local delivery for numbers in treatment target and 90% of people seen within three weeks and Take-Home Naloxone distribution. The ADP also tracks national datasets on substance related deaths to assess impact of the strategy. Furthermore, each project and operational service is monitored on a six month and annual basis against evidence-based activity, outputs and outcomes as contained within the strategy.

National Targets: Some targets have been sustained and some show improvement. ABI delivery has fully recovered and Fife is significantly over target due to the focused work conducted the previous year.

National Datasets: National Records Scotland report for 2023 for drug related deaths will be available in August 2024 but data from Police Scotland on suspected drug related deaths does not indicate a reduction for Fife in suspected drug related deaths from the previous year. Alcohol specific deaths are lower in Fife than the Scottish average but more is needed and the current approach is outlined.

Service Delivery: Most services (Tier 3 and Tier 2) including newly commissioned and those reviewed as part of the strategy have met or exceeded targets and continue to meet demand and manage capacity.



Next Steps for 2024 - 2025

Fife ADP priorities over the final year of this strategy are further embedding the MAT Standards using its community based one stop shop approach in Cowdenbeath and Kirkcaldy, enhancing the voice of lived and living experience, an improvement approach for early engagement and treatment of those affected by alcohol use and further targeted prevention work with people and communities at risk of harm. Development of a new strategy will be a main focus for the partnership aligned with the health and social care partnership strategy.

ADP Introduction & Reporting

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership. Its role is reducing the prevalence, impact and harms associated with problematic and dependent alcohol and drug use throughout Fife. Membership is drawn from senior officers of Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, HMP Perth Prison, Voluntary Sector alcohol and drug services and people with lived and living experience.

The ADP forms strategic alliances with many other partnerships and directorates where there is a shared responsibility for outcomes and service delivery planning for people throughout Fife affected by substance use. Some of these include the Plan for Fife, Safer Communities Partnership, Fife Violence Against Women Partnership and Children's Services Strategic Plan and also include national groups. In its role of supporting the ADP Committee and its services, the ADP support team provides this function to ensure that people affected by alcohol and drugs are considered in wider strategic planning where collaborative approaches are essential for prevention, early intervention and whole population approaches.

All ADPs are required to report annually

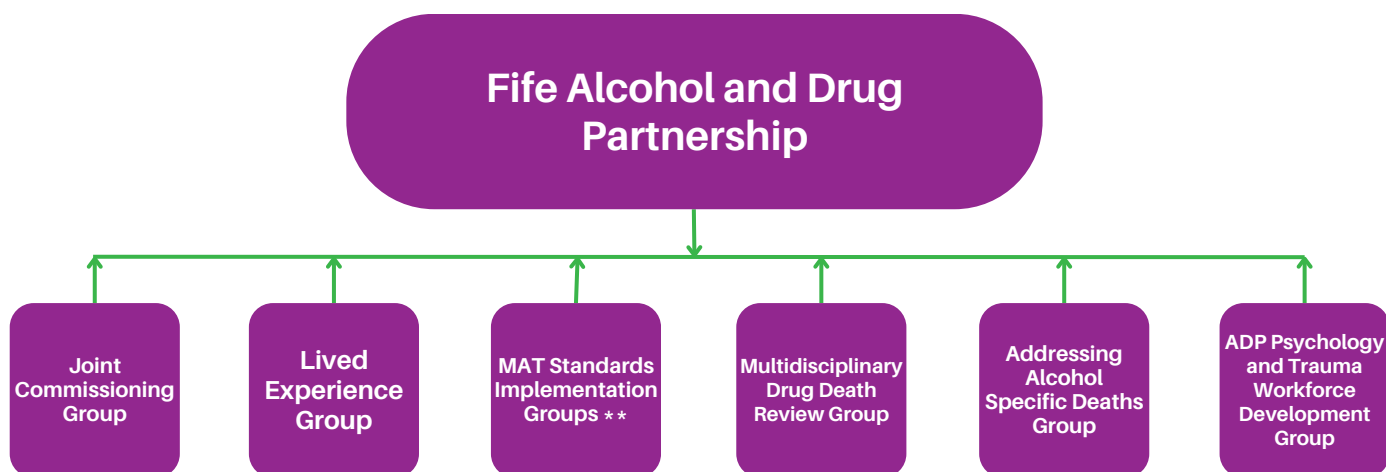
to their Integrated Joint Board and nationally to the Scottish Government on progress and improvements achieved from the annual ring-fenced government alcohol and drugs allocation and partner agency contributions. This funding is routed through NHS Boards to Integrated Authorities for onward allocation.

The Fife ADP Annual Report 2023/24 is in two parts:

- A local annual report for the Health and Social Care Partnership, detail on structure, governance, commissioning and improvement work and performance of commissioned and statutory services undertaken in the year to progress towards outcomes within the ADP Strategy 2020 to 2023.
- The second part is a mandatory template provided by the Scottish Government and reflects activity against the five themes indicated in the national strategies latterly Drug Mission Priorities 2022 – 26. These are prevention, improvement of the support and treatment system, protecting and supporting families, parity in delivery for those within the criminal justice system and whole population approaches for alcohol.

ADP Structure & Governance

The ADP continually reviews its membership, subgroup membership, purpose and terms of reference to ensure increased governance and performance towards the targets and improvement work set out in the local strategy and guided by national strategy and expectations for the MAT Standards 2021 and Drug Mission Priorities 2022–26



** MAT Standards Implementation Groups now include:

- MAT 7 - Primary Care Shared Model of Care
- MAT 9 - Mental Health and Substance Use Implementation Group

During the year the ADP subgroups expanded to incorporate an increased focus on the MAT Standards. This included three new groups;

- One group to progress work on shared care models for primary care (MAT 7)
- One to integrate care between substance use services and mental health (MAT 9)
- The third group focuses on improving service delivery and service places to be more trauma informed and responsive

The Addressing Alcohol Specific Death group concluded its quantitative and qualitative research, making several recommendations for improvement to the ADP Committee. This has since been replaced by an implementation group with a new chair to progress the recommendations Fife Reducing Alcohol-Related Harm Group (FRARHG). The main objective is to improve whole system services and reduce alcohol-related harm including alcohol specific deaths in Fife

The Joint Commissioning Group continues in its role of strategic commissioning, managing performance and overseeing the financial position and reporting of the ADP, including the new commissioning for the Drug Mission Priorities and MAT Standards. The Lived Experience Panel (established December 2020) continued in its role of amplifying the voices of people with lived and living experience within the ADP Committee and its structure ensuring the work places the needs of the care group at the heart of strategic planning and service improvement. Scottish Recovery Consortium continues in its support and facilitation role, sustaining the Panel, providing training and support and contributing to increase the coverage of lived experience across other directorates and partnerships.

ADP National Strategy

Rights, Respect and Recovery (2018)



The National Strategy for Alcohol and Drug use “Rights, Respect, Recovery” was published in November 2018. The strategy reaffirms that individuals’ families and communities have the right to:

- **health and life free from the harms of alcohol and drugs**
- **be treated with dignity and respect**
- **be fully supported within communities to find their own type of recovery**

It is mapped against five key themes followed by the ADP Committee in the development of the Fife ADP Strategy for 2020 to 2023.

These themes are:

- **Prevention** of problematic substance use involving work with young people.
- **Early Intervention** to prevent worsening or development of harms which will make recovery less challenging.
- **Recovery and treatment** for those who have developed a physical and psychological dependence on substances.
- **Protection** of children and young people affected by another’s use of substances.
- **Whole Population Approach** with an aim of achieving and maintaining health supporting levels of alcohol consumption.

Progress against these themes is provided in the commissioning and improvement work section of this report.



The Alcohol Framework for Preventing Harm (2018)

The National Strategy for prevention of harm associated with alcohol use focuses on four main impacts:

- Protecting Young People
- Tackling Health Inequality
- Improving National Systems
- Whole Population Approaches

Aspects of this strategy were again mapped against the themes in the ADP Strategy 2020 – 23.

The Drug Mission Priorities (2022 – 26)

The drug mission priorities were announced in January 2021 focused entirely on preventing the drug related deaths in Scotland, these are focused on:

- Whole family support and development of family inclusive practice
- Increase the capacity and access to Residential Rehabilitation for women, veterans, those with dual diagnosis and young people.
- Fast and appropriate access to treatment in line with the Medication Assisted Treatment:
 1. People at high risk are proactively identified and offered support.
 2. Effective pathways between justice and community services are established.
 3. Effective near-fatal overdose pathways are established across Scotland.
 4. People are supported to make informed decisions about treatment options.
 5. People are supported to remain in treatment for as long as requested.
 6. People have the option to start MAT from the same day of presentation.
 7. People have access to high standard, evidence based, compassionate and quality assured treatment options.
- Assertive outreach and Non-fatal overdose pathways
- Lived Experience Panel

Progress against these priorities is provided in the commissioning and improvement work section of this report.

Medication Assisted Treatment Standards (2021)

The Medication Assisted Treatment Standards were published in June 2021 by the Scottish Government with an expectation of full implementation in all ADP areas by the end of that financial year. The standards are part of the National Drug Mission Policy response to address the prominent levels of drug related deaths in Scotland, declared a national public health crisis by the First Minister.

Commitment to the implementation of the standards was adopted very early by the ADP and as such the standards aligned with work already underway to improve assertive outreach, harm reduction, advocacy and increasing participation and engagement with people with lived and living experience. They are also strategically aligned with early intervention and whole family support service redevelopment.

The ten standards are simple statements intended to be understood by those who use the system of care and drug and alcohol services and presented with evidence and rationale for their inclusion in the framework. NHS Board, ADP and HSCP responsibilities for each standard are detailed with process, numerical and experiential measures required to be submitted to Public Health Scotland and Scottish Government on an annual basis. The MAT Standards are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. **All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.**
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. **All people can access evidence-based harm reduction at the point of MAT delivery.**
5. All people receive support to remain in treatment for as long as requested.
6. **The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections.**
7. All people have the option of MAT shared with Primary Care.
8. **All people have access to independent advocacy as well as support for housing, welfare, and income needs.**
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. **All people receive trauma informed care.**

National Collaborative Draft Charter of Rights for People Affected by substance use (2023)

The roll out and implementation of this Charter when finalised and published in 2024, will enshrine an approach which protects and ensures people's human rights across multiple public service delivery and locally the ADP will be required to lead on this work. Both the EQIA completed as part of the development of the strategy has highlighted the consideration of this and the Public Health Needs Assessment Synthesis has developed a deeper recognition of the differing needs of people within the care group.

This applies to understanding the increased risk of prevalence of problematic substance use for some groups and increased difficulties for access and retention in services. The Charter will require a deeper focus on the role of duty bearer when providing any service to people affected by alcohol and drug use.

Commissioning and Improvement Work – Fife ADP Strategy 2020 – 2023

In 2021/22, Fife ADP was awarded a £1.3 million per annum across six new priorities for a five year period to implement the Drug Mission Priorities 2022 – 2026. Given the high number of alcohol specific deaths in Fife, the ADP decided any additional investment would be cognisant of this priority too and would work on across both alcohol and drugs, reflective of the poly nature of use.

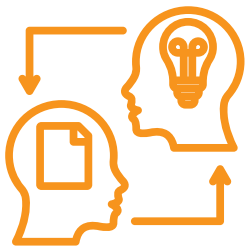
Additional funding for MAT Standards implementation has also been awarded following the development of a project specification plan. Below is a summary of improvement work funded from these additional investments and their progression over the last year.



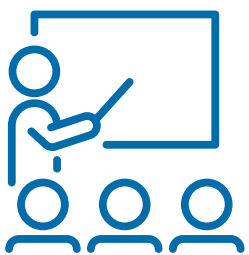
Priority 1: Children, Young People, Whole Family and Adult Family Carers Support



- Joint strategic planning and commissioning as part of Children Services Planning to create the Whole Family Support and Young Person's Service. Barnardo's and Clued Up provide whole family support at additional level for all referrers and provision for YP up to the age of 26.



- Adult family support provision across Fife co located with Tier 3 alcohol and drug services but mainly NHS Addictions to provide key working, CRAFT based support and group working to any adult family member affected by another's substance use. The service was commissioned by ADP and is provided by Scottish Families Affected by Alcohol & Drugs and will take a carers'-based approach with an aim of providing support to carers to improve their own wellbeing. A further aim is to improve access to services for the member of the family using alcohol or drugs by providing family members with knowledge, tools, and techniques to improve motivation and support recovery. Take Home Naloxone/overdose awareness training and general harm reduction advice for alcohol are also provided as part of the approach for the prevention of substance use deaths.



- Fife ADP had invested in training sessions for Family Inclusive Practice with the aim to improve service delivery recognising the value added and the rights of family members to be involved in care if their loved one wishes it. NHS Addictions has taken a lead role in completing this training.



- Additional capacity created by ADP funding allocated to Kinship Care Social Work Team for two social work positions to focus on family intervention/support and management and prevention of trauma within the family.

Priority 2: Increase Access and Improve Residential Rehabilitation



- Fife ADP are now working on the Health Improvement Scotland self-assessment report, to drive forward the recommendations included within the report. The Lived Experience panel will identify 3–4 recommendations from the 12 within the report, to be taken forward by a Short Life Working Group. The Short Life Working Group will include representation from Fife ADP support team, FIRST, Addiction Services, Lived Experience and any other relevant services that are identified in the process of looking at the recommendations.



- Fife ADP are currently reviewing the National Flexible Framework for Residential Rehabilitation developed by Scotland Excel. The benefits of the flexible framework include a top price limit for residential rehabilitation places, and all providers are registered with the appropriate bodies. The disadvantages include being limited to only the providers who are signed up to the framework.



Priority 3 & 4: Increase of Assertive Outreach, Non-Fatal Overdose Response and Harm Reduction

- **SACRO:** This project continues to provide increased assertive outreach for those in custody suites within Fife. The service works by actively linking people into a wide range of groups and support after having been in police custody. The service received 229 referrals for people who have entered custody suites in Fife. Of that, 76% of those who were involved with the service self-reported an improvement in their mental health and wellbeing. SACRO have been increasing their assertive outreach response across Fife and they actively support and signpost people to 104 different services. These include housing support, family support, employability, mental health, sports and wellbeing and alcohol and drug support. During this time, 42 naloxone kits were also distributed to service users.
- **Retention Service:** The retention service received 216 referrals which was an increase of 12% from the previous year. On average clients remain with the service for 3 months from the beginning of their journey to stabilising in the appropriate service. 67% of service users had a planned discharge within 3 months. The remaining service users have either had an internal transfer or the support was no longer required. Drugs continue to be the largest substance use problem reported by service users with 84%. However, alcohol use remains lower than previous years with 9% of the overall referrals.

- **Phoenix Futures:** Phoenix Futures have been continuing their work through the peer and prison mentoring service. In one year, the service received 39 referrals with an 80% engagement rate. More females have engaged in the service this year with a 20% increase to the previous year. This is due to the service now working at the new women's custody unit. The workers continue to support people returning to Fife with conducting a individualised recovery plan prior to release. Of the service users that have engaged with the project, 77% have made progress towards reducing alcohol use and 60% of people have made progress towards abstinence. 33 naloxone kits were distributed during this time. The Recovery Through Nature project has had 27 people engage with the project in the last year. All 27 individuals have reported and improvement in their physical, emotional, and mental health. 17 of those are currently working towards achieving abstinence. All service users have received further support such as employability and attending SMART recovery meetings.
 - **WAWY Harm Reduction Trainer:** A full time harm reduction worker based within WAWY was employed to increase the distribution of naloxone across Fife in 2023. The ADP, based on evidence from the needs assessment, estimated the total target for naloxone distribution in 2023 should be 1,400 kits. The final target at the end of Q4 23 was 1,674. The project has worked with supporting the commissioned ADP services to highlight the importance of naloxone being available to those at need as well as their families and as a result, services have increased their distribution. A short life working group was established with the support of Fife Council locality development officer. This further enabled the harm reduction worked to provide community training over multiple sessions where over 50 people attended in total. Finally, the worker has also been supporting naloxone distribution within community pharmacy, high street shops, foodbanks and bus stations to reduce the stigma of substance use across Fife.
 - **Liberation Panel:** The ADP support team are currently in the final stages of developing a liberation meeting. The purpose of the meeting is to discuss those returning to Fife on a short-term or remand sentence. The weekly meeting is person centred and will involve key partners including social work, substance use services, addiction services, housing and other third sector services. The project will run for an initial 3 months before evaluating its progress.
-

- **Harm Reduction (injecting equipment provision, take home naloxone, wound care, testing for BBV):** Provided by services at point of need. The ADP has conducted an audit of Take-Home Naloxone distribution both within its services and its wider partners and concluded that there are further training needs for overdose awareness, take home naloxone training at an individual and training level and support to access the equipment including support to report. From this the ADP has funded a specialist trainer to develop a Fife wide plan to improve distribution and to reduce stigma by promoting take home naloxone as part of a first aid approach given the prevalence of drug related deaths across Scotland. Furthermore, the ADP has supported the development of peer led distribution of Take-Home Naloxone in partnership with We are With You and Scottish Drugs Forum. This involves people with lived and living experienced trained to raise overdose awareness and distribute equipment with people at risk.
- **Hospital Liaison Service:** The ADP will continue to redevelop this in reach and outreach partnership – provided by NHS Fife Addiction Service, We Are With You and ADAPT – to support people whose alcohol and drug use has reached crisis point and who are not getting a service, or the service provided has not yet been beneficial for their recovery. Improvements have included support and attendance at Levenmouth’s Home First project responding to individuals at risk of needing to attend ED or be admitted to hospital due to substance use. Another development in year is to increase third sector response to those attending hospital due to alcohol problems. The service has also improved referral pathways from ED to the service directly.
- **Compass Social Work Service:** This project commenced in 2023/24. This is a partnership between Fife Social Work Adults and Fife NHS Addictions Psychology and Therapy Service has provided support to adults affected by alcohol or drug use who have complex, severe additional needs which make it difficult to access and engage in treatment and support and/or be retained in services. This will also provide additionality to people supported through the Hospital Liaison Service whose needs include social care and support and treatment for complex childhood and adult trauma. The service has embedded very quickly into the existing treatment system.
- **Increased Assertive Outreach:** Approaches for those in custody and in prison, delivering harm reduction and providing active linkage into universal and specialised alcohol and drug support and treatment in the community. These services are provided by both SACRO and Phoenix Futures.

Priority 5: Fife MAT Standards Progress 2023– 2024

- Fife Alcohol and Drug Partnership (FADP) and its services have completed the third year of a five-year funded programme to implement the Medication Assisted Treatment (MAT) Standards for the improvement of care and support to people receiving opiate replacement therapy.
 - The MAT standards are a national human rights-based framework for the safe, effective and accessible delivery of medication, – opiate replacement therapy (ORT) – psychosocial support and psychological interventions and are designed to create a whole system approach to support recovery from drug use inclusive of primary care, mental health, housing, welfare and advocacy services. Across Scotland each Health and Social Care Partnership is externally validated by Public Health Scotland on its progress towards implementation of the 10 standards based on numerical, process and experiential data provided by its ADP on an annual basis. Each ADP is then awarded a RAGB (red, amber, green or blue) status for each of the standards.
 - At end of year, Fife ADP submitted its experiential, numerical and process information to evidence progress during 2023/24 to Public Health Scotland for all 10 standards. Process information includes pathways, protocols and guidance produced locally to standardise and align service and systems delivery with the standards. Numerical is the performance against pre-determined target-based measures usually applied to staff training or to patients being offered components of service delivery. Experiential is the ADP plan to gather the views of patients, family members and staff using semi structured qualitative interviews and the extent to which this feedback is used to improve MAT Standards delivery during the year.
-

- In addition to this assessment process, the Scottish Government require the ADP to submit updates quarterly on their implementation plan to support oversight and governance on the central funding awarded to ADPs to deliver the MAT Standards programme.
- Public Health Scotland has provided feedback on Fife's submission. For Fife ADP, the final assessment indicates a status of green fully implemented for MAT 1 to 5 and partial green (strong progress towards full implementation) for MAT 6 to 10. Partial green on MAT 6 to 10 is the highest score available to ADPs, due to limitations on the numerical measures set by Public Health Scotland, thus Fife has achieved the best possible position for its MAT Standard implementation progress for the last year.



The table below provide an overview of Public Health Scotland's external validation over the three years of the MAT programme and demonstrates Fife ADP's progress:

MAT Standard	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24
1 Same Day Access and Prescribing	Amber	Provisional Green	Green
2 Medication Choice throughout	Amber	Provisional Green	Green
3 Anticipatory Care & Assertive Outreach	Amber	Amber	Green
4 Harm Reduction in Services	Amber	Amber	Green
5 Retention	Amber	Amber	Green
6 Psychological Interventions	Not scored this year	Amber	Provisional Green
7 Primary Care	Not scored this year	Amber	Provisional Green
8 Advocacy, Housing, Welfare	Not scored this year	Amber	Provisional Green
9 Mental Health	Not scored this year	Red	Provisional Green
10 Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green

Locality Planning: One Stop Shop KY2 and KY5 Development

In April 2023, Fife ADP Joint Commissioning Group approved the development of additional one stop shops to build on the success of the KY8 Club in Methil. Fife ADP support team gathered and analysed all available data indicating harm, substance related death and prevalence based on local service data and established with the support of the HSCP short life working groups.

These groups worked with Community Managers, ADP services, GP cluster leads, welfare support, housing services, advocacy and family support services, people with lived experience and other community and locality-based staff to rapidly develop one stop shops in Kirkcaldy and Cowdenbeath areas. These one stop shops provide a warm, welcoming and safe space for people affected by alcohol and drugs to attend to meet with service in an informal setting and to enjoy a bite to eat, a warm drink and engage with support at their own time and choosing.

Available at the one stop shops are information, advice and harm reduction support and for those ready to access treatment, triages can be conducted in a private room and same day access to treatment for either alcohol or drug dependency is available. NHS Addictions, NHS BBV&SH team, tissue viability team and ADP Social Work team also attend regularly to offer their service to people who need to be seen in their communities. A summary of what is available is below but all three one stop shops are different responding separately to the needs and requests of those that attend:



- Hot food on the day, supplies of food and other items to relieve the cost of living crisis.



- Social activities and contact, reducing isolation and promoting connectivity based on a holistic approach.



- Naloxone training and supply of kits and other harm reduction advice and support.



- Access to NHS Addiction Services on site and Fife based Recovery Services with same day prescribing (MAT 1, MAT 2, and MAT 3) also available.



- Blood Borne Virus (BBV) testing.



- Onsite mental health support provided by NHS Addictions and third sector



- Individual and family support provided by a commissioned third sector service.



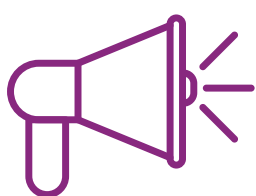
- Housing support, welfare checks and active linkage to attend other services.

Numbers in Treatment Target

Baseline	Target at the end of financial year 2023-2024	Numbers in receipt of ORT – Q1 2023/24	Numbers in receipt of ORT – Q2 2023/24	Fife % increase from Q1 to Q2	Overall Increase from Baseline
1,711	1,865	1,881	1,899	↑ 1%	↑ 11%

Fife, over a two-year period, is expected to increase and maintain its numbers in treatment target from baseline by 9% or n=154 patients. After year one, the target increased by 8.29% to 142 patients receiving opiate replacement therapy in Fife. This demonstrated a success in increasing access and retention within the service.

Priority 6: Lived/Living Experience Panels & Advocacy



- Fife ADP has commissioned Scottish Recovery Consortium to enhance and sustain the already established autonomous Lived Experience Panel. This is a recognised subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. Scottish Recovery Consortium will support the LEP in its next steps of improving the reach of the voice of lived and living experience across all subgroups of the ADP and in other relevant partnerships of the Health and Social Care Partnership. There will be training, support, and development available for the members of the LEP and a plan to embed their experience across the ADP including its subgroups and within relevant settings of the HSCP. Since the group commenced, the panel have successfully contributed to the ADP Strategy, supported the implementation of MAT Standards, input into the ADP Alcohol Specific Death Group, residential rehabilitation and are currently working on a recovery communities mapping exercise across Fife.
- Fife ADP have a commissioned advocacy service (Circles). The two workers within this service have lived experience and work with individuals to increase confidence and individuals' ability to advocate for themselves. They help with a number of issues including access to treatment services within Fife ADP, housing issues and money advice.
- An independent living experience group in Dunfermline with a management group implementing feedback and improvements.

New Strategy 2024 – 2027: Development 2023

The ADP Support Team developed a project plan, working group and installed a project board to produce the new strategy. The 2020 – 2023 ADP Strategy was reviewed during six focus sessions with the working group, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy.

Wider consultation occurred during two events, one with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event in August 2023.

In addition, NHS Fife Public Health developed a Needs Synthesis 2023 and analysed national and local data on use of substances and a focus on groups experiencing additional needs or vulnerabilities. Its research consisted of a synthesis of five service user and people with lived and living experiences evaluations commissioned by the ADP. During October to December 2023, in partnership with HSCP Participation and Engagement Team a consultation plan was developed, bringing together the views of communities, the general public and people with lived experience of substance use or working in services.

The above approach enabled the ADP to develop the vision, mission statements, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented.

The new ADP vision for 2024 – 2027 is:

“To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”.

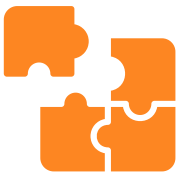
The strategic themes have been matched against the Health and Social Care Partnership themes and are detailed below:



- **WELLBEING:** Prevention and early intervention



- **LOCAL:** Risk is reduced for people who take harmful substances.



- **INTEGRATION:** Treatment and recovery services are easily accessible and high quality.



- **OUTCOME:** Quality of life is improved to address multiple disadvantages.



- **SUSTAINABLE:** Children, Families and Communities affected by substance use are supported.

Mission Statements and values underpinning delivery are detailed more fully in the [strategy](#).



New Drug Alert Process and Protocol & Communication Strategy: Development 2024

A new Emerging Drug Harms SOP has been written up to standardise the response to substances that appear to be causing significant harm, clusters of worrying trends or intelligence from partner agencies. The aim is to take the learnings from recent incidents and create a pathway and process to ensure that the response is immediate, proportionate and targeted. Having conducted a live test of the process, further refinements have been made and the final draft submitted for approval.

It was also identified that there was a need to create, support and facilitate a weekly task group meeting to review and assess the near fatal overdose reports coming through from the Scottish Ambulance Service (SAS). Utilising the commissioned service provided by ADAPT, input and intelligence from the SAS along with the data and knowledge held Fife ADAP, the aim is to identify trends, hot spots, commonalities in substances/symptoms and those appearing on the list multiple times to put in place any reasonable measures that could prevent or minimise harm wherever possible.

Fife ADP have also created a new Communication Strategy, acknowledging feedback from services both commissioned and non-commissioned as well as service users' needs and preferences to create a strategy tailored to those needs. Five key areas have been explored and relevant actions agreed in order to improve upon these areas which are:

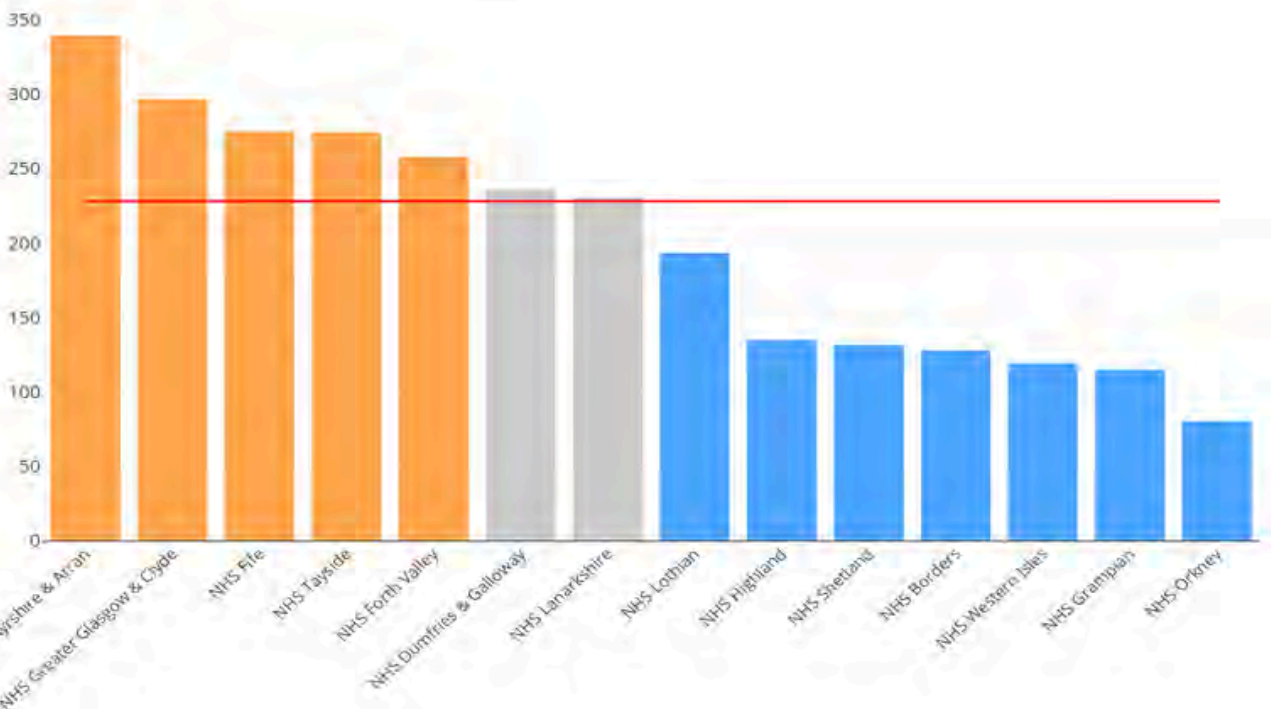
- **Fife ADP rebrand**
- **New Fife ADP website**
- **Fife ADP social media refresh**
- **Design alignment with HSCP**
- **Universal standards for comms**



National and Local Response: Context and Performance

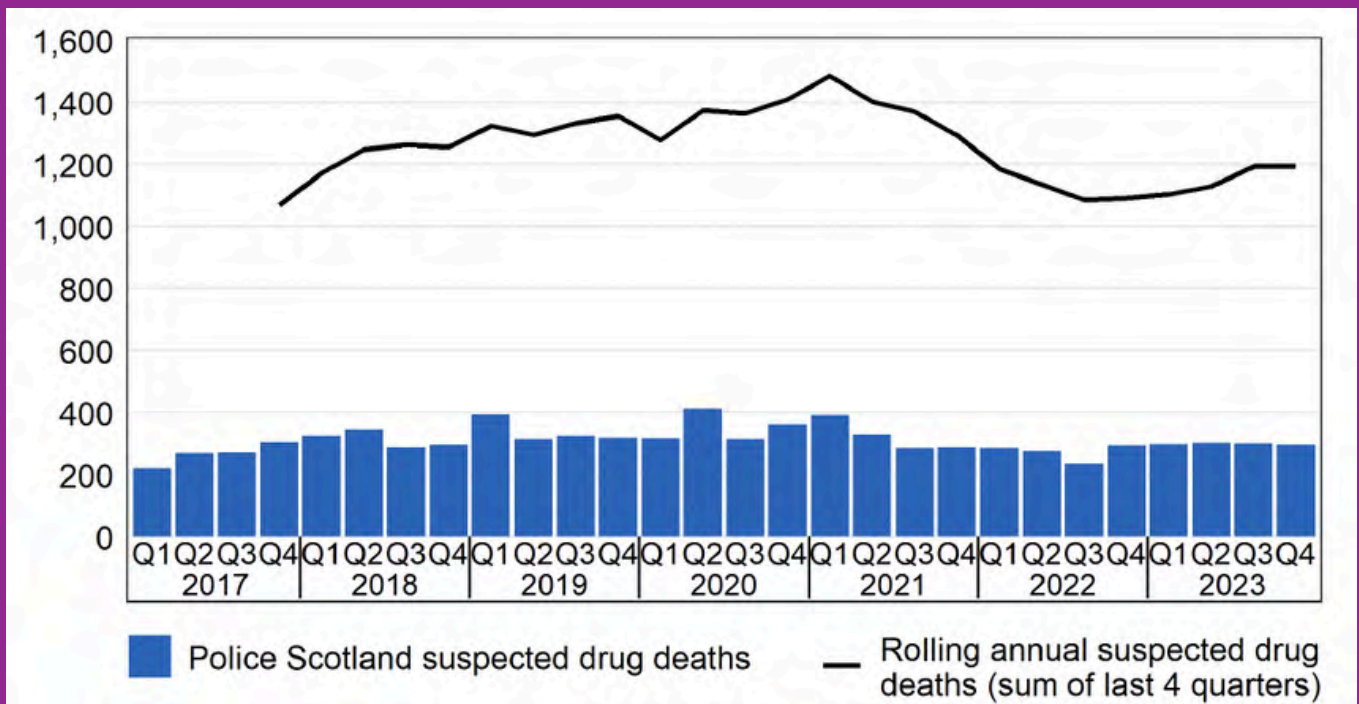
Drug related hospital admissions in Fife: Drug related hospital admissions are defined as general acute inpatient and day case stays with diagnosis of drug misuse in any position. They are measured by a 3-year rolling average number and then age-sex standardised per 100,000 population. The official 2022/2023 figures have yet to be published, however Fife rates over the 2018/2019–2020/2021 period was 288. However, Drug related hospital stays have increased significantly and have been consistently higher than the Scottish average with increasing harms related to benzodiazepine hospital admissions. As well as this, overdose related stays are higher in Fife than in Scotland in the last 5 years. The Levenmouth locality has the highest rate of drug related stays than any other locality.

Drug-related hospital admissions
Health boards compared against Scotland - 2019/20-2021/22

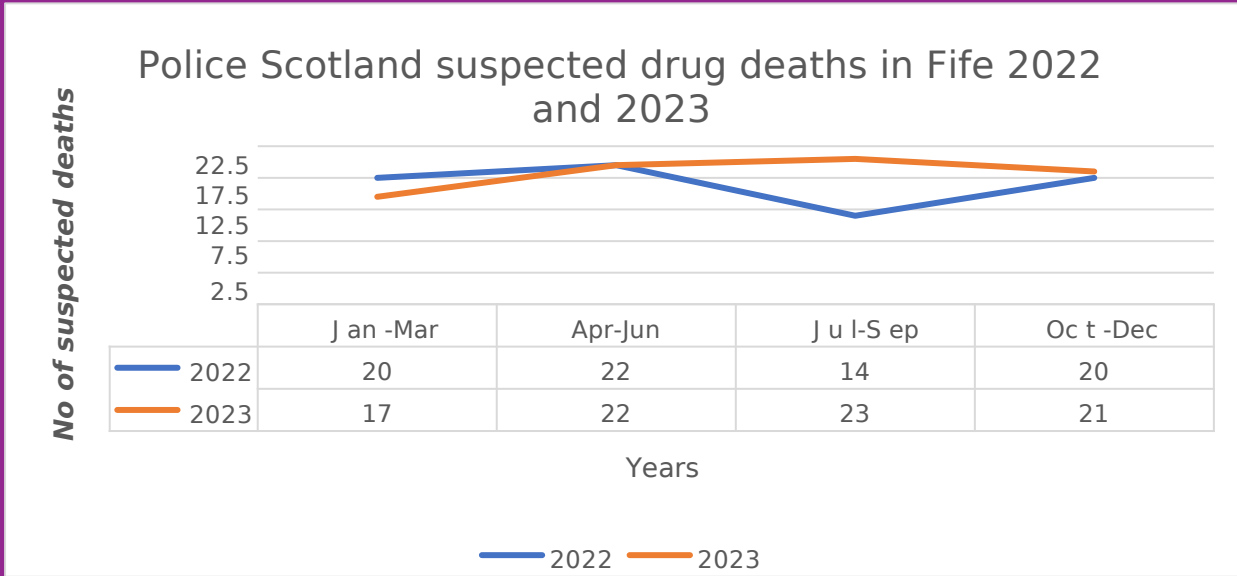


Drug related deaths in Fife: The official 2023 drug related death figures for Scotland have yet to be published by the National Records of Scotland (NRS) however the following is being reported on the suspected drug related deaths data gathered by Police Scotland. It provides an indication of current trends in suspected drug deaths in Scotland. This data is sourced from management information from Police Scotland who compile figures on the basis of reports from police officers attending scenes of death. Classification as a suspected drug death is based on an officer’s observations and initial enquiries at the scene of death. Police Scotland suspected drug deaths correlate very closely with the official NRS drug death statistics:

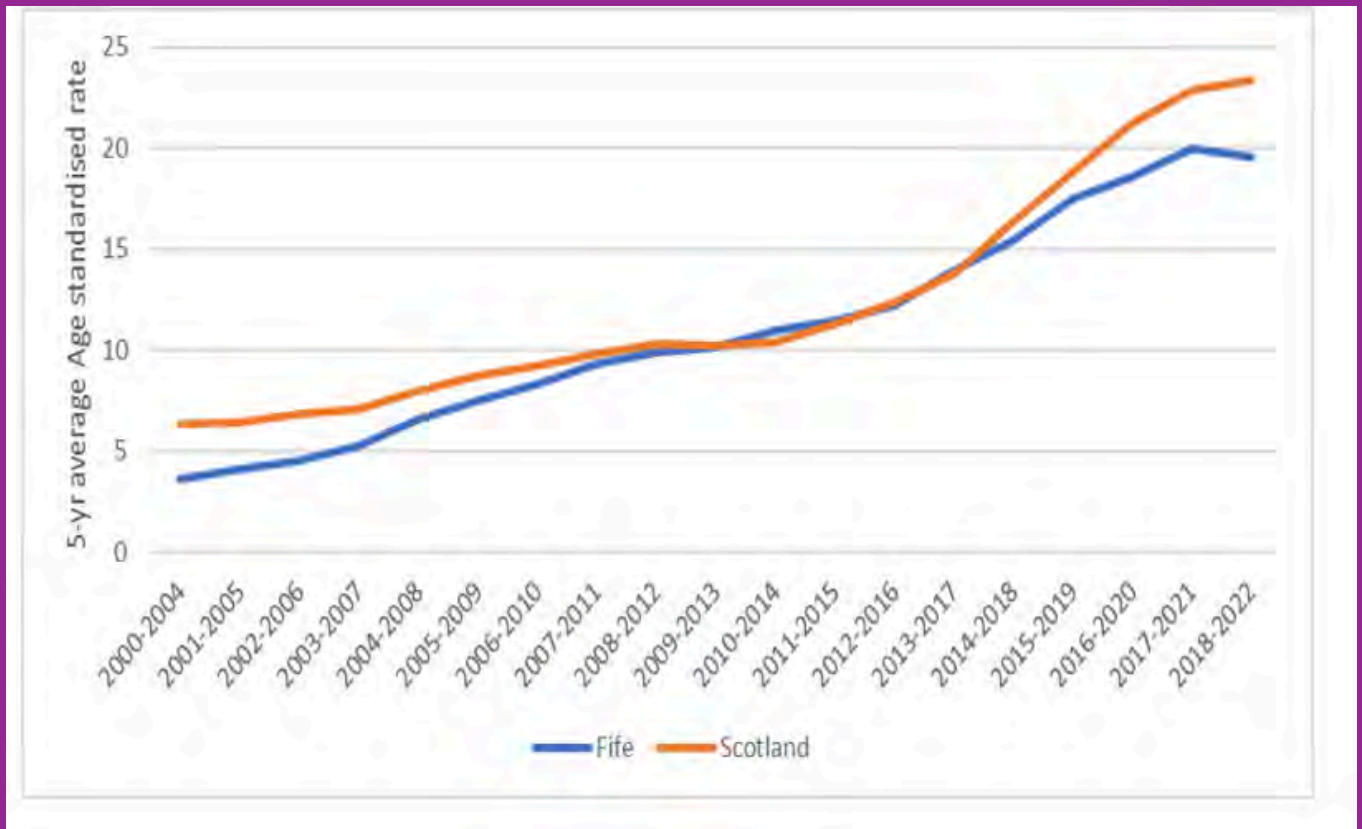
- Drug death rates in Scotland overall have reduced from 1,330 in 2021 to 1,051 in 2022.
- The Police Scotland suspected drug deaths report showed 1092 deaths in 2022 and 1,197 suspected deaths in 2023 in Scotland overall, a 10% increase.
- Fife figures from the Police report showed 76 suspected drug related deaths in 2022 and 83 deaths in 2023.



Number of Police Scotland suspected drug deaths by quarter and year Scotland, January 2017 to December 2023




The above graph shows the suspected drug-related deaths in Fife for 2022 and 2023 based on each reporting period. The Police total in Fife for 2022 was 76 and in 2023 it was 83 a 9% increase. Although it should be noted that this is an estimation and not the official figures reported by National Record Scotland.



Five-year average age-standardised rates per 100,000 population of drug-related deaths in Fife and Scotland

The above graph indicates the standardised rates per 100,000 population on a 5-year rolling average of official Drug Related Deaths and presents the challenges still faced in Fife and across Scotland. Fife has had a lower rate than Scotland since 2015–2019 and the gap between them has widened in more recent years.

Take Home Naloxone Performance

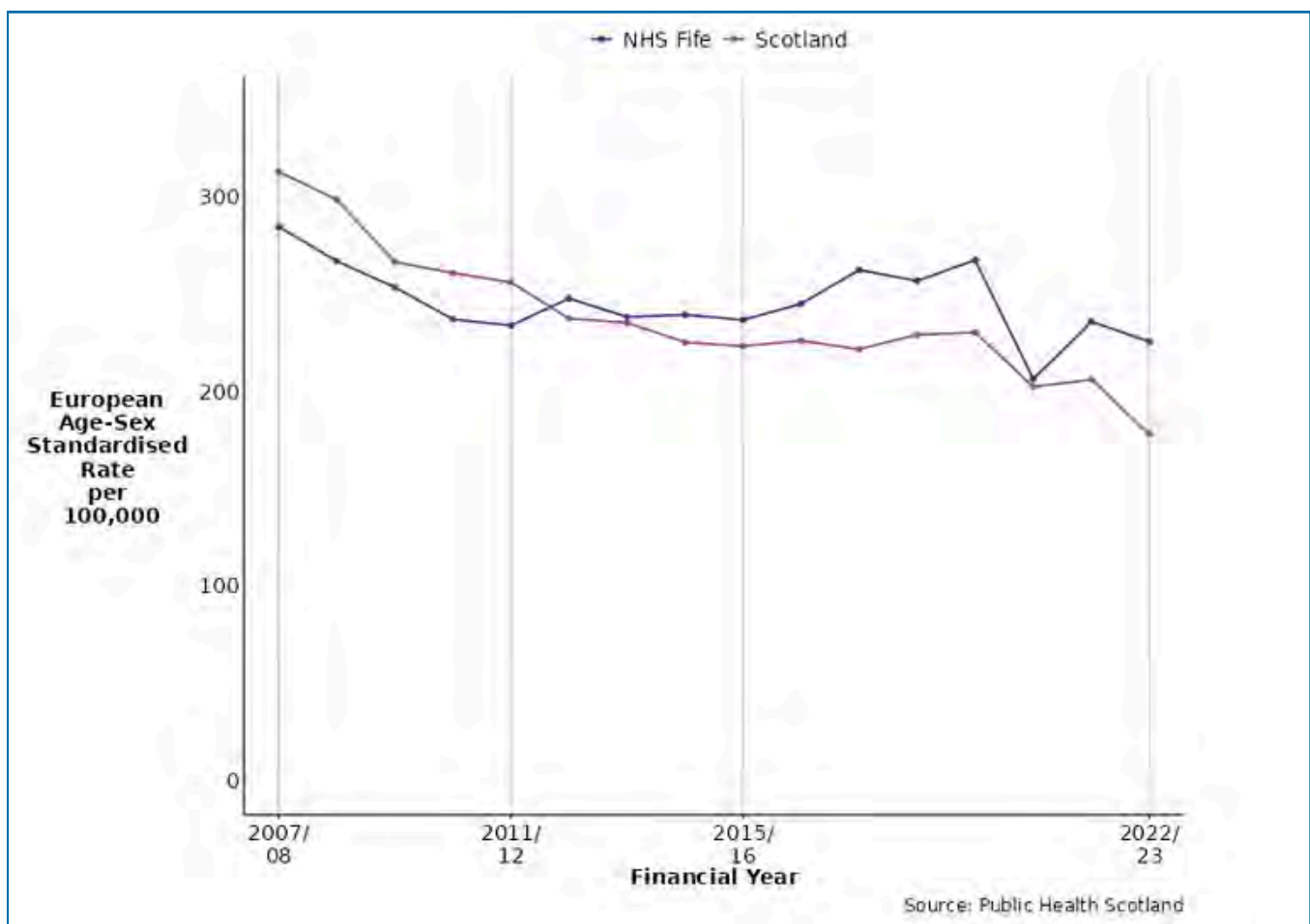
Indicator	Target	2022-2023	2023-2024	Performance Indicator
Take Home Naloxone (THN)	1,400	1,098	1,674	

Increasing coverage of Take Home Naloxone (overdose reversal medication) is one of the essential interventions required to prevent drug related deaths. During the year, Fife ADP conducted an audit of its Take Home Naloxone performance amongst its statutory and commissioned services, identifying barriers to distribution and working collegiately on a recovery plan to restore the target of 1,400 needed across Fife.

In addition, Fife ADP has commissioned a harm reduction trainer within We Are With You, a third sector harm reduction specialist service. This role will ensure that initial and refresher training, including overdose awareness, are rolled out amongst our services and a plan has been developed to mainstream this training with partners working with people at risk and their families. An extremely positive outcome for the ADP over the year is an increase in distribution of 52% from last year's performance.

Alcohol Related Hospital Admissions

Fife has had a decrease in **wholly attributable**** alcohol hospital stays from 667.7 per 100,000 population in 21/22 to 626.4 per 100,000 population in 22/23.




Fife wholly attributable alcohol hospital stays, compared to Scotland by European Age-Sex Standardised Rate per 100,000.

For mental and behavioural disorders caused by alcohol Fife had a decrease from 181.1 per 100,000 population in 21/22 to 162.7 per 100,000 population in 22/23. For acute intoxication, Fife was above the Scottish average. However, there was a decrease from 21/22 in Fife and Scotland.






****Wholly attributable is defined as health conditions where each death is a direct consequence of alcohol use.**

ABI Performance

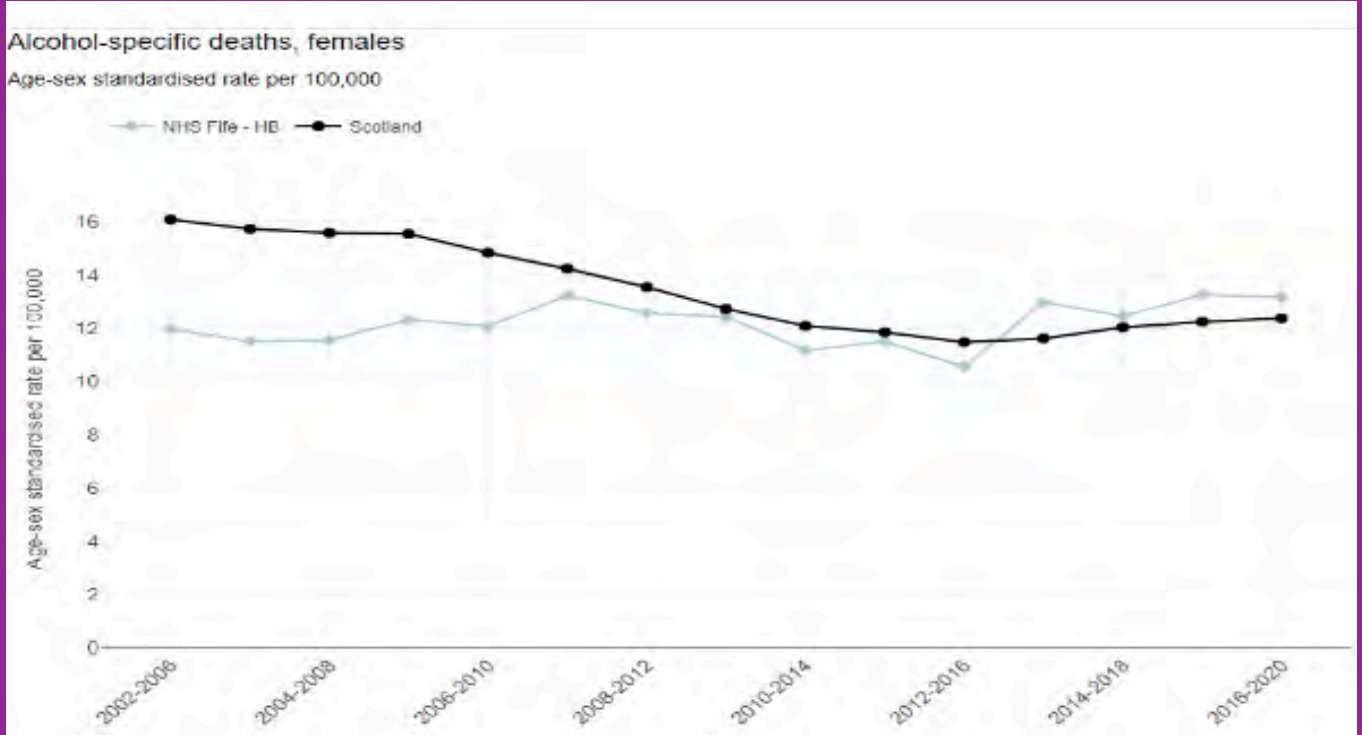
The Scottish Government are currently reviewing the local target for Alcohol Brief Interventions. Given that this is the second year this information has been collated since the pandemic, Fife's performance is higher than the pre-pandemic target.

Indicator	Target	2022-2023	2023-2024	Performance Indicator
Alcohol Brief Interventions (ABIs)	4,187	4,184	6,600	

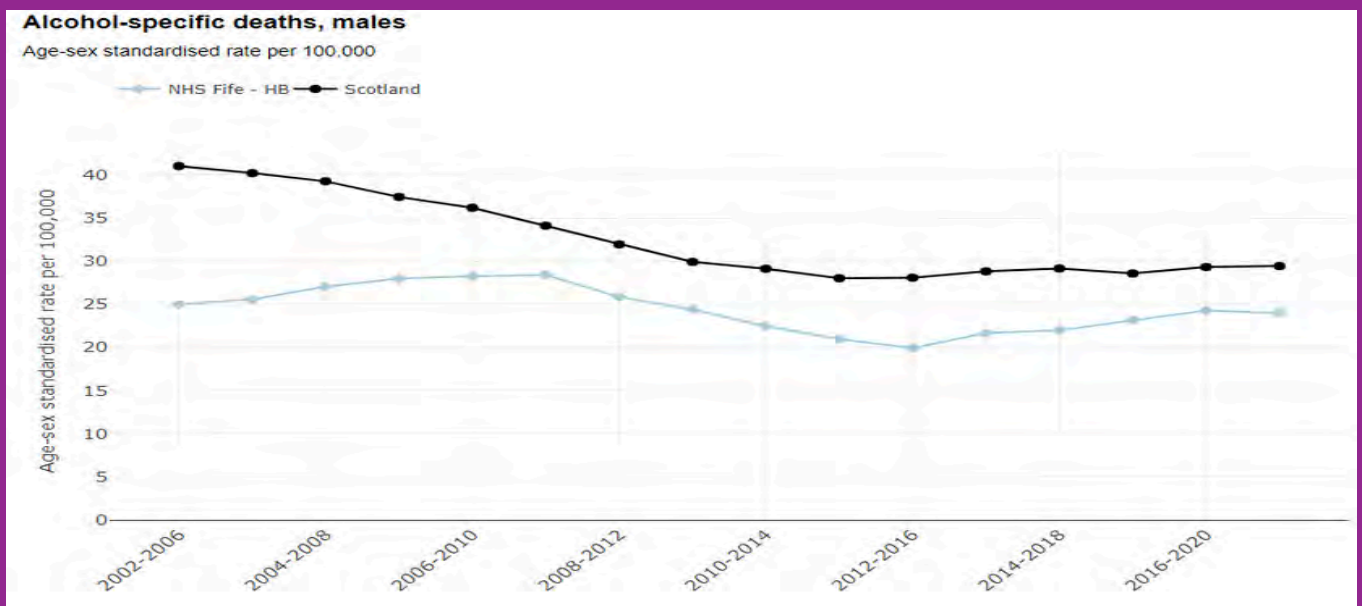
Number of ABIs delivered in Fife:

Service	2022-2023	2023-2024	Performance Indicator
Primary Care	2314	3422	 48%
A&E	245	581	 137%
Antenatal	10	7	 30%
Others	1615	2590	 60%
TOTAL	4184	6600	 58%

Alcohol specific deaths in Fife on a whole have been lower than the Scottish average. The number of women dying from alcohol specific deaths is marginally higher however than the Scottish average.



The number of men dying from alcohol specific deaths is marginally lower than the Scottish average:

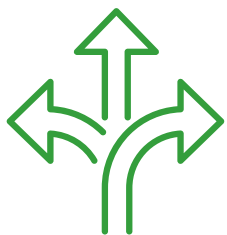


Addressing Alcohol Harm and Death Group

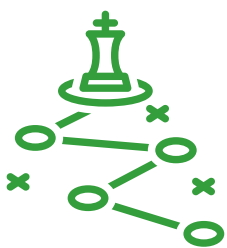
The Addressing Alcohol Harm and Death Group (AAHDG) is a subgroup of the JCG that focuses on the prevention of harm and premature mortality with the ADP strategic aim to develop a recovery orientated alcohol and treatment support system of care. The group oversees six recommendations from the previous Alcohol Specific Death Group which are:



1. As part of the evaluation of the hospital liaison service, it is essential to assess current connections between A&E, outpatient services and inpatient services across various specialities including gastroenterology, general surgery, orthopaedics and third sector services. Furthermore, the assessment should encompass the pathways and support mechanisms available for individuals post alcohol detox including prescription practises, ensuring their comprehensiveness and effectiveness by integrating third sector services alongside primary and secondary care.



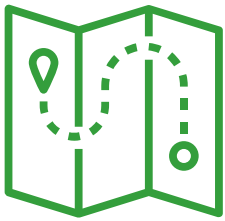
2. **Create specialised pathways for priority and marginalised groups incorporating multi-agency risk assessment protocols. Including, identifying individuals at high risk of an alcohol specific death through Gastroenterology and actively engaging them in appropriate services.**



3. Develop a comprehensive strategy to enhance engagement and retention in alcohol services by linking to the MAT Standard 5 work and using this as a benchmark of good practise. This work should include a review of service users within ADP funded services who use alcohol compared to the number of individuals who use drugs. Subsequently work should be carried out to address the barriers faced by referrers and service users to increase access to alcohol services whilst considering and preparing capacity impact estimates on services and the system of care.



4. Examine shared care protocols between specialist services, GPs and community pharmacies for people who drink alcohol at harmful levels. Share care may include prescribing where competent practitioners are in place. Additionally review guidance, practice and capacity for thiamine and folic acid prescribing for patients with and prior to the development of alcoholic liver disease.



5. Undertake a thorough alcohol service mapping and gap analysis exercise, of the services already available to us within the ADP. This will include bringing third sector alcohol services in particular FASS under the remit of the strategic function of the ADP. This should include considering capacity and supply in the treatment system and how resources can be aligned on a locality basis to better to respond to targeted increases in access and uptake of services for alcohol use by those at risk of alcohol specific death and harm.



6. Examine the current pathway for alcohol treatment and support from primary care and other main referral destinations, against UK clinical guidelines for alcohol treatment. Considering the use of rapid access clinic and establish wrap around support for those at high risk of alcohol harm and alcohol specific death.



Local Delivery Plan Drug & Alcohol Waiting Times

The local delivery plan requires that 90% of people accessing Tier 3 support for alcohol and drug issues are seen and assessed within a three-week period. Having consistently achieved target in the previous reporting year, it was disappointing to miss target in every quarter for this reporting year.

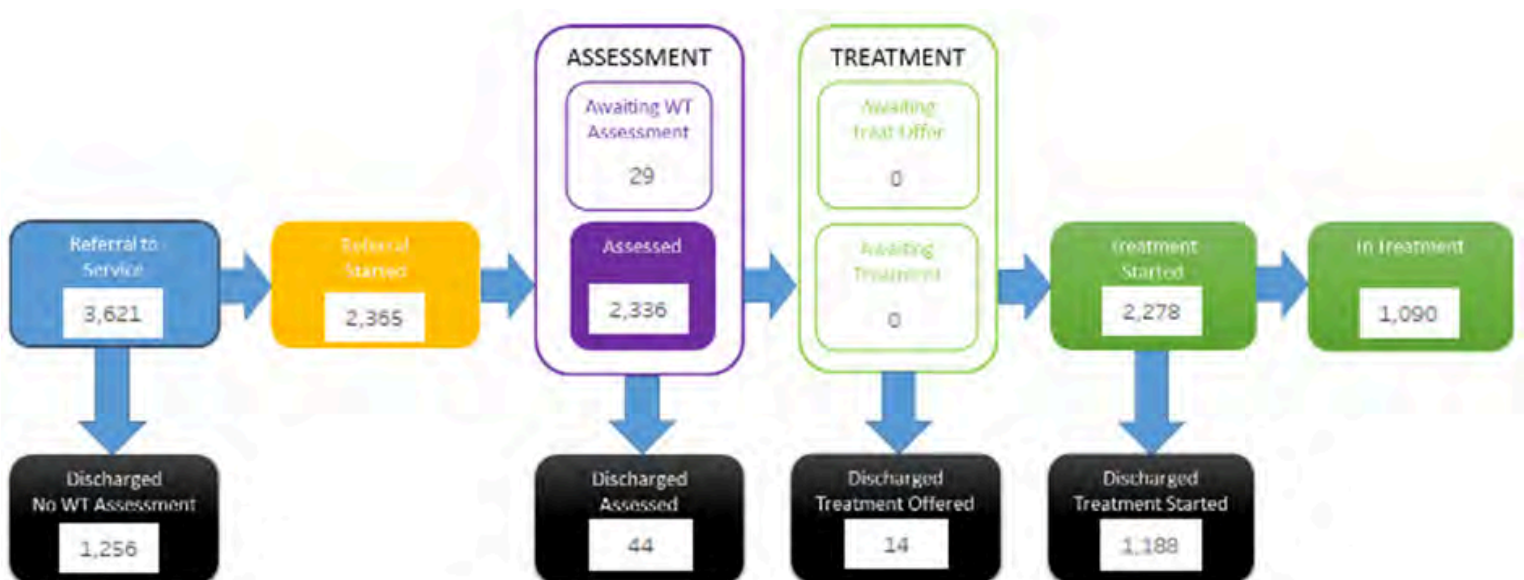
A task group was formed to identify the root causes for the issue, and it was found to be recording errors and in particular, around recording those that were given an appointment within the time frame but failed to attend. These were not being recorded on DAISy correctly and as such generated long waits for these when they were not genuine long waits. This work has generated a vast improvement in the last quarter of the year with Fife ADP exceeding the 90% target again.

Indicator	Target	2022-2023	2023-2024	Performance Indicator
Drug and Alcohol Treatment Waiting Times – Q1	90%	94.1%	86%	↓
Drug and Alcohol Treatment Waiting Times – Q2	90%	95%	82.9%	↓
Drug and Alcohol Treatment Waiting Times – Q3	90%	97%	83.4%	↓
Drug and Alcohol Treatment Waiting Times – Q4	90%	96%	92%	↔

*Q4 figure has not yet been published and has been taken from local information.

Service & System Performance

Nationally Reported Fife Tier 3 Performance



From April 2023 – March 2024, Fife Tier 3 adult services received 3,621 referrals. 2,278 of the referrals started treatment and 1,090 remained in treatment after March 2024.

ADP Contract Reporting – Tier 3 Services

Tier 3 services are defined as services delivering a specialist intervention as part of a recovery/care or treatment plan. They are linked to the improving our recovery system of care theme but do undertake harm reduction and other early intervention and prevention support in the community.

Below is a summary of our tier 3 services and their performance based on reports submitted to the ADP support team:

NHS Addiction Services:



Over 2023/24, the service responded to 767 referrals 64% of which were for problems with alcohol. A total of 207 individuals referred to access rapid access clinics.. This represents an increase of the people referred to rapid access clinics by 290% compared to the same period the previous year. The service uses treatment outcome profile to measure outcomes overtime with patients, tracking days used of substances and improvements to psychological and physical health. Over the year 682 patients sampled had a 15% reduction in days when alcohol was used and 27% reduction in days when opiates were used. There also improvement in physical health and quality of life.

In terms of workforce development, the service has made a substantial commitment to training in psychological intervention with 46 staff trained in formulation (Tier 1), 43 in endings and boundaries (Tier 1) and 19 in MI (Tier 2).

APTS:

Addictions Psychological Therapies Service (APTS) have submitted a report on targets, which indicates all targets are being met and data was provided for outcomes. 119 individuals received psychological assessment and evidence based psychological therapy and 282 supervision sessions were offered. All outcomes showed an increased score on the wellbeing scores. 38 coaching and training sessions have been completed under the MAT 6&10 funding (April 23- March 24). Training is due to commence for Tier 2.

DAPL:

This service provided a comprehensive ADP report return, which showed targets were met for counselling, ABI's, DBI's and provision of out of hours service. This service continues to deliver SMART meetings. There was a slight increase in engagement rate from referral from 44% to 47%. 410 naloxone kits were offered and 18 distributed.

FIRST:

The Community Rehabilitation team has exceeded its ADP targets and demonstrated good outcomes for those engaged with the service. The highest referral rate has come from Kirkcaldy area, and 25–40-year age group. The engagement rate from referral is 57% which is quite standard across services. Three naloxone kits were distributed.

FIRST:

The Residential Rehabilitation Service received 111 referrals across the year and 57 individuals engaged with the service. Within the year period 27 individuals entered residential rehabilitation. Positive outcomes were demonstrated for those who accessed residential rehabilitation. Ongoing work continues with Healthcare Improvement Scotland on pathways and access for minority groups.

ADP Contract Reporting – Tier 2 Services

ADAPT:



All targets for this service were met and the report was fully completed. The service had 1117 attend the drop-in clinics and provided counselling to 109 individuals however 203 were referred. ABI (Alcohol Brief Interventions) targets were also met with 227 being delivered, and 293 naloxone kits were distributed. 35% of those working towards abstinence achieved this, whilst 70% made progress towards improvement in physical and psychological health.

ADAPT NFO:



This service was compliant with MAT 3 during responding to 75% of referrals within a 3 day time period and saw 352 individuals throughout the reporting period. 80% of referrals exited after support 19% still active in service. 50 naloxone kits were also distributed. The main substance which resulted in the referral was alcohol. The NFO team have also engaged with an NFO review group alongside colleagues from Fife ADP and Scottish Ambulance Service to highlight trends relating to substances, symptoms, environments and repeat presentations and work to tackle these issues.

Barnardo's Education Service:



A full report was provided from Barnardo's for Education with most pupils/staff fully achieving or making progress of increased knowledge at exit in P7 and S3. An additional 33 priority groups were seen within the year. Barnardo's have commenced a test of change in three high schools to deliver bespoke training to school based staff and develop an substance education service based on the needs of each school and its students.

Barnardo's and Clued-Up Whole Family Support Service:



A full report was provided for this service. Referrals were on target for young people provision. Outcomes for young people show positive changes in key areas including reduction in substance use, improved family relationships and improved mental health with very few leaving support having not benefitted in some capacity. For intensive whole family provision, in the reporting year 8 families were supported and some outcomes were recorded for improvement in safety for the families and relationships, parental engagement and improvements in connections to local groups.

Clued-Up Employability Service:



102 young people were supported by this service within the year. 58 young people achieved positive outcomes including but not limited to developing positive routines, making positive choices and increased knowledge in substances. Additionally, 35 ABI's were delivered, and 1 naloxone kit was distributed.

Circles Network:



257 individuals engaged with this service within the year. The main issues addressed continue to be housing and finance but there was an increase in referrals for access to treatment. Circles complied fully with the MAT standard 8 and were able to demonstrate a good level of independent advocacy offered to people affected by alcohol and drug use.

Frontline Fife:



One to one support was offered to 49 individuals with an engagement rate of 61% from referral. The highest area for engagement was Kirkcaldy which mirrors last year's reporting. All outcomes were clearly demonstrated 46 DBI's were carried out. The team also distributed 23 naloxone kits throughout the year.

Hospital Liaison Service:



ADAPT received 300 referrals most of which came from the Glenrothes and Kirkcaldy area. 84% of ADAPT referrals had an alcohol related problem. WAWY received 145 referrals of which 38 naloxone kits were distributed. They have reported the partnership is working well and has vastly improved since last reporting period. NHS Addictions received 904 referrals within the year and referring locations have increased from 10 to 52 demonstrating a good level of coverage and reach across the hospital. 20% have been generated from A&E and admissions units. Tracking across months there has been significant reductions in admissions post 3 months contact with the service and this is seen in average length of stay. For ED attendances almost every month there are significant reductions at the 3 month post contact point.

Phoenix Peer Mentoring:



This service has provided Fife ADP annual report showing targets and engagement. All outputs were met for volunteer opportunities, mentee engagement and engagement in wider community. There were 39 referrals to this service, and an 80% engagement rate. 60% of service users achieved progress towards abstinence when exiting the service. 77% made progress to reducing alcohol when exiting the service. 33 naloxone kits have been distributed by the service.

Phoenix Futures Return to Nature



A full report was provided from the service. 27 people completed the RTN programme, with a target of 30 to complete. 17 individuals are currently working towards achieving abstinence and are still open to the service. All engaged individuals saw an improvement in physical, emotional and mental health. The last reporting period saw no referrals from Dunfermline. This has now improved with 5 referrals in the last 6 months. 27 naloxone kits were distributed which is a 35% increase from the last reporting period.

Restoration



This service has reported on targets with 325 active members attending at least one activity per week. The highest area of engagement is the Levenmouth area with 77 people attending in total each week. A client survey highlighted self-improvements in isolation, mental and physical health and feeling safe. Outgoing referrals continued to be high with people supported into services that help with ongoing community support and foodbanks.

SACRO:



This service completed a full report detailing ADP targets. All targets were met with the service receiving 229 referrals to the service within the year. 179 people engaged with the service (annual target 90). There was a reduction of 84% in reported criminal activity which exceeded the target of 60%. 55% of service users reported an increase in wishing to live a crime free life. 42 naloxone kits were distributed this reporting period, an increase of 11 from previous year (annual target 20)

SFAD



118 individuals engaged with this service through a variety of one to one's and group work. 54 of the 118 left feeling better educated about substance use. Family members had positive outcomes from their engagement with SFAD including better physical, emotional, and mental health.

WAWY:



A full report was returned, and all annual outputs have been exceeded. 667 naloxone kits were distributed which is above target and a 29% increase compared to the previous year. A total of 1,135 transactions were completed (annual target 750). As well as this, drop-in 4,697 drop in interventions were completed with an annual target of 1,200.

Fife Council:



Compass: Since it commenced in August 2023, the team have received 66 referrals since going live, all of which have been allocated and are active cases. Of the 66 , 15 clients solely use alcohol. The majority of referrals are for people for whom poly-pharmacy is a risk factor. Domestic abuse, Mental Health and Homelessness/ housing issues have been the main secondary concerns.

Next Steps for 2024/2025

A strategy delivery plan has been set out to support all the new work that the ADP want to implement over the next year and beyond. With an ambitious 3-year Strategy for 2024 -27and reprioritising themes, significant changes are already in development as detailed in the strategy delivery plan. Three key areas already in the early stages of development are:

- **Service mapping to review in line with strategic priorities**
- **Rapid Group for Young People at risk of harm from substance use**
- **With the new ADP Strategy 24 – 27 completed,**

The residential rehabilitation service will continue on its continuous improvement approach in partnership with the ADP support team to continue providing positive outcomes but to also reach priority groups and identify pathways and partnerships to increase the reach of this type of support.

There will also be two test of Change Housing Projects launched that have been funded through the 'Ending Homelessness Together Fund'. These will have individual focuses which are:

Hospital Navigator Service:

- Provide opportunities to engage vulnerable/at risk patients with dedicated services
- Exploration of root causes for repeat presentations and ensure that the individuals finally access internal/external services that meet their individual needs.
- Positive signposting routes with dedicated follow up interactions to facilitate engagement with those services.
- Ensure vulnerable adults receive the support that they require.
- Support in emergency departments where it has been proven that individuals present due to loneliness, poverty and poor mental health for example.
- Providing specialised knowledge and information to staff in roles that are not related to housing and thus supporting existing workforces better.

Dedicated Addictions Worker:

- Provide additional specialist support, engaging those at risk of/presenting as homeless.
- Preventative approach for those that are struggling and who may previously have, or still are facing multiple barriers which are preventing access to housing.
- Assertive pre-emptive support provision aimed at preventing homelessness and reducing repeat homeless presentations.
- The longevity of the provision would be secured by the bespoke addictions support worker upskilling the staff team that they have been integrated into as well as providing external training to Fife Council, Housing Officers and non-housing roles.
- Increases capacity in the existing service with the specialist worker engaging people with substance use issues.
- Replicates a one stop shop type model providing trauma informed care around addictions within a housing support team.

A focus will also be maintained on alcohol related harm and deaths and the complexities of reporting around those as well as the contributing factors involved. Fife ADP will use the information gained from the Addressing Alcohol Specific Death work and the voice of people and their families with lived and living experience to drive improvements in the system of care and other partnerships where prevention and early intervention can improve outcomes. As proposed in the delivery plan, the Addressing Alcohol Specific Death Group will form an implementation group to support wider organisations in utilising the data collated and the overarching themes from their findings.

Much has already been done to engage and ensure that there is participation from individuals with lived or living experience within the strategic planning and policy work of the ADP. A dedicated worker has been commissioned through Scottish Recovery Consortium to ensure that people and their families are fully supported to co-produce and collaborate and offered development opportunities on a volunteer basis. The aim is to ensure all ADP subgroups are collaborating directly with people with lived and living experience and the voice of lived and living experience is present across the HSCP and other universal service provision where their voice can benefit service improvements, strategic planning and policy development. The ADP continues to value the work of those with lived and living experience as part of the harm reduction approach including the provision of overdose reversal medication and raising awareness.

Moving forward it is essential that the ADP continue to implement its strategy and focus on the key areas in order to prevent, intervene early and provide quality in treatment and support to all the people of Fife. The continued implementation of the MAT Standards will be a critical focus for Fife ADP and nationally as we continue to embed the standards within ADP services but also mainstream the approach in universal provision where people with alcohol and drug problems struggle to engage. A complete system approach to the MAT standards is required in primary care, mental health, housing and welfare and advocacy services.

Further Information

- 01 Fife ADP Strategy 2024 – 2027: [ADP-Strategy-24-27-07.05.24.pdf](#)
- 02 Rights Respect and Recovery 2018 – Rights, respect and recovery: [alcohol and drug treatment strategy – gov.scot](#) (www.gov.scot)
- 03 Alcohol Framework Preventing Harm 2018: [Alcohol Framework 2018](#) (www.gov.scot)
- 04 National Drug Mission Priorities Plan 2022 – 2026: [National Drugs Mission Plan: 2022-2026](#) (www.gov.scot)
- 05 Medication Assisted Treatment Standards 2021: [Medication Assisted Treatment \(MAT\) standards: access, choice, support](#) (www.gov.scot)
- 06 Fife ADP Drug Related Death Report 2022: [Drug Related Deaths Report 2022](#)
- 07 Fife ADP Getting Help: [Getting Help](#) | Fife ADP

Glossary of Terms

- AASDG** – Addressing Alcohol Specific Death Group, a subgroup of the ADP
- ABI** – Alcohol Brief Intervention, a short, structured screening and intervention delivered to people at risk of alcohol related harm
- ADP** – Alcohol and Drug Partnership
- APTS** – Addiction Psychology Therapy Service, an NHS Fife Psychology Service
- ARBD** – Alcohol Related Brain Damage
- Compass** – ADP funded Social Work Team
- DAISY** – Drug and Alcohol Information System, a national database for recording waiting times for treatment for Tier 3 services.
- DAPL** – Drug and Alcohol Psychotherapies Limited
- DBI** – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm
- FIRST** – Fife Intensive Rehabilitation Substance use Team.
- JCG** – Joint Commissioning Group, a subgroup of the ADP
- LEP** – Lived Experience Panel, a subgroup of the ADP.
- MAT** – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.
- MDDRG** – Multi-agency Drug Death Review Group, a subgroup of the ADP
- OST/ORT** – Opiate Substitute Therapy or Opiate Replacement Therapy
- RADAR** – Rapid Action Drug Alerts and Response, Public Health Scotland Team
- SACRO** – Scottish Association for the Care and Resettlement of Offenders
- SFAD** – Scottish Families Affected by Alcohol and Drugs
- SLA** – Service Level Agreement
- THN** – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.
- UNCRC** – United Nations Convention on the Rights of the Child
- WAWY** – We Are With You, an ADP harm reduction service

Prevention, Protection, Early Intervention, Treatment & Recovery for all.

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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2023/24

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission on drugs **during the financial year 2023/24**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are conscious that some of the data we are now asking for may appear to have been supplied through other means (e.g. MAT Standards reporting). After careful review, we found the data supplied via these means is not in a form that allows for consistently tracking change over time at a national level and so have included a limited number of questions on these topics.

The data collected will be used to better understand progress at local level will inform:

- National monitoring of the National Mission on Drugs;
- The work of advisory groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The work of national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. You can find the report on the 2022/23 ADP survey responses [here](#). All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Friday 28 June 2024. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings so please flag if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent? Mark with an 'x'.
[single option]

Aberdeen City ADP

Aberdeenshire ADP

Angus ADP

Argyll & Bute ADP

Borders ADP

City of Edinburgh ADP

Clackmannanshire & Stirling ADP

Dumfries & Galloway ADP

Dundee City ADP

East Ayrshire ADP

East Dunbartonshire ADP

East Renfrewshire ADP

Falkirk ADP

X Fife ADP

Glasgow City ADP

Highland ADP

Inverclyde ADP

Lothian MELDAP ADP

Moray ADP

North Ayrshire ADP

North Lanarkshire ADP

Orkney ADP

Perth & Kinross ADP

Renfrewshire ADP

Shetland ADP

South Ayrshire ADP

South Lanarkshire ADP

West Dunbartonshire ADP

West Lothian ADP

Western Isles ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

Alcohol death review group

Alcohol harms group

X Drug death review group

Drug trend monitoring group/Early Warning System

None

Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

X Yes

No

Don't know

3b. If no, please provide details on why this is not the case.

[open text – maximum 500 characters]

Chief Officers Public Protection have received information on drug related deaths where there was a cluster of deaths within the year. A regular reporting mechanism and schedule is in development currently.

Question 4

Please describe what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths, and how these are being used to inform local decision making in response to emerging threats (e.g. novel synthetics)? [open text – maximum 2,000 characters]

The Multidisciplinary Drug Death Review Group (MDDRG) is a Public Health surveillance meeting which reviews all suspected deaths in Fife and identifies learning through the development of a detailed case chronology for each suspected drug related death in Fife. In October 2022 a summary of learning was taken to the ADP committee from 60 deaths which had been reviewed between February 2021 and March 2022. Following this the MDDRG Expert Development sub-group was established to take forward the learning and develop an action plan. An action plan is currently being finalised, led by the ADP support team an .

A formal SoP has been written to support the Emerging drug alert protocol implementation and use. A real life run through was undertaken for the next drug alert that required action and further refinements were agreed based on feedback from the action group. The group have also convened DHAGs to assess the growing situation around synthetic substances, notably nitazenes and 'Spice', issuing alerts and harm reduction advice.

Following a cluster of drug related deaths of young people, Fife ADP supported by Public Health held immediate drug harm assessment groups.

Fife Addressing Alcohol Specific Death Group was established due to rising alcohol specific deaths in Fife and to commission and oversee research needed to analyse the cause and possible solutions to address this situation. The first piece of research analysed the alcohol specific deaths within a one year period, to give us an understanding of who is at risk of an alcohol specific death. The second piece of research involved speaking to those with lived and living experience to identify barriers to services. The two pieces of research specifically looked at the following themes;

- Screening and harm reduction
- Prevention and early intervention
- Initial referral pathways and access to treatment
- Integrated working and communications
- Support, treatment and alcohol detox
- Support in high-risk times

Question 5

5a. In response to emerging threats, e.g. novel synthetics, have you made specific revisions to any protocols? Mark with an 'x'.
[single option]

Yes

No

5b. Please provide details of any revisions
[open text – maximum 500 characters]

Yes

Alerts: Ensuring that all trends are assessed, specific links between areas within Fife made and/or specific groupings/demographics that become apparent through analysing all related events. We then target any alerts/communications to the groups most at risk.

Actions from Nitazene meetings: We have tried to remain ahead of trends and set out action plans to target communications via cascade through relevant department and service leads.

Wedinos: Our partners promote the use of this resource.

Cross-cutting priority: Resilient and Skilled Workforce

Question 6

6a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2024.
 [numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.80
Total vacancies (whole-time equivalent)	0.00

6b. Please list the job title for each vacancy in your ADP Support Team as at 31 March 2024 (if applicable).
 [open text – maximum 500 characters]

N/A

Question 7

Please describe any initiatives you have undertaken as an ADP, or are aware of in the services you commission, that are aimed at improving employee wellbeing (volunteers as well as paid staff).
 [open text – maximum 2,000 characters]

The MAT Standards Psychological Intervention Workforce Development programme led by the ADP support team and NHS Addictions Psychological Therapies Service (APTS) is currently establishing a baseline assessment of employee wellbeing initiatives throughout the system of care.

Barnardo's-4 weekly supervision, annual personal goal setting which includes wellbeing goals, wellness action plans and disability passports, flexible working, extra holiday 'recognition day' and up to 10 days paid carers leave, staff forum, staff wellbeing days, EDI training.

Circles- Regular supervision, open door policy for management, counselling available, regular catch ups. Team lunch every few months that is protected time.

Clued-Up- 4 weekly s&s. Team meetings. Staff peer support. Staff development days. Open door policy. Staff wellbeing surveys.

DAPL- 4 weekly supervision, staff groups in place that support connection and peer engagement, whole team meetings in person 4 x annually, 17 hours protected shared team learning per year, annual appraisals, all staff undertake an annual welfare and wellbeing survey which covers all aspects of work including work roles, environment pressures and opportunity for development.

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

SFAD- Well-being committee, 3 in person well-being events per year, counselling access, external OH if required, regular team meetings and supervision, two weekly whole organisation check-ins (informal-so staff can connect with each other), monthly community practise sessions which bring together 5 local family support service teams.

The Access Therapies website is available to all health and social care staff (SW Compass Team, NHS Addictions Service, NHS APTS ADP Support Team)

On the site there are options for wellbeing programmes, one to one wellbeing coaching and online peer support and therapeutic support.

- Spaces for listening sessions – small peer group support sessions can be booked here.
- Accessing therapeutic support – you can directly self-refer here.

Cross cutting priorities: Lived and Living Experience

Question 8

Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'. [multiple choice]

Experiential data collected as part of MAT programme

Feedback / complaints process

Lived / living experience panel, forum and / or focus group

Questionnaire / survey

No formal mechanism in place

Other (please specify): Formal participation and engagement process was conducted this year in preparation for the new ADP Strategy 2024 - 2027.

Question 9

How do you, as an ADP, **use feedback received from people with lived/living experience and family members** to improve service provision? Mark all that apply with an 'x'. [multiple choice]

	Lived/living experience	Family members
Feedback is integrated into strategy	X	X
Feedback is presented at the ADP board level	X	X
Feedback used in assessment and appraisal processes for staff	X	X
Feedback used to inform service design	X	X
Feedback used to inform service improvement	X	X
Other (please specify)		

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

- X Through ADP board membership
- X Through a group or network that is independent of the ADP
- X Through an existing ADP group/panel/reference group
- X Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify):

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'. [multiple choice]

- X Through ADP board membership
- X Through a group or network that is independent of the ADP
- X Through an existing ADP group/panel/reference group
- Through membership in other areas of ADP governance (e.g. steering group)
- Not currently able to participate
- Other (please specify): Fife ADP Lived Experience Panel has participation and engagement from family members and their representation of the ADP Board is reflected.

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

Prerequisite for our commissioning

Asked about in their reporting

Mentioned in our contracts

None

Other (please specify):

Question 12

Please describe how you have used your ADP's allocated funding for lived/living experience participation² in the last financial year. Within your answer please indicate which activities have been most costly.

[open text – maximum 2,000 characters]

Fife ADP commissioned an independent Lived Experience Panel support service in 2023 to sustain the existing panel. The panel provides opportunities for those with lived experience to contribute and collaborate on the development of ADP strategy, policy and service development. The panel meets monthly with a priority of inputting into the ADP strategy and MAT Standards. They have given direct feedback about the ADP strategy refresh and direction around where they feel there needs to be more focus and as such are autonomous from the ADP. The panel is supported independently via a contractual arrangement with Scottish Recovery Consortium and members are given volunteer status, expenses returned and training offered. The Lived Experience Panel uses the funding from the Scottish Government Drug Mission Priorities with additional investment from the Health and Social Care Partnership.

The Scottish Drugs Forum also have a Fife Living Experience Group meeting weekly. This group's purpose is two fold, to gather the views of people still struggling with addiction and offer them support and to use their feedback to inform service delivery through to an ADP Services's Manager Group. This ensures that the voices of those who are currently accessing treatment are heard and acted upon.

Other LLEP work has included:

developing one stop shops in two localities in Fife where prevalence of harm is high and access to treatment and support low. SDF peer to peer evaluation for MAT Standards Implementation and progress and living experience research for family members and individuals experiencing the alcohol treatment systems

As part of the development of the new ADP Strategy, Fife ADP held a wider stakeholder event inclusive of the experience of family members and people with lived experience to generate priorities and strategic themes.

² The funding letter specified that "£0.5 million is being allocated to ADPs to ensure the voices of people with lived and living experience are heard and acted upon in service design and delivery at a local level. This includes decisions about prioritisation, commissioning and evaluation of services."

Cross cutting priorities: Stigma Reduction

Question 13

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.
[multiple choice]

ADP strategy, delivery and/or action plan

Alcohol deaths and harms prevention action plan

Communication strategy

Community action plan

Drug deaths and harms prevention action plan

MAT standards delivery plan

Service development, improvement and/or delivery plan

None

Other (please specify): Stigma and its impact on access, engagement, experience and retention of people affected by alcohol and drug use is considered and mitigated at strategic/policy, strategic alliances with other partners. Fife ADP Strategy 2024 - 27 vision is "To enable all the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma"

Question 14

14a. Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.
[open text – maximum 2,000 characters]

We have a three level approach to reduce the impact of stigma within services, strategy and policy development and to contribute to a reduction within the general public. This work involves contributing and approving literature use, working cross partnership to influence the approach and delivery of universal service delivery, building the lived experience approach with the ADP representing this care group in development of all work. A National Collaborative consultation event is planned in partnership with Scottish Recovery Consortium and will use this to hold a Human

Rights Duty Bearer event across services to start work on meeting the standards for people affected by alcohol and drug use conference.

Some more examples:

Activity Communities and Fife ADP worked together to arrange outdoor activity sessions for individuals in recovery. This was started with the intention of increasing the confidence of those in recovery, so they will be able to attend other outdoor activity events in Fife. By intergrating those with recovery in local groups in Fife, it will help to reduce the stigma associated with individuals in recovery from alcohol and/or drugs.

A formal Take Home Naloxone Training Programme took place last year. Overdose training was provided to members of the public through informal 'pop-ups' as well as working with the local comunitities to have naloxone available in shops. Some Fife Council staff and external services have also been trained.

Fife holds a week long event on the run up to International Overdose Awarness Day where families, staff and members of the public are encouraged to join.

An ADP commissioned advocacy service tackles stigma by supporting the individual and collective voice of LE

Community work in Dunfermline: awareness training to reduce stigma, this is to be rolled out across Fife.

A new Communication Strategy was launched in response to engagement sessions with family members and with the LEP.

14b. What data does your ADP have access to that could be used to capture the impact of the work described in 14a? (Please indicate if this is not currently possible).
[open text – maximum 500 characters]

Participation and engagement qualitative data collected as part of strategy development. MAT Standards Qualitative data collected and analysed from people with lived and living experience collated and analysed on a quarterly basis. Types and numbers of teams prepared to normalise THN training as part of a generalised first aid approach. Feedback from staff and service users engaged with Activity Communities.

Fewer people develop problem substance use

Question 15

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.
[multiple choice]

	In person (e.g. at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)			X
People from minority ethnic groups			X
People from religious groups			X
People who are experiencing homelessness			X
People who are LGBTQI+			X
People who are pregnant or peri-natal			X
People who engage in transactional sex			X
People with hearing impairments and/or visual impairments			X
People with learning disabilities and literacy difficulties			X
Veterans			X
Women			X

Question 16

Which of the following education or prevention activities were funded or supported³ by the ADP? Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	X
Harm reduction services		X	X
Learning materials			
Mental wellbeing	X	X	X
Peer-led interventions	X	X	X
Physical health		X	X
Planet Youth	X	X	X
Pregnancy & parenting	X	X	X
Youth activities	X	X	X
Other (please specify)	Planet Youth is not available in Fife		

³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Risk is reduced for people who use substances

Question 17

In which of the following settings are selected harm reduction initiatives delivered in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X	X	X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				X
Homelessness services	X	X		
Hospitals (incl. A&E, inpatient departments)	X			X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X			
Prison	X	X		X
Sexual health services	X	X	X	X
Women support services	X			
Young people's service	X			
None				
Other (please specify)				

Question 18

19a. Which of the following harm reduction interventions is there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

X Drug checking

X Drug testing strips

X Heroin Assisted Treatment

Safer drug consumption facility

X Safer inhalation pipe provision

Safe supply of substances

Other (please specify):

19b. Please provide details, e.g. scale of the demand.

[open text – maximum 500 characters]

The harm reduction service has noted a large increase in crack cocaine use in Fife over past few years and may experience another increase. The use of safer inhalation pipe provision is needed.

Use of nitazene and xylazine strips just launched in Fife to protect people from the instability in the market. It is difficult to gather data from this initiative about the illicit drug supply.

Services are very consistent with sending samples to WEDINOS.

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers	X	
Homeless services		
Hospitals (including emergency departments)		
Housing services		
Mental health services		
Police Scotland		
Primary care		
Prison		X
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services		
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Further workforce training required
- Insufficient funds
- X Issues around information sharing
- Lack of leadership
- Lack of ownership
- Workforce capacity
- None
- Other (please specify):

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.
[multiple choice]

Strategic level

- ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- Coordinated activities between justice, health or social care partners
- Data sharing
- Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- Supported staff training on drug or alcohol related issues
- Other (please specify):

Service level

Funded or supported:

- Navigators for people in the justice system who use drugs
- Services for people transitioning out of custody
- Services in police custody suites
- Services in prisons or young offenders institutions
- Services specifically for Drug Treatment and Testing Orders (DTTOs)
- Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement
- Other (please specify):

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators	X	X			
Alcohol interventions	X	X			X
Drug and alcohol use and treatment needs screening	X	X			X
Harm reduction inc. naloxone	X	X		X	X
Health education & life skills	X				X
Medically supervised detoxification	X				X
Opioid Substitution Therapy	X				X
Psychosocial and mental health based interventions	X	X			X
Psychological and mental health screening	X	X	X	X	X
Recovery (e.g. café, community)	X			X	X
Referrals to drug and alcohol treatment services	X	X		X	X
Staff training	X	X			X
None					
Other (please specify)					

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

Question 23

24a. Does your ADP fund or support any residential services that are aimed at those in the justice system (who are who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other relevant community orders)? Mark with an 'x'.

[single option]

Yes

No

Don't know

24b. If yes, please list the relevant services.

[open text – maximum 500 characters]

Curently there are pathways in place between the justice system and residential services. These will be further developed in line with the Health Improvement Scotland report for Fife on residential rehabilitation. Planning and prioritising pathways to residential rehabilitation and prioritise vulnerable and priority groups has begun with the Lived Experience Panel.

Question 24

24a. For individuals who have had a court order given to them in relation to their substance use, do you have testing services available in your ADP area¹⁰? Mark with an 'x'. [single option]

Yes

No

Don't know

24b. If yes, please describe the type of monitoring that takes place (e.g. sampling with handheld devices, spit tests, electronic monitoring) and who provides these services (e.g. private, third sector, statutory). [open text – maximum 500 characters].

Oral Fluid Testing is carried out by the Social Work Justice team.

¹⁰ We are including this question on behalf of Scottish Government Justice colleagues to better understand substance testing for orders and licences in Scotland.

People receive high quality treatment and recovery services

Question 25

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Alcohol hospital liaison
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Pathways for early detection of alcohol-related liver disease
- None
- Other (please specify):

Question 26

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

- Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Community alcohol detox (including at-home)
- In-patient alcohol detox
- Pathways into mental health treatment
- Psychosocial counselling
- Residential rehabilitation
- None
- Other (please specify):

Question 27

27a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Availability of aftercare
- Availability of detox services
- Availability of stabilisation services
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Insufficient staff
- Lack of awareness among potential clients
- Lack of capacity
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- Waiting times
- None
- Other (please specify): Availability of beds

27b. What actions is your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

Fife ADP are working with the Lived Experience Panel to identify recommendations that can be taken forward from the Health Improvement Scotland report on Residential Rehabilitation. A group is being formed of partner organisations who can influence change within residential rehabilitation. The priorities will be decided by the Lived Experience panel but will include work on pathways and other barriers to residential rehabilitation.

Question 28

28a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- No revisions or updates made in 2023/24
- Yes - Revised or updated in 2023/24 and this has been published
- Yes - Revised or updated in 2023/24 but not currently published

28b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

Revised pathway for prison to Residential Rehabilitation. This was changed due to referrals coming in from prison with limited time to complete preparatory work. The new referral pathway includes preparatory work and timecales for referrals. With preparatory work, it is anticipated we will have better outcomes and individuals will be placed at residential rehabilitation services which meet their needs.

Question 29

29a. Which, if any, of the following barriers to implementing MAT exist in your area? Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation services

Difficulty identifying all those who will benefit

Further workforce training is needed

Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify): As Fife ADP move into year 4 of the implementation of this programme we need to examine stability of the programme. This work will be completed in September 2024

29b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

Each MAT Standard Implementation subgroup has taken a quality improvement approach and progressed development of the standards based on using existing resources differently. The Lived Experience Panel and experiential data has informed this process and ensured we make changes that have the most impact for the service users and improve delivery.

We have strengthened partnership working and integrated teams operationally - not organisationally - in the Hospital Liaison Service and one stop shops.

Question 30

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and / or drugs**? Mark all that apply with an 'x'. [multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionsary activities	X	X	X
Employability support		X	X
Family support services	X	X	X
Information services	X	X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)			

Question 31

Please list all recovery groups¹¹ in your ADP area that are funded or supported¹² by your ADP.

[open text – maximum 2,000 characters]

¹¹ 'Recovery group' includes any group that supports recovery and/or wellbeing in your local area. This could be local recovery cafés; peer support groups; wellbeing groups that support people affected by substance use; or more established recovery networks, hubs or organisations. If some of these are covered by umbrella groups, please list both.

¹² Note: 'supported' here refers to where ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Three recovery groups are run every week in Buckhaven, Dunfermline and Glenrothes. There is also two recovery cafes per week in Kirkcaldy. There are also three one stop shops in Kirkcaldy, Lochgelly and Methil.

Quality of life is improved by addressing multiple disadvantages

Question 32

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	X	
People from minority ethnic groups	X	
People from religious groups	X	
People who are experiencing homelessness	X	
People who are LGBTQI+	X	
People who are pregnant or peri-natal	X	
People who engage in transactional sex	X	
People with hearing impairments and/or visual impairments	X	
People with learning disabilities and literacy difficulties	X	
Veterans	X	
Women	X	

Question 33

33a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'. [single choice]

X Yes

No

33b. Please provide details.
[open text – maximum 500 characters]

MAT 9 group has been established for over 18 months and has a role to review existing working protocol. Currently there are complex case protocols and a care management approach, this formalises the communication and coordination of the teams supporting the small number of patients with a dual diagnosis.

Question 34

What arrangements are in place within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

Dual diagnosis teams

Formal joint working protocols between mental health and substance use services specifically for people with mental health concerns for which they do not have a diagnosis

Pathways for referral to mental health services or other multi-disciplinary teams

Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

None

Other (please specify): .

Question 35

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.

[multiple choice]

By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

Through partnership working

Via provision of funding

Not applicable

Other (please specify): Co-development and planning of one stop shops

Question 36

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹³ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

- X Engaging with people with lived/living experience
- X Engaging with third sector/community partners
- Provision of trauma-informed spaces/accommodation
- X Recruiting staff
- X Training existing workforce
- X Working group
- None
- Other (please specify):

Question 37

37a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

37b. If yes, are these commissioned directly by the ADP? Mark with an 'x'. [single option]

- X Yes
- No
- Don't know

¹³ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

Children, families and communities affected by substance use are supported

Question 38

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support		X	X
Family support services	X	X	X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services		X	X
Recovery communities		X	X
School outreach	X	X	X
Support/discussion groups		X	X
Other (please specify)			

Question 39

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- X Advocacy
- X Commissioned services
- X Counselling
- X One to one support
- X Mental health support
- X Naloxone training
- X Support groups
- X Training
- None
- Other (please specify):

Question 40

40a. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? Mark with an 'x'.

[single option]

Yes

No

Don't know

40b. Please provide details of these activities and priorities for 2023/24.

[open text – maximum 500 characters]

Commissioned Scottish Families Affected by Alcohol and Drugs to provide family support/network/ to adults affected by another's use. This is provided as drop ins, group work and one to one. Family Inclusive practice training has also been available for teams. A system wide approach following SFAD framework is planned. Whole family support is jointly commissioned and includes discrete and integrated support for young people too. Transitions from primary to secondary is a priority.
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Question 41

Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	X	X
Advocacy	X	X
Mentoring	X	X
Peer support	X	X
Personal development	X	X
Social activities	X	X
Support for victims of gender based violence and their families	X	X
Youth services	X	X
Other (please specify)		

Question 42

42a. Are any activities in your ADP area currently integrated with planned activity for the Whole Family Wellbeing Funding in your Children's Service's Planning Partnership area? Mark with an 'x'. [single option]

Yes

No

Don't know

42b. If yes, please provide details.

[open text – maximum 500 characters]

Development of a service brief for a whole family support service for families with a child under 4 to support engagement with health and community based services, to provide an intensity of support at an prevention/early intervention point. This will improve outcomes for the family and prevent need for crisis support or escalation of involvement from statutory services.

Additional question

Question 43

Please list all services / organisations commissioned by your ADP during 2023/24 and the amount of funding provided for 2023/24. If the final year-end position is not yet known, please include the projected spend amount. For part-funding, please only include the amount contributed by your ADP.

Service / organisation name [open text]	Amount of funding provided £ [number]
This information is commercially sensitive	
It will be provided directly in a separate format.	

Confirmation of sign-off

Question 44

Has your response been signed off at the following levels? [multiple choice]

X ADP

IJB

Not signed off by IJB (please specify date of the next meeting in dd/mm/yyyy format): 26/07/2024

Thank you

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the 2023/24 ADP Annual Survey Official Statistics report, scheduled for publication in autumn 2024.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

Meeting: Public Health and Wellbeing Committee
Meeting date: 9 September 2024
Title: Health Promoting Health Service (HPS)
Responsible Executive: Joy Tomlinson, Director of Public Health
Report Author: Kay Samson, Health Improvement Programme Manager

Executive Summary

- Health Promoting Health Service (HPS) is a settings-based health promotion approach that aims to support the development of a **health promoting culture** and **embed effective health improvement practice within the hospital setting**.
- NHS Fife has been required to submit an annual update on progress against four identified outcomes and indicators (Prevention, improving health and reducing health inequalities, Person centred care, Staff health and wellbeing and the hospital environment).
- Since April 2020 reporting has been suspended due to NHS Health Scotland's transition to the new model for Public Health Scotland and the impact of COVID19. No further communication or guidance has been issued to date.
- Overtime, NHS Fife has effectively embedded HPS priorities within other work streams to drive desired outcomes.
- To ensure consistency and reduce duplication this seems an appropriate time to streamline reporting mechanisms by aligning them with existing processes.

1 Purpose

This report is presented for:

- Assurance
- Decision

This report relates to:

- Government policy / directive

This report aligns to the following NHSScotland quality ambition(s):

- Person Centred

2 Report summary

2.1 Situation

Health Promoting Health Service (HPHS) is a settings-based health promotion approach that aims to support the development of a **health promoting culture** and **embed effective health improvement practice within the hospital setting**. Some of the areas for delivery for health improvement include: smoking cessation and smoke free NHS sites, alcohol use, physical activity opportunities, breast feeding, active travel, sexual health, mental health and staff health and wellbeing to name a few.

For a number of years NHS Fife has been required to submit an annual update on progress against identified outcomes and indicators. Since 2015, the Chief Medical Officers Health Promoting Health Service Guidance (CMO letter) has been issued to all boards with year on year areas for improvements.

In 2018, HPHS guidance (CMO 2018 3 letter) was issued with a change in requirements and to streamline reporting. This required all Boards to undertake a self-assessment and to develop an associated action plan.

However, since April 2020 reporting has been suspended due to NHS Health Scotland's transition to the new model for Public Health Scotland and the impact of COVID19. No further communication or guidance has been issued to date.

The Public Health and Wellbeing Committee are asked to discuss the national change in requirements for regular reporting on Health Promoting Health Service and take assurance from the proposal to transition responsibility for progressing the outcomes as set out in **Appendix 1**

2.2 Background

The Health Promoting Health Service (HPHS) concept is that 'every healthcare contact is a health improvement opportunity', and involves improving the health for NHS employees, patients and visitors. This required a whole-system approach to health improvement, with all NHS sectors and all staff groups having a role to play.

The HPHS framework was developed to provide a tool to promote and guide the development of consistent standards in health promotion practice across health service sectors. The framework is underpinned by four principles developed by the World Health Organisation: equity, participation, empowerment and sustainability. These principles fit well with current Scottish Government policy for health improvement and tackling inequalities

outlined in the National Health and Wellbeing Outcomes Framework, which highlight the importance of a drive towards a reduction in health inequalities, improved access to health services and helping people sustain and improve health.

The guidance encapsulated in Chief Medical Officer letter (2018 3), sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working, improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has been implementing the HPHS concept and ethos and working towards embedding the four HPHS outcomes across a range of work streams and programmes:

- **Outcome 1:** Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

NHS Fife's Executive Lead for this work stream is the Director of Public Health, with governance and annual reporting to NHS Fife Board.

2.3 Assessment

The HPHS framework continues to drive improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing. Progress had been made in embedding the HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice.

Since the establishment of the new model for Public Health Scotland there has been no further communication about national refresh/guidance against this work stream and reporting requirements. It is anticipated that this now should be considered business as usual activity.

Having effectively embedded HPHS priorities within other work streams to drive desired outcomes, this seems an appropriate time to streamline reporting mechanisms by aligning them with existing processes which can help ensure consistency and reduce duplication.

The following outlines where the HPHS outcomes align with other work streams and strategies with reporting processes in place.

- **Outcome 1: *Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.***

Prevention, improving health and reducing health inequalities are fundamental pillars of public health and healthcare systems. Prevention strategies focus on addressing risk factors and promoting healthy behaviours to prevent the onset of disease and health conditions. Improving health involves addressing the social determinants of health (the conditions, in

which people are born, grow, work, live, and age). Reducing health inequalities is essential for ensuring that all individuals have access to health care services and opportunities for optimum health.

NHS Fife has been committed to embedding these priorities into organisational systems and processes to achieve better outcomes for all individuals and the wider community. This can be evidenced by the development of Fife's Population Health and Wellbeing Strategy – '*Living Well, Working Well and Flourishing in Fife*' which has a vision to prioritise health inequalities and support improvement in the health and wellbeing of all Fife citizens (see appendix1). [NHS Fife Staff Health Wellbeing Framework](#)

In addition, The Prevention and Early Intervention Strategy is nearing completion with final approval expected imminently and will be a future delivery mechanism for prevention, improving health and reducing health inequalities.

- **Outcome 2: Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-term conditions.**

This overarching outcome focuses on person-centred care where routine assessment for health improvement and inequalities is embedded within person-centred care planning, with onward referral to and delivery of health improvement interventions.

Person centred assessment and care is a holistic approach that focuses on individual's unique needs, preferences and goals. It involves actively involving the individual in decision-making processes, respecting autonomy and considering their values and beliefs in the care planning process. This approach fosters a collaborative and enabling relationship between the individual and their care providers, ultimately leading to more personalised, effective and meaningful care outcomes

In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, food poverty and carers' support.

This outcome aligns with the realistic medicine principles incorporating person-centred care, shared decision-making and outcomes that matter to people which are being embedded across health and social care services.

Governance reporting is through various committees such as Clinical Governance, Managed Clinical Networks, Area Clinical Forums and Acute Senior Leadership Team etc.

Similar to outcome one the key organisational strategy that supports patients health improvement needs: NHS Fife's Population Health and Wellbeing – *Living Well, Working Well and Flourishing in Fife* (see appendix 1) with one of the four key priorities being to '**Improve the quality of health and care services**' (www.nhsfife.org/strategy).

- **Outcome 3: All staff work in an environment that promotes physical and mental health, safety and wellbeing**

This outcome focuses on improving staff health and wellbeing and reducing staff absence, with a focus on preventative action where possible.

NHS Fife is committed to providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees. NHS Fife will do all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other.

For an integrated approach NHS Fife has a Staff Health and Wellbeing Framework – ‘*Supporting Our Workforce and Their Wellbeing*’. (See Appendix 1) [NHS Fife Staff Health Wellbeing Framework](#)

NHS Fife’s Framework Aims are:

- To promote a healthy and safe working environment where our employees can thrive.
- To support the physical, mental, social and spiritual wellbeing of our employees.
- To encourage, promote and support employees to develop and maintain a healthy lifestyle.
- To support long term Health and Wellbeing through supporting sustainable measures

Staff Health and Wellbeing is coordinated through the NHS Fife Staff Health and Wellbeing Group chaired by Head of Workforce Planning and Staff Wellbeing and is responsible for the delivery of the Health and Wellbeing Action Plan. They also ensure there is compliance with Health Promoting Health Service aims and objectives.

Governance and reporting is through regular reports to the Area Partnership Forum (APF), Staff Governance Committee, NHS Board and other relevant fora to provide progress and assurance.

Additionally, the key organisational strategy that supports, promotes and protects the physical and mental wellbeing of our employees is: NHS Fife’s Population Health and Wellbeing – *Living Well, Working Well and Flourishing in Fife* (see appendix 1) with one of the four key priorities being Improving staff experience and wellbeing (www.nhsfife.org/strategy).

- **Outcome 4: *The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors***

This outcome focuses on creating a healthy hospital environment for patients, staff and visitors, by protecting and improving the health and wellbeing of all individuals whilst on our hospital sites.

NHS Fife is committed to promoting health, safety and welfare of all its staff, patients and visitors within the hospital setting. A range of policies, plans and strategies to support health and wellbeing are in place such as the achievement of smoke free hospital environments, opportunities for physical activity (including active travel), access to green space across the NHS estate, improvements in healthy eating options in canteens and vending machines etc.

The HPHS Hospital Environment strategic group led by the Health Promotion Service has not met for a number of years mainly due to progress made to successfully embed priorities within NHS Fife’s organisational policies and procedures. Such as: Greenspace Strategy, Realistic Medicine Delivery Plan, Anchor Institution Strategic Plan, NHS Fife Smoking Policy etc.

Governance and reporting was through regular progress reports via annual delivery plans to Public Health and Wellbeing Committee and NHS Fife Board.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

The work stream underpins the delivery of high Quality of Health and Care Services, including realistic medicine principles by tailoring treatments and interventions to individual needs and promotes the health and wellbeing for all individuals.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

The work stream links directly to the NHS strategic priority to Improve Staff Experience and Wellbeing

2.3.3 Financial

No additional financial costs have been identified.

Prevention and Early Intervention impacts positively on the health and prevention of disease across the life course of our population.

The work stream links directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment / Management

There are no direct risks associated with the move to incorporate oversight of the Health Promoting Health Service ambitions to other groups. There is potentially a reputational risk should a new direction be received by Scottish Government requesting a stand-alone report. This would be managed by requesting updates from those with lead responsibilities as set out in Appendix 1.

2.3.5 Equality and Human Rights, including children’s rights, health inequalities and Anchor Institution ambitions

The HPHS programme aims to provide fair and equitable services for all individuals who come in contact with our services. Staff interactions with individuals will consider the needs of all individuals in their day to day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, UNCRC and the Board’s Equalities Outcomes.

No impact assessment has been completed but the work will contribute to ensuring that population groups who may be disadvantaged are fully considered across the four HPHS outcomes.

2.3.6 Climate Emergency & Sustainability Impact

NHS Fife is actively working towards the aims and targets of NHS Scotland Climate and Sustainability Strategy.

Climate and sustainability initiatives can contribute to HPHS actions, especially around the hospital environment (Outcome 4).

Sustainable practices, such as promoting active travel opportunities and greens spaces can encourage physical activity and mental wellbeing among patients and staff

Reducing carbon emissions and air pollution can improve air quality and respiratory health leading to a decrease in respiratory illnesses and related hospital admissions. For example, NHS Fife are transitioning the fleet to electric vehicles and availability of electric lease cars.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

- Director of Public Health
- HSCP Head of Primary & Preventative Care Services
- HSCP Health Promotion Service Manager
- NHS Fife Staff Health and Wellbeing Group Chair
- Executive Directors Group

2.4 Recommendation

This paper is provided to members for **discussion** and a “**significant**” level of **assurance** noting the incorporation and oversight of the Health Promoting Health Service outcomes into governance groups, set out in **Appendix 1**.

3 List of appendices

- Appendix 1 - HPHS outcomes and indicators
- Appendix 2 - [NHS Fife’s Population Health and Wellbeing Living well working well and flourishing in Fife](#)
- Appendix 3 - [Staff Health and wellbeing Framework 2022](#)

Report Contact

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Appendix 1

HPHS Outcomes	Indicators	Embedded within
<p>Outcome 1: Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.</p>	<ul style="list-style-type: none"> • There is an evidence-based, resourced plan for embedding prevention, improving health and reducing health inequalities activity in the organisational structure, and systems and processes. For example, it is monitored through existing, local governance and performance arrangements. • The increased emphasis on prevention, improving health and reducing health inequalities is championed by senior staff and supported by effective communications and engagement with staff and trade unions. • Clinical and non-clinical staff are clear about their respective roles and responsibilities and the CPD and wider resources available to them to support the delivery of prevention, health improvement and inequalities activities. • There are robust arrangements in place for monitoring and evaluating the impact of prevention, health improvement and inequalities activity on patient and staff outcomes. Where data and systems need to be developed and/or improved, there is senior support and plans for doing so - for example, IT systems for referrals and audit. • There is a plan for embedding prevention, health improvement and inequalities within action to address local clinical priorities, and aligned to existing and planned health and social care initiatives and transformational programme changes. 	<p>NHS Fife’s Population Health and Wellbeing Strategy</p> <p>Impending Prevention and Early Intervention Strategy</p> <p>Clinical Governance</p> <p>Managed Clinical Network</p>
<p>Outcome 2: Patients are routinely assessed for health improvement and inequalities as part of their person-centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long-</p>	<ul style="list-style-type: none"> • The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. In due course, activity should be reviewed to take account of forthcoming national public health priorities. • Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice. • To build and sustain clinical leadership, relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. Ensuring that engagement and leadership are aligned to systems for prevention, health improvement and inequalities to support local clinical priorities. • Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place. • In addition to health improvement needs, the broad social needs of patients are 	<p>Clinical Governance</p> <p>Managed Clinical Network</p> <p>NHS Fife Staff Health and Wellbeing Framework</p> <p>Realistic medicine and Value Based Health</p>

<p>term conditions.</p>	<p>identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, employability, food poverty and carers' support.</p> <ul style="list-style-type: none"> • The organisation has a structured approach to partnership working with public and voluntary sector partners to jointly plan and resource the provision needed to meet patient needs. 	
<p>Outcome 3: All staff work in an environment that promotes physical and mental health, safety and wellbeing.</p>	<ul style="list-style-type: none"> • The organisation has a strategy for prevention of ill-health, health improvement and inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health. • The strategy is developed in the context of wider staff policies and is based on a robust understanding of local staff health profile and the key contributors to ill-health. Short, medium and long term actions are developed with staff and relevant services, such as Occupational Health. • The organisation has an evaluation framework to support the strategy and monitor impact should be developed. • In line with national Staff Governance and Workforce 20:20 , staff feel able to raise their own health issues and are aware of the support available. To improve equity in health outcomes, the organisation should specifically address the needs of harder to reach staff who do not traditionally take up health improvement support; e.g. those who are lower paid, higher risk of sickness absence, etc. 	<p>NHS Fife Workforce Strategy</p> <p>NHS Fife Staff Health and Wellbeing Framework</p>
<p>Outcome 4: The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.</p>	<ul style="list-style-type: none"> • The organisation, while maintaining existing hospital food standards in relation to retail, catering and trolley services as well as patient food, strives to improve the hospital experience by offering healthier choices. • The organisation has introduced relevant criteria to areas not yet in compliance, in particular around vending, hospitality, pop-up shops and mobile vans operating in their areas. The organisation must be able to demonstrate that affordable, healthy options are available at any point of the day, including for those staff working night shifts. • The organisation can demonstrate that opportunities for physical activity (including active travel) in both the indoor and outdoor estate are available and are promoted to patients, staff and visitors. • The organisations can demonstrate that staff and contractors are appropriately trained and supported to provide advice and guidance for staff, visitors, contractors and patients who attempt to smoke on hospital grounds. • In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain. 	<p>NHS Fife Greenspace Partnership</p> <p>Property and Asset Management</p> <p>NHS Fife Procurement Strategy</p> <p>NHS Fife Smoking Policy</p> <p>Food4Fife</p> <p>Fife's Physical Activity & Sport Strategy</p>

Meeting:	Public Health and Wellbeing Committee
Meeting date:	9 September 2024
Title:	Primary Care Strategy Year 1 Report 2023/24
Responsible Executive:	Lisa Cooper, Head of Service, Primary and Preventative Care Services
Report Author:	Chris Conroy, Senior Portfolio Manager, Primary and Preventative Care Services

Executive Summary:

- Fife's Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions.
- The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.
- This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.
- With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.
- During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned.
- The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track for completion.
- The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife's Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priority/ies

This report aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Appropriately trained & developed
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2 Report summary

2.1 Situation

Fife's Integration Joint Board (IJB) approved Fife's Primary Care Strategy in July 2023. The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlight the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan included 41 separate actions. The Year One Report 2023-2024 (see Appendix.1) provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

2.2 Background

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

Approved in June 2023 by Fife's IJB as a 3-year strategy, the vision of the Primary Care Strategy is:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving Primary Care at the heart of an integrated health and Social Care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.

With delivery plans overseen by the Primary Care Implementation Group, Co-chaired by Head of Primary and Preventative Care and Deputy Medical Director, overall scrutiny of the delivery and impact of the Primary Care Strategy is provided by the Primary Governance and Strategic Oversight Group, co-chaired by Director of Health and Social Care and NHS Fife Medical Director.

2.3 Assessment

The Annual Report contained within Appendix.1 provides a comprehensive overview on the progress in delivering the key actions within year one of the Primary Care Strategy, with key progress across all workstream areas. The summary of this progress is outlined below:

- Leadership, Governance and Assurance review conducted with key recommendations approved and the majority delivered between 2023-2024, overseen by PCGSOG.
- Significant amount of work to improve the sustainability of General Practice through prompt, proportionate support to Practices via Multi-disciplinary input, which includes having returned 4 x 2c Practices back to independent status with pan on pace for remaining 2c practices x3
- Continued delivery of Fife's refreshed Primary Care Improvement Plan, in particular the priority areas of Pharmacotherapy and Community Treatment and Care services as outlined within nationally directed Memorandum of Understanding 2 (MOU 2), whereby services have been working creatively to increase capacity and resilience within service within a context of reduced workforce local/national and the finite resources available.
- Continued commitment to providing innovative and supportive learning environments for students via the ScotGEM Programme and the shortly to be launched Programme ScotCOM programme which has seen NHS Fife and St Andrews University working together to develop this medical degree. In further supporting Fife as a place to live and work during and post training, Fife continues to support newly qualified GPs to take their first steps into their GP career through a Clinical Fellowship career option, with opportunities to work

within a GP Practice, UCSF (GP Out of hours) and conduct research/project work.

- Despite challenges with access to General Dental Services, largely due to local and national staff shortages, Fife has been working closely with Scottish Government to develop improvement opportunities whilst awaiting the full impact of National Dental reforms in October 2023. Whilst there are still challenges, dental registration figures are encouraging with a 24.6% increase in Adults registered with a dentist compared to 2023.
- In both delivering core services and supporting continued pressure for access to care as a result of GDS access challenges, the Public Dental Service has taken forward significant work to improve oral health and safeguard those required urgent dental treatment.
- With increased activity in terms of Pharmacy First Plus, increased treatments available and supported via a greater number of prescribing pharmacists Community Pharmacy continues to play a pivotal role within Primary Care, often as a first point of contact.
- Community Optometry has delivered key initiatives in improving eye care, working closely with shared care to make sure the people of Fife get the right care in the place.
- Critical work in terms of creating strong foundations for Primary Care to thrive via key enabler has been delivered, which includes minor improvements to GP Premises across Fife, a comprehensive Leadership and Governance review of Primary Care, development of a Primary Care Communication and Engagement strategy and outline plans for improved Digital Platforms across and between Primary Care Services

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of the people across Fife, building on the solid foundations set during 2023-2024.

With increased financial pressures across our Health and Social Care system, more than ever we are required to be agile, dynamic and innovative in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population, partners and stakeholders.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		

Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk
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2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife and Fife HSCP has robust infrastructure around Quality Assurance, through respective Governance structures now established.

The experience of Primary Care by our citizens will continue to be a critical part of our evaluation of the success of this Strategy.

2.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan focuses on training, recruitment and retention, career pathways, succession planning, and staff health and wellbeing will underpin the strategy and will be key for success.

2.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors. There remains a risk of a funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan.

Work continues to make sure there is optimisation of all resources to maximise distribution and spread of services to meet local needs in line with the resources now available.

The Primary Care Strategy continues to support achievement of the Medium-Term Financial Strategy including:

- Ensuring Best Value - ensure the best use of resources.
- Whole system working - building strong relationships with our partners.
- Prevention and early intervention - supporting people to stay well.
- Technology first approach - to enhance self-management and safety.
- Transforming models of care - to support people to live longer at home, or in a homely setting.
- Prescribing - reduce medicines waste and promote realistic medicine and

prescribing.

2.3.4 Risk Assessment / Management

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility. The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services. The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level.

IJB and NHS Fife jointly hold corporate high-level risks related to delivery and sustainability of Primary Care Services. Delivery of the Primary Care Strategy 2023-2026 is a key mitigating action that it is envisioned will reduce the level of risk currently being managed.

It is recognised that national policy developments and agreements may change requirements over the period of the strategy (i.e. Dental Reforms) and these will be kept under review.

The key risks continue to relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

2.3.5 Equality and Human Rights, including children’s rights, health inequalities and Anchor Institution ambitions

EQIA completed as part of the development of the Primary Care Strategy.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

A Communication and Engagement Strategy has been developed and approved by PCGSOG as a key deliverable of Year One of the Primary Care Strategy. Year 2 will see this plan implemented.

2.3.8 Route to the Meeting

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

- EDG, 15 August 2024

2.4 Recommendation

This paper is provided to members for a “**moderate**” level of assurance.

The attached report, Primary Care Strategy - Year One Report 2023-2024 (Appendix.1), has been compiled to provide a moderate level of Assurance on the significant amount of work delivered by Fife HSCP and NHS Fife in delivering Fife's Primary Care Strategy, although recognising that there are continued pressures across Primary Care.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Appendix.1 Primary Care Strategy - Year One Report 2023-2024

Report Contact

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Primary Care Strategy 2023 – 2026

Year One Report 2023/2024

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Section 1

Foreword

I am delighted to support the first annual report for the Fife Primary Care Strategy. Fife remain pathfinders nationally in designing and now delivering year one of a strategy which ensures our strategic focus continues to prioritise recovery, quality and sustainability of all services which constitutes our Fife Primary Care system.

This strategy supports not only the Integration Joint Board in taking assurance regarding implementation of the Strategic Plan but also our partners in Fife Council, NHS Fife and third and independent sector as key stakeholders. A thriving Primary Care is essential and at the centre of integration to deliver our ambition in line with the national health and wellbeing outcomes for integration and that the people of Fife, carers and communities have access to consistently safe, high quality and effective health and social care in the right place at the right time delivered by the right person.

This strategy is a true enabler, and this annual report provides assurance that we are on track to achieve our vision for the people of Fife to live independent and healthier lives and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

The professional and service leads and teams are visibly agile, dynamic and committed in their approach ensuring people, carers and communities remain at the centre of any planning and this is tangible through the report to provide assurance that we are on track with definite improvements evidenced as a positive outcome from year one and I remain excited to see what will be achieved as we move to year two of the delivery plan.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.



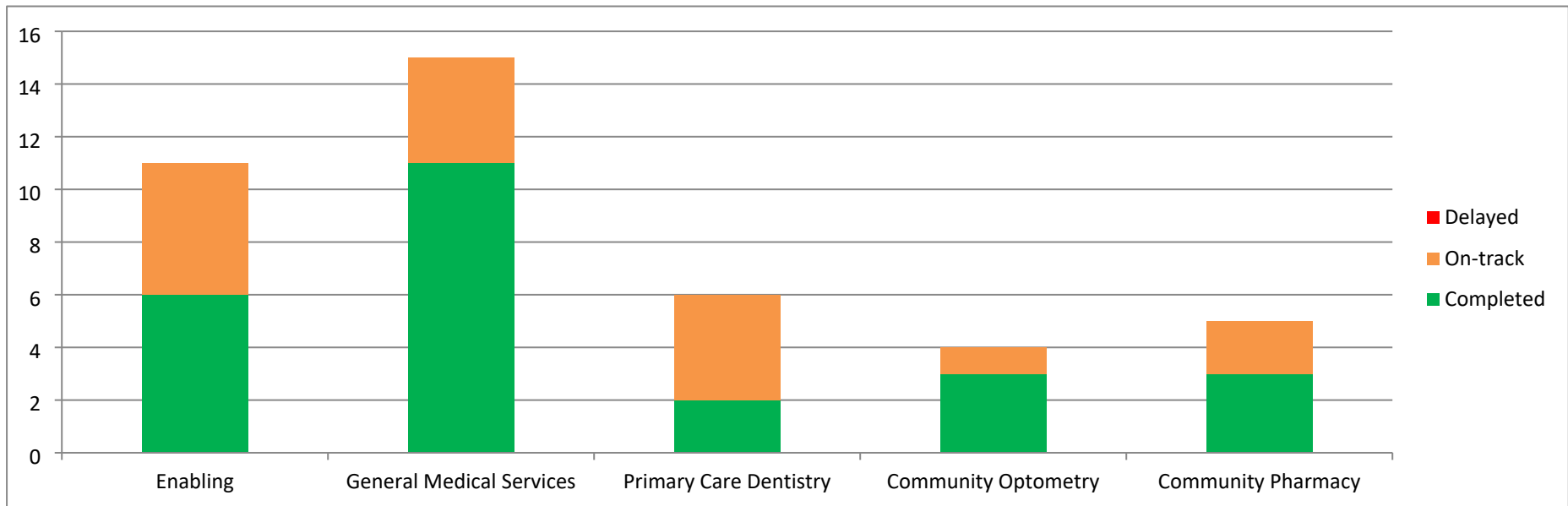
Dr Chris McKenna
Medical Director

Introduction



Fiona McKay
Chief Officer IJB
Director of Health and Social Care

Fife Integration Joint Board (IJB) approved Fife’s Primary Care Strategy in July 2023. The final version is available on our website here: [fife-primary-care-strategy-2023-26-summary-version.pdf](https://www.fifehealthandsocialcare.org/fife-primary-care-strategy-2023-26-summary-version.pdf) ([fifehealthandsocialcare.org](https://www.fifehealthandsocialcare.org)). This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision for the people of Fife to live independent and healthier lives. It also underpins NHS Fife’s Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.



This graph includes an update for each of the transformational and supporting strategies (updated in January 2024). Several of the strategies and their related delivery plans are still in development; these will be progressed in 2024.

The Primary Care Strategy is supported by annual delivery plans which set out our programme of work for each year and highlights the improvements we will make to improve Primary Care services in Fife, with the Year One Delivery Plan including 41 separate actions. This Year One Report 2023 provides an update on these actions, the improvements we have delivered, and any activities which are still ongoing.

Strategic context

This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership's Strategic Plan and achievement of their vision ***for the people of Fife to live independent and healthier lives*** and contributes to the delivery of their strategic priorities for local, sustainable, integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife's Population Health and Wellbeing Strategy¹ and its four strategic priorities to:

- Improve health and wellbeing.
- Improve the quality of healthcare.
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife² which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between Primary, Secondary and Social Care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

¹ nhsfife.org/media/4cixmio8/phwb-strategy-web.pdf

² [Plan for Fife 2017 2027 a.pdf](#)

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

As an integral part of a well-functioning healthcare system, Primary Care services aim to:

- Provide high-quality, equitable care for the population they serve.
- Prioritise those at highest risk.
- Support those with long-term conditions to self-manage these conditions as well as possible.
- Play a significant role in longer-term prevention, early intervention and detection of disease and harm.
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of Primary Care, improving quality and making our services more sustainable to achieve our strategic ambition ***to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife.***

Delivery Plan

The overarching delivery plan (Table.1) below, sets out our priorities, deliverables, and planned outcomes of Fife’s Primary Care Strategy.

Table 1. Overarching Delivery Plan		Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife				
Priorities	Deliverables	Outcomes	Strategic Focus			
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high-quality health and social care support system	<ul style="list-style-type: none"> Improve access to a wider range of care in our communities. Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services. Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 	To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.	R	Q	S	
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.	<ul style="list-style-type: none"> Expand our primary care workforce and ensure that this is more integrated, and better coordinated. Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. Align the principles of workforce planning to support independent contractors where possible 	The right people are employed to support the needs of the local population. Increased control over workload due to increased efficiency, skill mix, education, and resourcing.	R		S	

Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality primary care services.	<ul style="list-style-type: none"> • Develop primary care premises strategic framework. • Support creation of whole system Initial Agreement. • Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. • Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 	Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale		Q	S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> • Digital solutions are created to enhance capacity and support the care delivery models. • The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 	Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support	R		S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> • Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation, and the wider social determinants of health. • Address the systematic disadvantage faced by people in deprived areas through provision of needs-based care 	Services are co-designed with communities to better meet the needs of people, families and carers. Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made		Q	S

Delivery Structures

The statutory responsibility for the strategic planning and commissioning and oversight of delivery for Primary Care Services lays with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for contractual provision with the Medical Director having Executive Responsibility. Executive oversight and governance are provided in collaboration with the Director of Pharmacy and Medicines, the Director of Property and Asset Management and the Director of Public Health.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of Primary Care Services. Clinical leaders and specialty advisors across the four contractor groups contribute to the planning and governance of services (see Figure.1 below for summary).

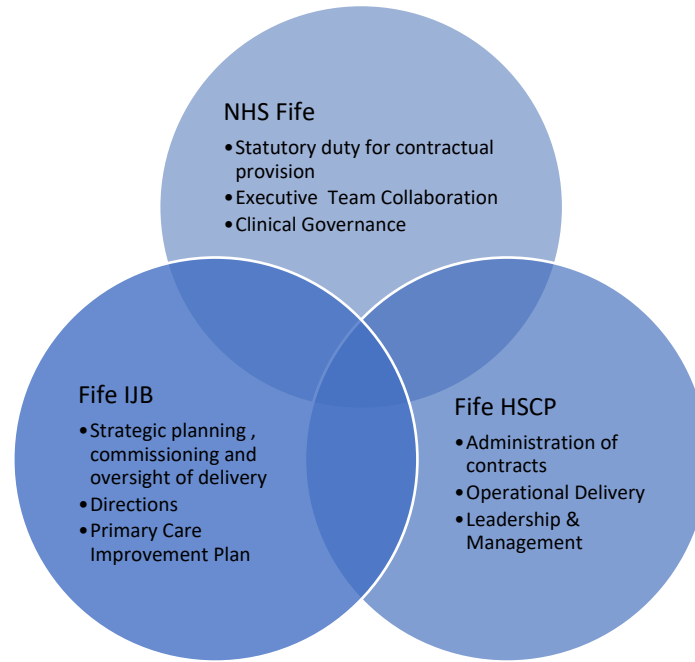


Figure.1 – Primary Care Governance arrangements

The Primary Care Governance and Strategy Oversight Group (PCGSOG) provides Executive Director oversight of the delivery of the Primary Care Strategy, providing high-level strategic leadership, scrutiny and review of Primary Care delivery and transformation covering all the 4 primary care groups and independent contractors, co-chaired by the Director of Health and Social Care and NHS Fife Medical Director.

Section 2

General Medical Services (GMS) Sustainability

A significant amount of work has taken place over the last year to improve the sustainability of General Practice, through prompt and targeted support to General Practices (GP), working closely with Multi-Disciplinary Leads across Fife HSCP and NHS Fife and working with the Local Medical Committee (LMC) and GP Subcommittee. Additionally, the Primary Care team have been working hard to return GP Practices who have become 2C Board Managed Practices, back to independent status, and are on track to have returned 6 2C Practices back to independent status by March 2025.

A sustainability framework has been developed to provide a structure to providing proactive and proportionate support to Practices to prevent sustainability pressures materialising. In support of this work, a GP Sustainability questionnaire was circulated to all General Practices across Fife with the intention of gathering information that would provide a clear understanding each Practice's workforce, GP Sessions, and any concerns that GP Practices faced across Fife in terms of sustainability. With a high response rate, this information gathered has been analysed to allow for targeted work to prevent sustainability pressures materialising, with no imminent pressures reflected within the responses provided.

GMS Sustainability Key Actions update:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Support General Practice in stabilising its position.	Regular GP Practice Huddles managing issues and risk. Independent GMS included in huddle discussion where sustainability issues are live. Progress with a number of GP Practice Sustainability Loans via Scottish Government	Continue with Primary Care huddles, including input from MDT colleagues, review safe to start clinical workforce staffing levels across Board Managed practices and independent Practices (by exception) Continue to work with Scottish Government colleagues in relation to release of funding to GP practices with outstanding loans	Reduction in need for huddles as NHS managed practice transfer GP practices in Fife to receive sustainability loan funding from Scottish Government	 ● ●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>Establishment of Primary Care Sustainability Oversight Group (PCSOG)</p> <p>GP Practice sustainability/health questionnaire conducted</p> <p>Transfer NHS Fife managed GP Practice to independent GMS Contractor model, ensuring sustainable contract models</p> <p>Review of Enhances Services commenced</p>	<p>Strengthen remit of PCSOG and output from group</p> <p>Outputs from GP sustainability questionnaire being analysed to progress with focused approach on areas on Fife experiencing sustainability issues</p> <p>Progress with tender/procurement exercise in relation to the remaining NHS Fife managed GP Practices</p> <p>Detail of scope of work progressing, will link with demand and capacity in general practice and impact of national development in relation to general practice sustainability</p>	<p>Progress with topics/actions though PCSoG</p> <p>Implement agreed actions regarding outputs from sustainability questionnaire</p> <p>Progress with plans for tender/procurement process</p> <p>Work to conclude early 2025, outputs will support general practice in delivery a range of services ensuring sustainable models of care</p>	<p>●</p> <p>●</p> <p>●</p> <p>●</p>
Explore options to join Rediscover Joy in General Practice programme	Work is ongoing with HR to reinstate this programme during 2024/2025			●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Support CQLs in delivery of cluster functions	Continued work day to day of the CQL and PQL in improving patient outcomes within their populations and also acknowledging their roles with localities strengthening collaborative working	Review of CQL contribution to system-wide strategic groups to make sure there is effective General Practice to improvement and development projects	Continue to re-align CQLs to areas of work which will provide the most collective benefit to the population of Fife	●
Evaluate the impact of the improvement plans on general practice capacity	Developed a detailed performance Framework to help evaluate access and activity across General Practice	The Performance Framework is monitored via the Primary Care Governance and Strategic Oversight Group. Work is taking place nationally to develop key measures for General Practice.	Work with Health Boards across Scotland to develop national and local measures	●

Primary Care Improvement Plan

Significant progress has been made during 2023-2024 in delivering priority areas of Fife's Primary Care Improvement Plan (PCIP), Pharmacotherapy and CTAC services, whilst continuing to work with General Practice to enhance other MoU Services i.e. Urgent Care, Community Link Workers, Additional Professional Roles, whilst recognising continued financial constraints. Focus over this reporting period has been on the review of current delivery models to reshape the workforce already funded to deliver the PCIP, with the intention to meet a position of parity and sustainable delivery across all General Practices in Fife, whilst continuing to deliver the full MoU intention for Pharmacotherapy and CTAC.

Moreover, actions within the updated 2023 PCIP for Fife, have held a continuous focus for the GMS Implementation Group. Leadership, although multifaceted, progress has been made across all actions and will continue to be made throughout 2024. In demonstration of the commitment to deliver the PCIP objectives in Fife, a new timeline has been established and approved by the Leadership of the GMS; March 2026, and has been agreed as the target for achieving delivery of the plan for Fife.

Community Treat and Care Services (CTAC)

CTAC Services supports patients from all practices across Fife, delivering a wider range of services including taking patient bloods, changing wound care dressings, and providing Vitamin B12 injections. Over the last year, CTAC Services have continually

improved the services they provide, with a QI approach to both improving quality and increasing capacity for GP Practices. Closer integration of services between CTAC and Community Immunisation Services has resulted in a significant increase in capacity across Fife, with full delivery of CTAC projected in 2024-2025. Delivering approximately 18,000 appointments per month across Fife, CTAC services are an integral part of treatment care within General Practice.



CTAC Team – During protected learning time session

“I have been attending my CTAC unit because I have huge issues with sores on my knee ... tissue protrudes and weeps. There has been a significant improvement as I have been attending 3 times per week in order to have the sores dressed. I would like to praise the nursing staff there”.

“I firmly believe that the introduction of CTAC has improved the services needed to look after and better keep safe people in the Community.... I matter to the CTAC Team and the CTAC Team matter to me!”

Patient feedback, via Careopinion Website

Pharmacotherapy

The Pharmacotherapy team have been working on 'growing their own' workforce and have had success with this over the last year, as we are now seeing the benefits of the effort put in over the last year or two coming to fruition. We continue to work on the career pipeline from bringing in Medicines Management Support Workers (MMSWs), offering roles as student pharmacy technicians and ensuring that we have jobs for them at the end of their two-year training. By 2026, the expectation is that this work will have bolstered our Pharmacy Technician workforce by 14.



NHS Fife Chief Executive hearing about Pharmacotherapy developments.

In a climate where there is a local and national shortage of Pharmacy Technicians, this was recognised as the best way to ensure a pipeline of workforce. MMSWs, Pharmacy Technicians and Pharmacists are doing crucial work to provide remote support to GP practices across Fife and undertake medicines reconciliation, manage medicines shortages, and deliver considerable medicines efficiencies and safety work. Further considerations are being taken place on how the new partnership with Fife

College would be utilised by the team, strengthening our local bonds. This work was recently recognised at an NHS Scotland Conference held in June 2024.

The team continues to work where possible on external recruitment in addition, with the aim of having a 1:1 ratio of Pharmacists to Pharmacy Technicians, currently we are sitting at 1.4:1. This work has been done in conjunction with maximising the role that each individual plays with regards to the delivery of Pharmacotherapy, which is creating capacity to move more into additional support to General Practice.

There has been successful development of our current Pharmacists, with 98% of the eligible Pharmacists in Fife either qualified and practicing as, or currently on the course to become, an Independent Prescriber. This qualification supports delivery of Pharmacotherapy services at all levels and every Pharmacist has multiple opportunity to utilise this skill on a daily basis, with this being essential within the expansion of Polypharmacy reviews.

The team has recently been accepted on to a Health Improvement Scotland collaborative, with an 8-week sprint due to start in November 2024 focussing on quality improvement with the Dunfermline team and a number of the Dunfermline practices.

Primary Care Improvement Plan Key Actions update:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Support ongoing development of MDT	<p>Co-opted MDT leadership onto the operational and strategic governing groups.</p> <p>Supported whole system collaboration and recognising linkages between services.</p>	<p>All workstreams are now represented across both Operational and Strategic GMS groups</p> <p>Collaborative workshops and SLWGs aimed at specific areas of support have taken place.</p> <p>Integration of CTAC Services and Community Immunisation Services to create resilient workforce in meeting respective service needs</p>	Transfer Community Link Worker workstream to BAU.	●
Support development of GPs Expert Medical Generalist Role	Mapped the level of service available within each cluster including workforce roles/capacity aimed at supporting general practice to release GP capacity either directly or indirectly.	Now working to map the workforce at individual practice level to understand the impact the PCIP is making, identify the gaps and explore solutions for consolidated service delivery.	<p>Evaluate effectiveness of delivery.</p> <p>Have robust methods in place for monitoring performance/ activity levels of PCIP services to ensure parity of delivery across Fife's practices</p>	●
Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	Collaboration across CTAC/VTP to increase and improve outputs for both services.	New staff alignment and recruitment model in place across CTAC and VTP, to allow focus across peak delivery periods, strengthening capacity and resilience within both teams.	<p>Transfer CTAC to BAU</p> <p>Agree an acceptable level</p>	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>Stabilised the Pharmacotherapy resource in place and provided a solid foundation to progress the required levels of delivery.</p>	<p>Commencement of level 3 delivery is underway. The team will participate in a HIS Collaborative sprint in September with a view to release further capacity within the existing workforce.</p>	<p>of local pharmacotherapy delivery and roll this out to release the requirement for transitional payments.</p>	
<p>Refresh and implement PCIP 2023/24</p>	<p>Refreshed the leadership groups.</p> <p>Reset the timeline with clear milestones.</p> <p>Produced a 3-pronged communication plan – Leadership, Stakeholders, and Public.</p>	<p>GMS Leads Group established and meeting bimonthly to ensure improved collaboration across all workstreams, management of actions and preparation of reports into the GMS IG for increased efficiency in decision making.</p> <p>Reinstatement of workstream level governance groups is gradually underway.</p> <p>Stakeholder newsletter ‘Let’s Connect’ now in place and issued quarterly to increase awareness of implementation, including challenges and progress.</p> <p>Public facing messaging will bring more of a focus to the changing face of modern General Practice and explain new pathways on the patient journey.</p>	<p>Re-establish full workstream level governance groups.</p> <p>Continue to produce the quarterly newsletter.</p> <p>Produce public facing messages to improve patient/ service user understanding of the MDT in general practice.</p>	<p style="text-align: center;">●</p>
<p>Review delivery model for GMS learning from MOU implementation</p>	<p>Prioritised CTAC through collaboration with the</p>	<p>CTAC is now meeting 86% of the MoU requirement. A further 2-year Service Level Agreement for Travel Health (TH) vaccination</p>	<p>Meet 100% of the CTAC MoU requirement.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>already established VTP service.</p> <p>Prioritised Pharmacotherapy through stabilisation of the workforce in place and establishing a pipeline to 'grow our own' workforce.</p> <p>Reviewed the original models of delivery for the other workstreams to explore alternate approaches to implementation within the resource already in place.</p>	<p>has been agreed with Community Pharmacy (CP)</p> <p>Pharmacotherapy is either physically or virtually active in all 52 general practices. A full career progression pathway is in place.</p> <p>Approved testing of a centralised hub model for In Hours Urgent Care. Mental Health Nursing exploring a hybrid model between practice and hub delivery. MSK Physiotherapy continues to work at operational level to tease out ideas for redesign.</p>	<p>Prepare to move TH out of CP and into NHS service delivery.</p> <p>Consolidate the three levels of pharmacotherapy delivery.</p> <p>Test new models and work with LMC/GP Sub to reach mutual agreement for full roll out.</p>	

General Practice Workforce Development

Fife Practices continue to support the ScotGEM programme, which is a four-year graduate entry Medical Programme. It is designed to develop doctors interested in a career as a medical generalist within NHS Scotland. The programme is tailored to meet the current and future needs of the NHS in Scotland and focuses on rural medicine and healthcare improvement.

The unique and innovative programme is taught through a partnership between the universities of St Andrews and Dundee in collaboration with NHS Fife, NHS Tayside, NHS Highland, NHS Dumfries and Galloway and the University of the Highlands and Islands. This exciting partnership has enabled us to create a truly distinctive programme.

Additionally, Fife is now involved in developing the ScotCOM programme, which is a medical degree that is developed between NHS Fife and the University of St Andrews. The clinical delivery will be based on a hub and spoke model. Cameron Hospital and the Queen Margaret Hospital will be the two hubs, with the first students due to commence in January 2026.

Fife is also supporting GP Clinical Fellows to provide newly qualified GPs with a diverse and supportive first step into their GP career, whereby Clinical Fellows work between In Hours and Out of Hours GP services, with dedicated time for research/project work. Fife currently is supporting one Clinical Fellow, with 2 previous Clinical Fellows now permanently employed within practices across Fife.

Urgent Care Services Fife (GP Out hours Service) has supported dedicated Protected Learning Time (PLT) afternoons for General Practice, with GP Practices having the option to close 7 afternoons during 2023/204 to support GP teams' own identified needs such as team reflection, developing and consolidating new ways of working, team relations and the whole team training and development needs. As the only Health Board in Scotland to provide PLT sessions, a calendar of PLT session are in place for 2024/2025, with work ongoing to provide Fife wide training and development opportunities for GP Practices. Some of the key areas of focus for these sessions have been: alcohol intervention; difficult patient interactions; high-risk pain medications; and respiratory illness management.

Significant work has been led by the Nursing Directorate to build a General Practice Nurse (GPN) forum and support network across Fife, providing engagement, training and development opportunities. We had a launch event in December 2023 with the Head of Primary and Preventative Care Services within the HSCP and the HSCP Director of Nursing in attendance as well as. Following a launch event in December 2023, with Chief Nursing Officer Advisor for Primary Care and NES in attendance, the network is ever expanding, with over 140 GPNs on this network and engagement events ongoing, some linked to General Practice PLT.

General Practice Activity

As per Chart.2 below, there has been a steady increase in activity by General Practice since the peak of the Covid-19 pandemic, which includes activity by GPs and other Clinicians providing direct patient contact within a GP Practice, with activity levels starting to return to pre-Covid-19 level from March 2021. Activity levels have significantly started to increase since March 2024, with a 60% increase in activity levels during March and April 2024 compared to the same period in 2019 (pre-Covid-19 Pandemic), with direct activity with GPs increasing at the highest over this period and driving this overall increase in activity.

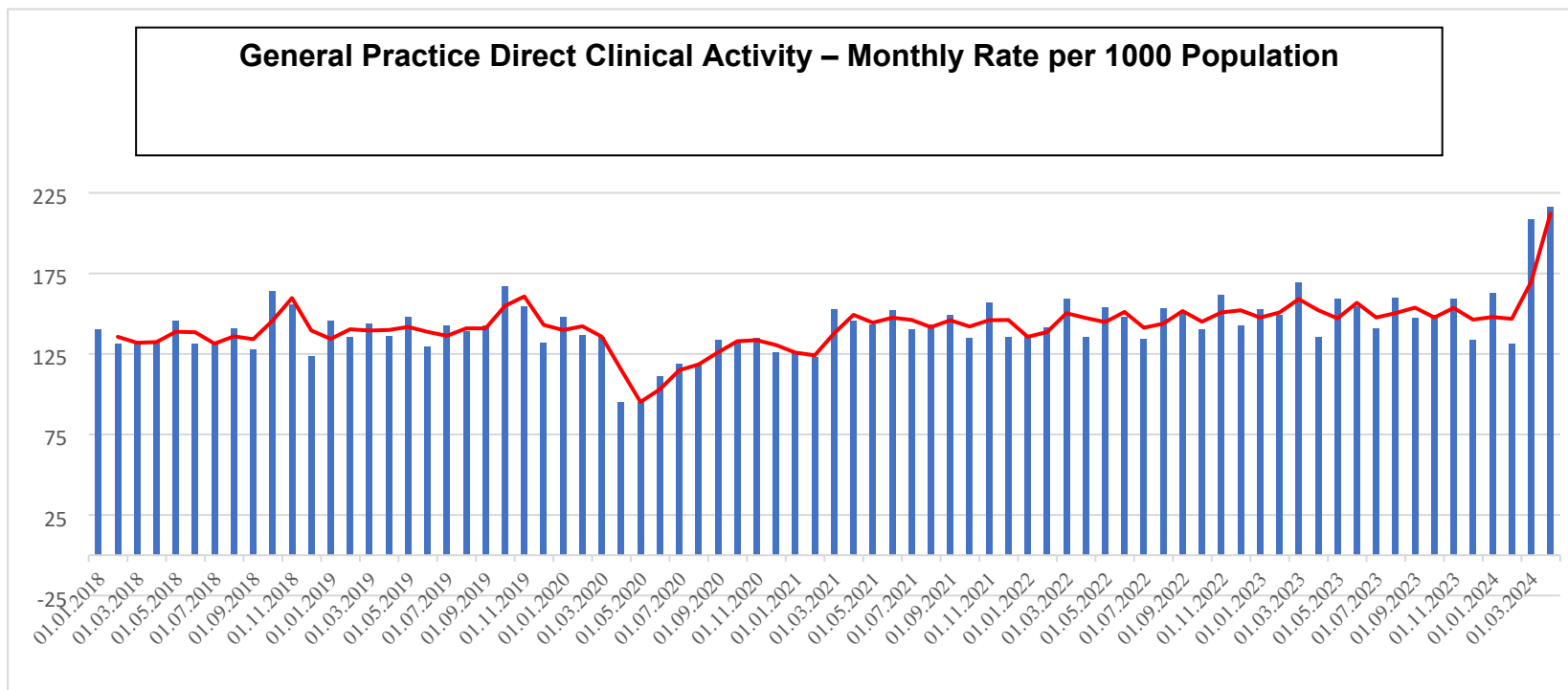


Chart.2 - General Practice Direct clinical Activity – Monthly Rate per 1000 Population

General Dental Service

There are ongoing issues nationally and locally with recruiting Dentists and Dental Care professionals, impacting on the population of Fife’s ability to access an NHS Dentist via General Dental Services (GDS).

The Scottish Government implemented NHS Dental Contract Reform on 1st November 2023; the aim of the reform is to support the oral health needs of every patient in Scotland whilst ensuring dentists can still offer a comprehensive range of NHS treatments. The key elements of the reforms were:

- The time between check-ups can vary from less than 6 months to every 2 years. It depends on how healthy your teeth and gums are and your risk of future problems.

- Your dentist will decide how often you should have a NHS dental examination. This will be based on your treatment needs to ensure the best possible care. If you're seen less often than 12 months then this is a sign of good oral health.
- The maximum amount that will be charged to an individual per treatment plan will remain capped at £384 or 80% of costs.
- Some patients may be eligible to receive help towards healthcare costs, with some patients still qualifying for free dental care.

Whilst it is challenging to improve access locally, many options have been explored. This includes carrying out a significant mapping exercise across Fife to increase the number of areas identified as areas where Scottish Dental Access Initiative (SDAI) grants can be supported by Scottish Government.

The SDAI grants aim to encourage the provision of NHS dental services in designated geographic areas where access to NHS Dentistry is challenging and there is evidence of unmet patient demand and/or high oral health needs. The SDAI grant funding is available to contractors who intend to:

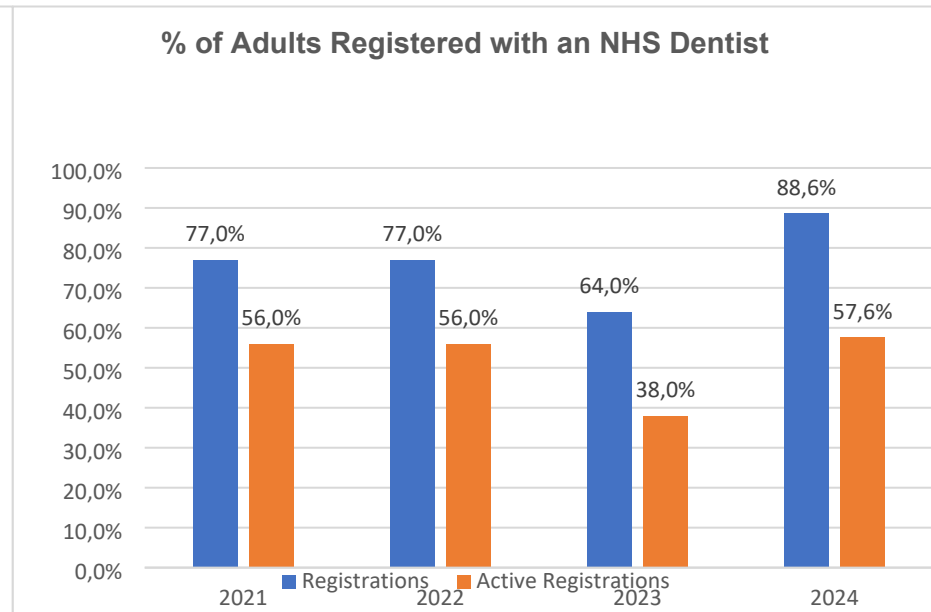
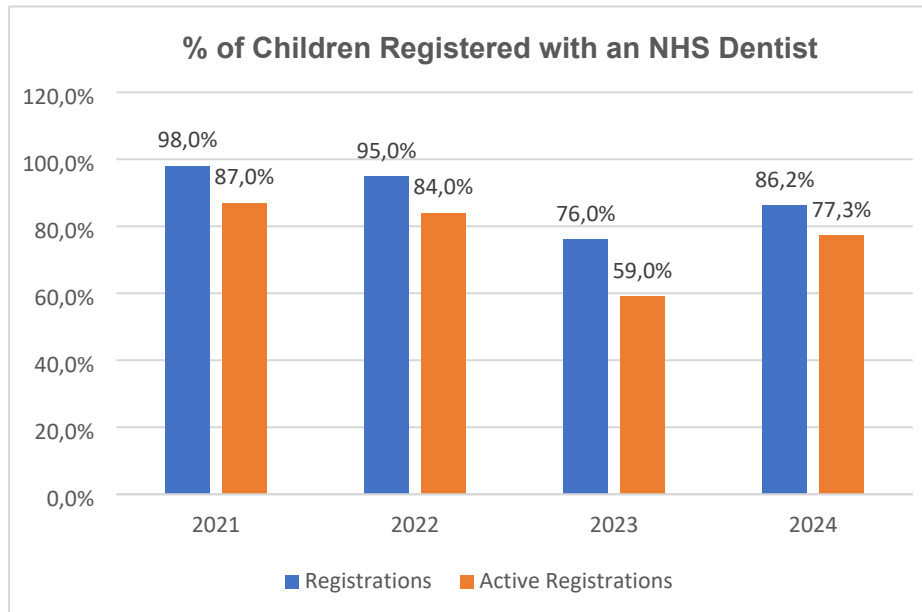
- Establish a new NHS Dental Practice.
- Expand an existing Dental Practice e.g. the addition of a new surgery.
- Purchase and maintain an existing Dental Practice and NHS patient registration list.

Dental Registration and Participation

Dental registrations are defined as registration with an NHS dentist. In 2010, lifelong registration was introduced, meaning that patients remain registered with their dentist unless actively de-registered (Public Health Scotland)

The percentage of adults registered with an NHS dentist in as of 31st March 2024 was 89.4%, compared to 89.8% as of 31st December 2023 and 90.4% as of 30th September 2022. The percentage of children registered with an NHS dentist in as of 31st March 2024 was 87.1%, compared to 87.5% as of 31st December 2023 and 86.6% as of 30th September 2022 (Public Health Scotland, 2023-2024)

Participation data, the percentage of patients registered with an NHS dentist seen for examination or treatment in the two years prior, are not currently published. Since registration is lifelong, it is important to consider this when looking at the figures. Challenges locally and nationally with the recruitment and retention of dental professionals is likely to have had an impact on participation.



References:

1. [NHS dental data monitoring report - Quarter Ending March 2024 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
2. [NHS dental data monitoring report - November and December 2023 - NHS dental data monitoring report - Publications - Public Health Scotland](#)
3. [Dental statistics - NHS registration and participation 24 January 2023 - Dental statistics - registration and participation - Publications - Public Health Scotland](#)

Public Dental Service

The Public Dental Service (PDS) offers dental care for approximately 30,000 listed NHS patients and offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental general anaesthetics. The Public Dental Service also oversees the Dental Advice Line to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates over the weekend.

Feedback on care delivered to a patient within PDS:

"I would like to thank you, the anaesthetist and nurses who looked after my daughter today at the Dental Clinic at the VHK. I, & her Carer who accompanied us, were concerned about how she would cope when she didn't know what was happening....the appointment went far better than I could have hoped for...We appreciated the calm and peaceful atmosphere of the department and that everything was carefully explained and of course...thankful for the necessary Dental treatment carried out.

The PDS hosts the Fife Dental Advice Line for patients who are not registered with a dentist to help find a dentist and facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services from their General Dental Practitioner. Despite growing pressures within PDS, access to core PDS services, including Fife's Dental Advice Line has been maintained. Locally, the PDS has bucked national trends in terms of recruitment of Dentists, with the successful recruitment of key Dental positions, including a Paediatric Specialist; safeguarding paediatric care and preventing children having to travel out with Fife for treatment. PDS Workforce has further been enhanced through the re-introduction of Dental Core Trainees to Fife, providing them with experience of all core services and raising profile of PDS as a career option post qualification.

A PDS Dental Nurse within PDS successfully wrote a book titled "Harry's Healthy Teeth". This resource has been sent to all local nurseries and will be used by our Dental Health Support workers to promote the importance of regular brushing and dental visits.

Drawing from her years of experience working with children in Fife, our Dental Nurse was motivated to create an educational resource that would resonate with pre-school children and help them retain positive messages around their dental hygiene. Since being rolled out across all nurseries in Fife, the book has become a key educational tool to help instil good habits from early childhood.



As part of the Childsmile programme in Fife, Dental Nurses and Dental Health Support Workers from Fife's Public Dental Service visit educational establishments across the Kingdom. The Public Dental Service works closely with Fife Council's education service to help pre-school and school aged children learn about dental health and deliver the Childsmile programme.



PDS have also teamed up with Dunfermline Athletic FC to raise awareness of mouth cancer through targeted communication during games. With mouth cancer becoming more common, especially in younger adults, the early signs of mouth cancer are easy to detect when people know what to do look for. If detected early, cancers are usually easier to treat and recover from.

Targeted Dental Treatment

There have been challenges for patients in accessing routine care with their GDP in 2023 and 2024. There are currently no practices in Fife registering NHS adult patients and a very limited number registering children.

The PDS are required to provide emergency care to unregistered patients but have also introduced a "targeted treatment" option for unregistered patients. This allows for a more detailed exam along with soft tissue screening important in detecting oral cancer. This allows dentists to treat the worst affected to try and reduce the need for continued emergency treatment.

An initial test of change saw the delivery of 74 appointment treating 49 patients. These were all unregistered patients who could not register with an NHS dentist at that time. Chart 3 highlights that 88% of those supported via targeted treatment were living in SIMD 1, 2 and 3, those patients who are least likely to be able to afford alternative options.

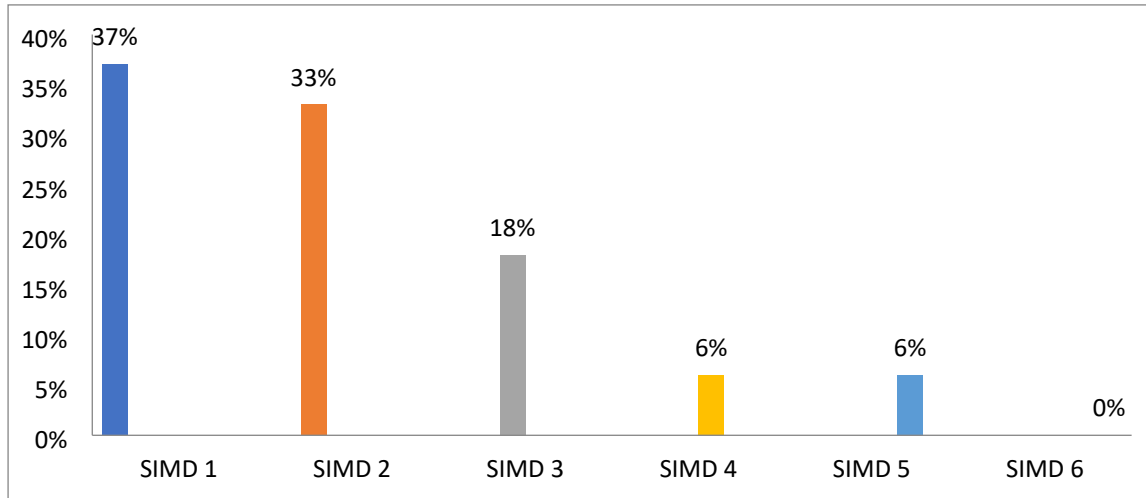



Chart.3 – Targeted Treatment SIMD Breakdown

Primary Care Dentistry key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Access</p> <p>Increase access to NHS Dental Services</p> <p>Consider national contracts revisions and impact on service delivery</p>	<p>Targeted treatment provided by PDS to support non-registered patients</p> <p>Supported improved ventilation, allowing GDP to increase access</p>	<p>Employed a bank dentist to provide targeted care.</p> <p>Employed a GDP to increase access in PDS.</p> <p>Working within constraints of the GDS Regulations regularly engage with Dental Body Corporates to improve access</p>	<p>Reconstituted SDAI areas.</p> <p>Continue to engage with SG as part of the review of the regulatory framework.</p>	●
Workforce				●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Consider recruitment and retention options</p> <p>Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes</p>	<p>PDS recruitment and retention. Appointment of five dental clinicians.</p> <p>No influence over recruitment in GDS.</p>	<p>Six VTs taking up associate posts within Fife, following completion of their VT year in Fife practices.</p> <p>Aware of ongoing recruitment issues, particularly in DBCs.</p>	<p>Five VTs from out with Fife taking up associate posts in Fife.</p> <p>Appointment of CT placement within PDS/HDS.</p> <p>8 VTs starting in Fife dental practices in August 2024</p>	
<p>Urgent Dental Care</p> <p>Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care</p> <p>Review Emergency Dental Service to improve sustainability and access</p>	<p>Pivoted core business to ensure triage and those requiring urgent care were seen.</p> <p>Expanded workforce on Dental Advice Line</p> <p>Public Holidays particularly challenging to cover so regular communication to GDPs and re-established EDS working group.</p> <p>[See Workforce section- recruited staff to re-balance core vs. urgent]</p>	<p>Advice line busy Call volume reports available</p> <p>EDS attendance data available</p>	<p>Full EDS service review</p>	

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Pathways Refine referral pathways between GDS, PDS and secondary care services</p>	<p>CPD evening event held in February 2024. Flash report shared with presentations for those who did not attend.</p> <p>Updated referral booklet sent out to all practices.</p>	<p>Dental weekly huddle enables us to triangulate information and follow up on high referral patterns or suboptimal referral information.</p>	<p>OHI team developed video to familiarise families with GA pathway and building as part of the pathway and reduce number of visits to contribute towards greener and sustainable healthcare.</p>	<p style="text-align: center;">●</p>
<p>Oral Health Continue to recover Oral Health Improvement actions to reduce oral health inequalities. Assess impact of OHIP and refine Annual Delivery plan – targeted approach</p>	<p>Oral health improvement programmes remobilised and NDIP in primary school setting.</p> <p>Refocused fluoride varnish programme locally as part of Childsmile.</p> <p>Work done with Dental Public Health and Public Health Data Intelligence team using NDIP data to help prioritise where to target resources.</p>	<p>NDIP data submitted to Public Health Scotland. National report will be published October 2024.</p> <p>Campaign for oral cancer awareness with Dunfermline Athletic Football to coincide with Euros 2024.</p> <p>OHI team back into the traveller sites in Fife.</p>	<p>National outcomes framework being discussed to devise a suite of indicators- Fife will report through these measures.</p> <p>QI project to roll out universal toothbrushing programme to P1-P7 children attending Fife council schools</p> <p>Continue work KY cafes and ADAPT services and Drug Forum Scotland.</p>	<p style="text-align: center;">●</p>
<p>Key indicators/measures Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates.</p>		<p>CDO office has requested management information from NSS to be shared with NHS Boards.</p>	<p>Dental dashboard being considered nationally.</p>	<p style="text-align: center;">●</p>

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Consider national contracts revisions and impact on service delivery				

Community Pharmacy

Community Pharmacy continues to play a crucial role in delivering Primary Care to the population of Fife, increasing as the first point of contact for advice and support. This includes the provision of 24 Community Pharmacies registered to provide the Pharmacy First Plus Service, with 38 Pharmacists currently actively prescribing in 2023-2024, which an increase of 3 Pharmacies and 10 Pharmacists from last year. Already, the number of items prescribed via Pharmacy First Pharmacies are up from approx 4600 to 5600, comparing data from 2023/24 to data available so far for 24/25.

There has been a significant increase in the number of Practices who can support patients suffering from hayfever, with data up to July 2024 showing there has been a 450% increase of this service, reflecting there is a large proportion of a patient accessing Community Pharmacy for hayfever treatment that previously was only available on prescription.

Work has been undertaken to raise awareness and encourage the use of Community Pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP Practices, by sharing guidance with Practice admin/reception staff. This guidance details patients who can be seen by Community Pharmacy, and highlights those that do need to be seen within General Practice. This education aims to ensure that patients have a smooth journey of care and are reassured of the process. Currently we are looking at the provision of care surrounding individual patient group directions, such as UTI, to track the transfer of care and assess uptake. Through looking at statistics around the volume of prescriptions generated within General Practice, versus the volume generated within Community Pharmacy, we can assess whether or not care is being transferred to Community Pharmacy at an appropriate and reasonable level.

Community Pharmacy key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Access				

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
<p>Review current process and assure robust arrangements for recovery and progression of new pharmacy applications</p> <p>Refresh Community Pharmacy hours of service contractual arrangements</p> <p>Ensure that the annual Pharmaceutical Care Services Report is co-designed with localities to meet the needs of local communities</p>	<p>Prepared a recovery plan to progress new pharmacy applications</p> <p>Public consultation on the report was undertaken via NHS Fife Participation & Engagement.</p>	<p>Re-convene PPC hearings as per NAP instructions. Follow up with interested parties to confirm whether or not they want to proceed with their application.</p> <p>Report for 23/24 is underway. Plan to seek support from both NHS Fife and HSCP Participation and Engagement teams with publication in November 2024.</p>	<p>Continue to work through the recovery plan</p> <p>Prepared report as per previous years</p>	<p>●</p>
<p>Right Care, right time</p> <p>Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self-care advice – Right place, right time, first time</p>	<p>Work has been undertaken to raise awareness and encourage the use of community pharmacy in seeking advice and treatment as a first port of call for minor ailments, such as with GP practices by sharing guidance with practice admin/reception staff.</p>	<p>Currently we are looking at provision of care surrounding individual patient group directions, such as UTI to track the transfer of care and assess uptake.</p>	<p>Continue to monitor and act as required. This may be with regards to training provision, information dissemination etc.</p>	<p>●</p>
<p>Digital</p>	<p>Working in partnership with the overall project team, tracking progress and</p>	<p>Awaiting further update from national programme, working in partnership with local delivery plans and IM&T links. Updates</p>	<p>Continue to work in partnership, act on updates when</p>	<p>●</p>

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Digital Prescribing and Dispensing Pathways Programme	preparing for the implications	expected via GMS facilitators through the national group.	required and prepare wherever possible	
Workforce Prepare for all newly qualified pharmacists being independent prescribers from 2026	Growing pool and establishing regular use of DPP in Community Pharmacy, evaluation of capacity, exploration of current provision of Pharmacy 1st Plus, supporting independent contractor obligations. Assessing provision across Fife via the annual Pharmaceutical Care Services Report	Closely linking with NES to establish expectations, utilising and syncing with Royal Pharmaceutical Society and General Pharmaceutical Council standards.	Continue this work and linking in with right care/right time	
Wider Impact Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	Representation on NHS Fife anchor group, feeding in Community Pharmacy ambitions	Raising profile of locality working in delivering NHS Fife anchor plans	Continue to sit on group, feeding in and acting on recommendations/ outputs	● ●

Community Optometry

The Low Vision team have created new links with the Vision Support Teachers across Fife to produce closer links between those that provide low vision services for children in Fife. This means a quicker access to low vision aids along with tightening protocols for when children transition from school to adulthood to maintain low vision support.

New pathways have been developed to speed up the processing of CVI (Certificate of Visual Impairments) applications, meaning patients are being processed in under a week and are able to access benefits, whereas before this would take at least one month, allowing people to get access to the appropriate services and support they require, quickly.

Community Optometry continues to support Secondary Care through emergency shared care scheme (FiCOS), which allows patients to be seen and treated at local Opticians urgently for a set of presenting conditions, preventing the requirement to be seen within Secondary Care and supporting the overall pressure on Unscheduled Care. Over the last year, around 770 patients were seen via this scheme, with approximately 1450 appointments undertaken, with only 11% of patients requiring onward referral to Secondary Care.

Along with emergency share care with Secondary Care, Community Optometry continues to support the treatment of patients requiring ongoing assessment and treatment for Glaucoma. As one of the first Health Boards to deliver Glaucoma shared care, there are almost 1,000 patients across Fife who are supported via this scheme with around 70 appointments taken place monthly. This allows patients to be seen within their local Optometrist for assessment and treatment, whilst still under the care of their Ophthalmology consultant within Secondary Care, with prompt access to Secondary Care as and when required. Nationally, work is ongoing to improve this scheme ever further, with the introduction of an Eye Care Digital solution, which is currently been scoped locally, with a number of Optometrists having completed additional specialist training in preparation for this development.

Community Optometry Key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Develop GP-Optometry Pathway	Collated current and past examples of GP to Optometrist referral forms from other health boards and discussed the challenges others faced when implementing these locally.	Currently awaiting next AOC meeting (Sept 2024) to discuss with local optometrists about what they feel is needed within the GP referral form. Ideally base on same format style as the Pharmacy first form.	Link in with local GP colleagues to share ideas of GP pathway from local optometrists.	●
Implementation of national community glaucoma service	All prep work for scheme (minus EPR) has been implemented with full	Main issue still remains the introduction of the EPR system (openeyes) due to budget constraints, conversations ongoing with senior team and also NES	Resolve the EPR issues to complete the rollout.	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	<p>support from secondary care colleagues about the rollout. Two Fife Cohort 3 NEGAT optometrists qualified to provide the service. Three Fife optometrists have been accepted onto Cohort 4 of the project (intake Jan 2025).</p>	<p>technology to hopefully provide a solution.</p>		
<p>Review uptake of GOS across all localities and develop plan to address inequalities</p>	<p>Challenges with data availability</p>	<p>Once data is available, assessment with take place</p>	<p>Assessment of uptake and appropriate action taken to address gaps</p>	<p style="text-align: center;">●</p>
<p>Review demand, access and equality of low vision services</p>	<p>Reduced NHS low vision wait times to within 2 months of referral. Developed closer relationship between NHS low vision clinics and vision support teachers to provide better paediatric eyecare within Fife.</p>	<p>Link in with the local providers of low vision care (Seescape) to enhance the service the already provide and to see where access to service may be lacking across Fife.</p>	<p>Provide low vision demonstration kits for local vision support teachers to use within schools allowing quicker access to aids needed.</p>	<p style="text-align: center;">●</p>

Section 3

Leadership and Governance Review

Given the ambitions outlined within the Primary Care Strategy, with a whole-system approach to delivering improvements, it was critical to make sure there were solid foundations to deliver high quality, safe and effective Primary Care Services. As such, a review took place to assess the leadership, governance, and assurance arrangements across Primary Care Contracting (PPC) Services and associated services, from an operational, strategic, clinical, professional and financial perspective.

A report was presented and supported at the Primary Care Governance Strategy Oversight Group (PCGSOG) in February 2024, with a number of key recommendations. Most of these recommendations have now been delivered, with ongoing review overseen by PCGSOG. Overall, it was clear that the governance structures across PPC Services are consistent with other Health Boards across Scotland contractually, professionally, and clinically. The transfer of operational and strategic delivery of Primary Care Services to HSCP ultimately created the opportunity to enhance the governance and leadership arrangements, with strengths in terms of holistic planning of services with local communities across Fife.

Whilst it had taken time for some of the well-established governance structures to be re-convened following the Covid-19 pandemic, this created an opportunity to review and improve the systems and processes surrounding PPC Services. This includes better integration of Primary Care teams, in particular in regard to managed services, such as the In Hours and Out of Hours, Community Treatment and Care Services (CTAC), and Community Immunisation Service teams.

The review recognised that the governance structures surrounding Primary Care Services are complex, cutting across multiple directorates, however that these structures are proportionate in delivering safe, effective, and person-centred services. There is a critical role for the leadership team across all aspects of Primary Care Services to effectively navigate these structures for the best outcome for the population of Fife.

Communication and Engagement

A detailed communications plan has been developed to support the delivery of the aims and objectives outlined in the Primary Care Strategy with the overall aim: to communicate the strategic drivers, the strategic priorities, and the overarching deliverables of the Strategic Plan to allow a more detailed year one plan to be shaped in collaboration by those who lead services professionally and managerially across Primary Care.

Ten communications SMART objectives are outlined in detail in the communications plan:

- Engage with partners and key stakeholders to influence national direction for primary care and contract reviews,
- Support the Implementation of new GP Practice system (VISION),
- Continue to refresh and encourage public use of Community Pharmacy as a first line of contact for minor illness and self-care advice – right place, right time, first time,
- Consider recruitment and retention options including in GP, Dentistry & Optometry,
- Establish calendar of protected learning time in collaboration with UCSF and promote benefits to staff and public,
- Support ongoing development of MDT. Raising awareness and confidence of the public in using pharmacists, nursing staff and AHPs in addition to GPs,
- Stabilising the position of General Practice and accessing right care at the right place.
- Supporting General Practice to reduce pressures on their services,
- Raising awareness of how people can support us and continue to access Primary Care services, right care at the right place,
- Targeted communication in regards to Board Managed, 2C Practice support.

The various elements outlined above will also be cross-referenced with other associated campaigns across NHS Fife and Fife Health and Social Care Partnership such as medicines efficiency/optimisation and high-risk pain medicines, to share key messaging and ensure consistency of narrative across different programmes. This also includes ScotGEM and ScotCOM University of St Andrews and Fife College links.

The objectives are underpinned with detailed audience groupings, key messages and calls to action, objectives and supporting tactics, outlined in full in Appendix 1.

The campaign will largely be digitally focussed, using predominantly metrics such as:

- Web page clicks and in-depth analytical information
- Social media engagement
- Social media labelling
- Data from partners and services including A&E presentations and GP analytics.
- Information from national colleague focus groups (understanding of the right care right place campaign and awareness of messaging)
- Evaluating the prominence and tone of media coverage of the campaign.

The campaign will be regularly and informally monitored and reviewed on an ongoing basis, and more formally evaluated following its conclusion.

Premises

A review of GP premises was undertaken to establish an up-to-date baseline of key information to inform future development of Primary Care premises. The review considered: -

- The appropriateness of current Primary Care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate.
- The estate requirements to implement the Primary Care Transformation Programme.
- The investment priorities to inform the updated Property & Asset Management Strategy.
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short-, medium- and long-term investment priorities. The development of Primary Care premises is being led by the Director of Property and Asset Management and aims to ensure premises have the capacity to deliver the full range of services supporting the transformation of Primary Care and improved access to functionally suitable Primary and Social Care premises. Some key minor improvements were delivered during 2023-2024, creating additional capacity across all GP Practices in Fife, largely in line with the ongoing delivery of the Primary Care Improvement Plan.

Population Experience

The HACE Survey occurs annually, and the 2024 results show Fife as either an average Scottish performer or in the case of General Practice, slightly poorer. There is some improvement evident, especially in treatment or advice from General Practice, with most questions showing Fife to be similar to the Scottish average; with either most questions (91%) either show no change (57%) or improvement (34%). Treatment and advice from a GP have generally improved across almost all questions, with some disparity with responses across different geographical areas of Fife. Whilst the reasons for this will be multi-faceted, it merits further review during 2024, to understand, in conjunction with other reports, whether further support or action is required to improve the experience of our patients.

Category	Number of Questions	CHANGE since 2022			Comparison not possible
		Worse	No Change	Better	
General Practice	10	3	4	3	0
Treatment or advice from General Practice	14	0	3	8	3
Out of Hours Healthcare	10	0	8	1	1
Care, support and help with everyday living	9	0	0	0	9
Caring responsibilities	5	0	5	0	0

Table.2 - HACE Survey Summary

Enabling key action updates:

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Evaluate impact on reducing health inequalities	Ground work has commenced of key intelligence requirements	Collation of key data from multiple sources	Develop framework to assess impact of strategy Implementation	●
Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	All leads across Primary Care Services play a key role in national work and leads meetings	Monthly Dental meeting have supporting national communications and considerations in terms of regulations Representation on SLWGs reporting to Primary Care Leads Group	Continue to play critical role on national groups	●
Assess impact of strategy against HSCP Strategic Plan and NHS Fife Population	The impact of the PC strategy will be fully assessed in line with performance framework	Performance framework has been developed, to support review of progress of PC strategy, with key measures also contributing to HSCP wide Strategic Performance Framework	Continue to work with Scottish Government to	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
Health and Wellbeing Strategy			develop consistent and reliable PC measures	
Establish calendar of protected learning time in collaboration with UCSF	7 PLT sessions delivered	7 PLT sessions delivered, with annual calendar now scheduled	Continue to assess the benefit of PLTs and develop Fife wide development opportunities	●
Further strengthen leadership and governance arrangements	Leadership and Governance review conducted	Taking forward actions in line with recommendations outlined within Leadership and Governance review	Continue to deliver on actions	●
Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract Management and Performance Framework for Primary Care	Performance Framework under review by PCGSOG	A draft framework has been developed, overseen and monitored by PCGSOG	Continue to develop and seek to expand on reliable measures	●
Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	Develop Communication and Engagement strategy	Strategy signed-off by PCGSOG	Delivery of SMART objectives of Strategy	●
Develop primary care workforce plan aligned with NHS Fife and Fife HSCP	Key workforce priorities aligned to NHS Fife and Fife HSCP workforce strategies	Primary Care services delivered key workforce developments, supporting increased options across Primary Care Services	Develop primary Care strategy to	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
workforce strategies to ensure both managed service delivery and maximised support to independent contractors			workforce development, including recruitment and retention	
Continue to support minor works to make most of existing premises	Minor works carried out in GP Practices across Fife	Created Facilities for Community immunisation team in Pitteuchar Health Centre, Glenrothes. Work to create extensions to several practices across Fife Minor improvements at Kincardine & Lochgelly Health Centres.	Create Facilities for Community immunisation team in Kirkcaldy area	●
Develop Primary Care Premises Strategy	Premises Strategy developed and agreed	All minor works completed or near completion, with all capital projects on hold pending future capital allocations from SG	Continue to ensure that the business cases for reprovision of Kincardine & Lochgelly Health Centres are current and SG are aware of Fife's position of readiness to proceed.	●
Implementation of new GP Practice system (VISION)	Working collaboratively with National group on timelines, National delays have	Business Case drafted and discussions held in relation to Finance.	Finalise Business Case	●

Where do we want to be in 2026	What we did in 2023/2024	Update July 2024	Plans for 2024/2025	RAG Status
	impacted on delivery, and we remain in planning. Business case has been developed and there are discussions ongoing in relation to the funding. We will be in discussions around the timeline with National.		and agree finance.	
Support development and spread of models that allow adoption of technologies	We have worked collaboratively with partners on any requests which are submitted for digital consideration.	Continue to work collaboratively on any new areas of work	Continue to move any areas forward	●

Conclusion

The Primary Care Strategy: 2023 to 2026 is ambitious, putting Primary Care at the heart of Fife's integrated Health and Social Care system, making sure people who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. The strategy recognised that to deliver on these ambitions, there is a requirement for a collaborative approach to improvements across all areas responsible for the effective improvement of Primary Care, which is reflected within this wide-ranging Year One Annual Report.

During 2023-2024, the Year One Delivery Plan provided a robust framework to progress our strategic priorities, ensuring that the transformation and supporting strategies we have developed, along with their targeted delivery plans, align with our strategic vision and deliver the improvements we have planned. The Year One Delivery Plan included forty-one separate actions, of these: 25 (60%) have been fully completed, 16 (40%) are on track.

The Year Two Delivery Plan for 2024-25 will have an increased focus on quality improvement and working with our Local Communities and localities to make sure our services meet the needs of those locally, building on the solid foundations set during 2023-2024. With increased financial pressures across our Health and Social Care system, more than ever we are required to be

agile and open-minded in our approach in how we improve our Primary Care Services, with a continued commitment to making the changes required in collaboration with our population and partners.

The Executive and Senior Leadership Team have ensured clear direction, effective governance, oversight and support to progress the strategic ambitions of recovery, quality and sustainability. Positive relationships are established across all stakeholders which ensure constructive planning and delivery. The Primary Care team are agile and committed to ensuring the plan progresses and this is highly evident within this report. Collaboration is evident and there is a genuine desire to ensure we remain ambitious to achieve the vision as we progress to year 2 of the plan.

EQUALITY AND HUMAN RIGHTS STRATEGY GROUP

(Meeting on 6 August 2024)

Discussion points within this meeting were: Anti-Racism, Workforce update, UNCRC update.

**UNCONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP
HELD ON 6TH AUGUST AT 10AM VIA TEAMS**

CO-CHAIRS

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and
Isla Bumba, Equality and Human Rights Lead

PRESENT:

Elric Honoré	Chief Executive, Fife Centre for Equalities	EH
Aileen Lawrie	Director of Midwifery	AL
Gordon Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IB
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing	JK
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Mhairi Gilmour	Research and Development Officer	MG
Siobhan McIlory	Head of Person-Centred Care	SM
Matt Valenti	Information Governance & Security Lead	MV
Rebecca Saunders	Child Protection Team Learning and Development Coordinator	RS
Rhona Waugh	Head of Workforce, Planning and Staff Wellbeing	RW
Karen Whatton	Lead Nurse – Care Home Assurance and Support	KW
Elaine Woodward		EW
Torfinn Thorbjornsen	Head of Information Management	TT

Heather Kirkbride Administrator Equality and Human Rights Team (Minutes)

APOLOGIES:

Alan White	Clinical Services Manager, Medical Learning Disabilities
Yvonne Bateup	Support Services Manager, Catering Services
John Smith	Porter Manager
Paula Bishop	Head of Estates
Lorna Watson	Consultant in Public Health Medicine
Brian Mckenna	Human Resources Manager
Bill Coyne	Violence and Aggression Advisor
Ruth Lonie	Communications Manager
Kerry Duffy	PPP Operational Contract Manager, Estates Central
Catherine Gilvear	Fife HSCP Quality, Clinical & Care Governance Lead
Jo-Anne Valentine	Public Health Manager (Health Improvement)
Kimberley Steel	Consultant in Palliative Care
Louise Noble	Staff Side Representative
Olivia Robertson	Senior Manager Childrens Services & Rheumatology
Nicola White	Interim FNP & Deputy Service Manager Lead Nurse School Nursing
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead
Samantha Honeyman	Estates Information Services Officer
Sinead Braiden	None Executive Board Member
Zahida Ramzan	Policy Co-ordinator, Fife Council

1. ANTI-RACISM PRESENTATION

JK informed the group of the drive from the Scottish Government for health boards to setup an Anti-Racism Strategy. NHS Grampian were due to present to NHS Fife on their Anti-Racism Strategy however this had to be postponed. This presentation will be rescheduled asap.

2. WORKFORCE UPDATE

RW provided the Workforce update which included:

- The Workforce Equality subgroup has linked in with the communications team, JM who along with IB have picked up work around training issues and Allison McArthur, International Recruitment Coordinator, in relation to pastoral work in respect of the international recruits
- Future work includes setting up the NHS Fife staff Diverse Ethnicity Network (DEN) which has been put on hold for now. The priority is to get the LGBT+ Network up and running then once there is an approved working model, this learning will be applied to the DEN.
- BM has worked on and published the NHS Fife's Equal Opportunity Report. Link will be shared with group.

NHS Fife stall at Fife Pride this year had a good turn-out. Learning from this event shape future involvement and prioritise appropriate resources for future years.

MV provided the following LGBT+ Network update:

- There has been a lot of interest in the network with the initial survey having over 80 responses. The inaugural meeting of the Network was held on the 26th July which was well attended with 14 people present and 8 joining remotely. It was decided that future meetings will have a hybrid approach at various venues.
- A draft Terms of Reference has been developed. Further work regarding budgets required before finalising the document.
- Role descriptors have been pulled together for the Network Chair, Vice Chair and secretary. There has been interest in the Vice Chair and secretary roles.
- It is planned that the Network will be self-sustaining over time with the support from NHS Fife when required.
- MV/IB and other network members will set up popup stalls across NHS Fife sites promoting the network and general Equality and Human Rights. The intention is to host these once or twice monthly across numerous sites.
- MV asked that we noted his thanks to everyone that had been involved to date and especially the Workforce Directorate for all their support around administration, planning etc.

IB added that the Health and Social Care Partnership (HSCP) enquired about joining the NHS Fife LGBT+ Network. JK & MG discussed clarifying the invite would be for staff working in health related services within HSCP. MV stated that membership will also include independent contractors such as GP staff.

A second draft of the TOR for the LGBT+ Network will be produced to reflect decisions made.

2. UNCRC UPDATE

RS provided the following update on behalf of LW:

- the incorporation of UNCRC came into force on the 16th July and impacts across all NHS Fife services including adult services
- various papers have been presented to NHS Fife and HSCP governance groups
- reporting processes are being finalised through HSCP and NHS Fife Governance structures

- there has been a review of membership of the implementation group which consists of mainly children services leads but is requiring to be broadened to include other service leads in acute services.
- to ensure staff are aware of the new legislation a section has been put on Stafflinks for staff to access articles, training resources, various pop-up boxes and links.
- The Children's Rights Well-being Impact Assessment (CRWIA) has been added to a revised Stage 1 EQIA form. Consideration for the CRIWA includes looking at impact on the Rights of Children and Young People through NHS Fife Human Resources, policies, procurement, buildings, finances, advocacy, implementing new strategies and patient written information.
- A Child Friendly Complaints workshop was held with Patient Experience team and acute and HSCP colleagues. The workshop explored how to manage complaints directly from a child or sent in by an adult on behalf of a child and creating a process which includes child friendly accessible information. The legislation covers not just children as patients but also patient's children.
- Children's services are reviewing their Participation and Engagement Framework through the Partnership Oversight Group to ensure that the voice of the child is heard.

IB added in terms of this group's agenda UNCRC will a regular agenda item.

IB stated we may consider adding UNCRC training opportunities into our equality training modules. RS mentioned that it might be good to add this to the list of mandatory modules for staff. IB/JM to discuss adding UNCRC to the mandatory equality training. AL stated concern for staff already having a long list of NHS Fife mandatory training and other training set by the Scottish Government (which maternity staff will prioritise as the SG training is needed for their revalidation). JK stated that we have non-pay agreement work reducing to 36 hours week, protected learning time and the Band 5 review which is all impacting on staff time. RW stated that Jackie Millen has action plans in place that are constantly reviewed and it is hard to get the balance right but that further discussions are needed.

3. MINUTE AND ACTION TRACKER

Action Tracker updated accordingly.



E&HR Meeting
Tracker -LIVE

4. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

4.1 LGBT+ Network

EH suggested that it might be worth NHS Fife trying to link in with other LGBT+ Networks across other organisations. FCE have got a small grant from the Robertson Trust to develop an employee resource for networks across Fife. This joint resource would help connect people together and create a sense of community. IB to discuss further with EH.

4.2 Trans Policy

GS asked for an update on the new NHS Fife Trans Policy. IB explained that due to the current political situation, the launching of the policy had been put on hold. The policy will be kept the agenda for regular updates.

RS informed the group that the Care Inspectorate had launched the 'Guidance for CYP service on the inclusion of transgender including non-binary people'. The guidance had been taken to the Health Management team. To share link to guide with group.

[Guidance for CYP service on the inclusion of transgender including non-binary young people.pdf](https://www.careinspectorate.com/guidance-for-cyp-service-on-the-inclusion-of-transgender-including-non-binary-young-people.pdf)
(careinspectorate.com)

RW asked for an update on the NHS Fife's Equality Priorities/Equality Outcomes (EO) report. IB will be adding the EO to the next meeting's agenda.

5. DATE OF NEXT MEETING

The next meeting will take place on Thursday 7th November at 2.30pm via MS Teams

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 12 June 2024)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health

Cameron House, Cameron Bridge, Leven, KY8 5RG

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 12th June 2024 at 2.30pm via Microsoft Teams

Chair:

Emma O’Keefe (EOK)

Consultant in Dental Public Health

Present:

Kemi Oyedeji (OO)

Consultant in Public Health Medicine

Esther Curnock (EC)

Consultant in Public Health Medicine

Duncan Fortescue-Webb (DFW) (Left at Item 8.6)

Consultant in Public Health Medicine

Aileen Boags (AB)

Lead Pharmacist PH & Community Pharmacy Services

Sue Cameron (SCa)

Head of Resilience

In Attendance:

Cathy Cooke (CCo)

Public Health Scientist

Fiona Bellamy (FB) (Left at Item 8.6)

Senior Public Health Nurse Specialist

Minute:

Brenda Ward (BW)

Executive Assistant to Director of Public Health

ACTION

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies for absence were noted from Joy Tomlinson, Sharon Crabb, Lorna Watson and Lynn Barker. The meeting was recorded to assist with minute taking and will be deleted in accordance with NHS Fife Policies.

2. Minute of previous meetings held on 17th April 2024

The minute of the previous meeting was agreed as an accurate record.

3. Review of Action Log

The action log was discussed by the Committee, actions were updated and closed where complete.

4. Identified Near Misses, Critical Incidents & Learning

4.1 Problem Assessment Group – Breast Screening

OO provided the Committee with a verbal update from a Problem Assessment Group (PAG) Meeting concerning an incident within the Breast Screening Service. The PAG took place on 11th June 2024 and reviewed the current clinical processes and the lesson’s learned following the incident.

The Committee **noted** the verbal report on the PAG.

4.2 Kirkcaldy Health Centre

SCa advised the Committee she attended a debrief on the recent temporary closure of Kirkcaldy Health Centre due to emergency gas repairs.

The report will be shared through the NHS Fife Resilience Forum when available. The Committee **noted** the verbal report on Kirkcaldy Health Centre.

4.3 Nitazene or synthetic opioids

SCa advised the Committee a tabletop workshop event to discuss the recent incidents in Fife concerning Nitazenes or synthetic opioids is being arranged for situation awareness. SCa suggested the Committee consider an organisational risk and EC agreed to discuss with the Director of Public Health as the risk may already be managed through the Alcohol Drugs Partnership.

EC

The Committee **noted** the verbal report on Nitazene or synthetic opioids.

5. Emerging Issues

5.1 New Risk - Tuberculosis

FB advised the Committee a new proposed risk on Tuberculosis will be tabled at the Committee meeting on 21st August for review and approval. This risk will include information on capacity, workload and complexity of cases.

FB

The Committee **noted** the verbal update and **agreed** the new proposed risk is brought to the PHAC meeting on 21st August for review.

6. New prospective risks

6.1 Respiratory Infections for vulnerable settings

FB provided the Committee with a brief overview of the new risk on Respiratory Infections for vulnerable settings as it is recognised there is still a risk regarding respiratory illness within these vulnerable higher risk settings. The risk will be added to the Public Health Risk Register with the Director of Public Health with overall responsibility with regular monitoring will be carried out through the PHAC meetings. The risk initial score level was set at Moderate 12 (Consequence 3, Likelihood 4).

The Committee **approved** the proposed risk to be added to the Public Health Register and **agreed** the next review of the risk will be at the PHAC meeting on 21st October 2024.

6.2 New Risks - Pandemic Planning & Emerging Threats

DFW provided the Committee with an update on the two prospective risks on Pandemic Planning and Emerging Threats which were presented to the Executive Director Group (EDG) on 6th June 2024. The EDG were supportive of the approach taken to develop two separate risks and agreed the risk descriptor for the Pandemic Planning Corporate risk and recommended a deep dive review of the risk takes place before being presented to the Public Health & Wellbeing Committee (PHWC). DFW updated the deep dive review of the Pandemic Planning Corporate risk is being organised with key stakeholders and the report will be circulated to the PHAC. The EDG reviewed the risk on Emerging Threats and approved the risk being added to the Public Health Risk Register with the Director of Public Health as Executive Lead.

The Committee **noted** the verbal report on the two prospective risks on Pandemic Planning and Emerging Threats.

6.3 HSCP & Acute Division Business Continuity Risks (New)

SCa provided the Committee with a brief overview of the two proposed Business Continuity risks for HSCP and Acute Division and advised both risks will be managed through the services which will assist in the tracking of Business Continuity Plans.

The Committee **noted** the two proposed risks and **agreed** to next review at the PHAC meeting on 18th December 2024.

7. Corporate Risks

No items were raised.

8. Review of current risks on Public Health Register

8.1 Risk 518 Resilience

The Committee **agreed** the risk update provided by SCa and the risk status level would remain at Moderate 9.

SCa advised a new prospective overarching risk on Civil Contingencies Act on Emergency Planning will be presented at the next PHAC meeting on 21st August 2024. The new risk will include a recommendation to close the current Resilience risk (518) and will be separate to Business Continuity Management System risk (2974) which sits on the Public Health Risk Register.

SCa

The Committee **agreed** for the new prospective risk to be reviewed at the PHAC meeting on 21st August 2024.

8.2 Risk 528 Pandemic Framework Group

The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 12 and the risk will be reviewed at the PHAC meeting on 23rd October 2024.

8.3 Risk 1729 Misuse of Suspicion of Malignancy Function in SCCRS

The Committee reviewed the risk update provided by CCo and **agreed** the Likelihood level to reduce from level 3 to level 2 with the Consequence level remaining at level 4. The reason for the change is due to well-established monthly monitoring processes and will result in the overall risk reducing from Moderate 12 (Consequence 4, Likelihood 3) to Moderate 8 (Consequence 4, Likelihood 2). The risk will next be reviewed at the PHAC meeting in June 2025.

8.4 Risk 1837 Absence of national data to monitor Pregnancy & Newborn Screening

The Committee **agreed** the risk update provided by CCo, the risk status level would remain at Moderate 8 and the risk will next be reviewed at the PHAC meeting in June 2025.

8.5 Risk 2222 No Cervix Exclusion - Cervical Screening Incident

The Committee **agreed** the risk update provided by OO, the risk status level would remain at Moderate 10 and the risk will be next reviewed at the PHAC meeting on 23rd October 2024.

Update on No Cervix Audit

OO provided the Committee with a verbal update on progress of the No Cervix Audit.

The pace of the audit had considerably picked up with clinics being arranged subject to uptake from the patients and it is anticipated the evidence review of the audit will complete by June/July 2024.

The Committee **noted** the verbal report on the work progressed on the No Cervix Audit.

8.6 Risk 2331 Local system surge capacity for new variants

The Committee **agreed** the risk update provided by DFW, the risk status level would remain at Moderate 12 and the risk will next be reviewed at the PHAC meeting on 21st August 2024.

8.7 Risk 2388 Vaccine Preventable Disease

The Committee **agreed** the risk update provided by EC which highlighted an increase in Pertussis cases being seen across the UK and Europe, including Scotland and Fife. The risk status level would remain at Moderate 12 and the risk will next be reviewed at the PHAC meeting on 21st August 2024.

9. **Governance Reporting**

9.1 Immunisation Annual Report 2024

EC presented the Immunisation Annual Report 2024 which highlights the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes. The Chair asked for any final comments to be sent to EC by 21st June 2024 to ensure these are incorporated into the final Annual Report for the PHWC on 1st July 2024.

ALL

The Committee **took assurance** from the content of the Immunisation Annual Report 2024 and the work progressed.

9.2 Annual Assurance Statement: Area Immunisation Steering Group

EC provided the Committee with an overview of the Annual Assurance Statement for the Area Immunisation Steering Group which was circulated with the Committee papers.

The Committee **took assurance** from the content of the Area Immunisation Steering Group Assurance Statement.

9.3 Annual Assurance Statement: Bowel Screening Committee

CCo provided the Committee with an overview of the Annual Assurance Statement for the Bowel Screening Committee which was circulated with the papers.

The Committee **took assurance** from the content of the Bowel Screening Committee Assurance Statement.

10. **Any Other Competent Business**

10.1 Public Health elements of the ADP

The Public Health ADP report was shared with the Committee for information. The Committee **noted** the Public Health ADP report.

11. **AOCB**
No items were raised.
12. **Any issues to escalate to Public Health & Wellbeing Committee**
No items were raised.
13. **Date of Next Meeting**
Wednesday 21st August 2024 at 2:30pm (via MS teams).