

NHS Fife Public Health & Wellbeing Committee

Mon 04 March 2024, 10:00 - 11:50

MS Teams

Agenda

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

0 min

Pat Kilpatrick

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

0 min

Pat Kilpatrick

10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 15 January 2024**

0 min

Enclosed Pat Kilpatrick

 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240115.pdf (8 pages)

10:00 - 10:10 **4. Matters Arising / Action List**

10 min

Enclosed Pat Kilpatrick

 Item 4 - Public Health & Wellbeing Action List 20240304.pdf (2 pages)

10:10 - 10:40 **5. GOVERNANCE MATTERS**

30 min

5.1. Public Health & Wellbeing Committee Self-Assessment Report 2023/24

Enclosed Dr Gillian MacIntosh

 Item 5.1 - SBAR Public Health & Wellbeing Committee Self-Assessment Report 2023-24.pdf (11 pages)

5.2. Annual Review of Public Health & Wellbeing Committee Terms of Reference

Enclosed Dr Gillian MacIntosh


 Item 5.2 - SBAR Annual Review of Public Health & Wellbeing Committee Terms of Reference.pdf (6 pages)

5.3. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed Dr Joy Tomlinson / Nicky Connor

 Item 5.3 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (6 pages)

 Item 5.3 - Appendix 1 Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee.pdf (6 pages)

 Item 5.3 - Appendix 2 Assurance Principles.pdf (1 pages)

 Item 5.3 - Appendix 3 Risk Matrix.pdf (2 pages)

5.4. Final Annual Workplan 2024/25

Enclosed Dr Joy Tomlinson

📎 Item 5.4 - Final Annual Workplan 2024-25 .pdf (5 pages)

5.5. Delivery of Annual Workplan 2023/24

Enclosed *Dr Joy Tomlinson*

📎 Item 5.5 - Delivery of Annual Workplan 2023-24.pdf (6 pages)

10:40 - 11:00 6. STRATEGY / PLANNING

20 min

6.1. High Risk Pain Medicines Patient Safety Programme – Year 2 Update

Enclosed *Ben Hannan*

📎 Item 6.1 - SBAR High Risk Pain Medicines - Patient Safety Programme.pdf (11 pages)

6.2. Prevention & Early Intervention Presentation

Presentation *Nicky Connor*

11:00 - 11:30 7. QUALITY / PERFORMANCE

30 min

7.1. Integrated Performance & Quality Report

Enclosed *Dr Joy Tomlinson / Nicky Connor*

📎 Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (3 pages)

📎 Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (14 pages)

7.2. Primary Care Governance and Strategic Oversight Group

Enclosed *Dr Chris McKenna / Nicky Connor*

📎 Item 7.2 - SBAR Primary Care Oversight Group.pdf (5 pages)

7.3. Fife Specialist Palliative Care Services Update

Enclosed *Nicky Connor*

📎 Item 7.3 - SBAR Fife Specialist Palliative Care Services.pdf (7 pages)

7.4. The Promise Update

Enclosed *Nicky Connor*

📎 Item 7.4 - SBAR The Promise Update + Appendix.pdf (9 pages)

7.5. Measles Preparedness Briefing

Enclosed *Dr Joy Tomlinson*

📎 Item 7.5 - SBAR Measles Preparedness Briefing.pdf (4 pages)

📎 Item 7.5 - Appendix 1 PHS Health Protection Alert.pdf (6 pages)

📎 Item 7.5 - Appendix 2 MMR uptake & measles susceptibility in the community.pdf (1 pages)

7.6. Satellite Static Unit in Fife for National Screening Division Commissioned Service for Breast Cancer Screening

Enclosed *Dr Joy Tomlinson*

📎 Item 7.6 - SBAR Breast Screening Static Site.pdf (6 pages)




11:30 - 11:45

15 min

8. ANNUAL REPORTS / OTHER REPORTS



8.1. Fife Violence Against Women Partnership and Gender Based Violence Nurse Advisory Service Annual Reports 2022/23

Enclosed Nicky Connor

-  Item 8.1 - SBAR Violence Against Women and Gender Based Violence Annual Reports 2022-23.pdf (5 pages)
-  Item 8.1 - Appendix 1 Violence Against Women Annual Report 2022-23.pdf (48 pages)
-  Item 8.1 - Appendix 2 Gender Based Violence Nurse Advisory Service Annual Report 2022-23.pdf (30 pages)

8.2. Sexual Health and Blood Borne Virus Update 2023

Enclosed Nicky Connor

-  Item 8.2 - SBAR Sexual Health and Blood Borne Virus Update 2023.pdf (3 pages)
-  Item 8.2 - Appendix 1 Sexual Health and Blood Borne Virus Update 2023.pdf (22 pages)



11:45 - 11:50

5 min

9. LINKED COMMITTEE MINUTES

9.1. Equality and Human Rights Steering Group held on 1 February 2024 (confirmed)

Enclosed

-  Item 9.1 - Linked Minute Cover Paper.pdf (1 pages)
-  Item 9.1 - Equality and Human Rights Steering Group Minutes (confirmed) 20240201.pdf (3 pages)

11:50 - 11:50

0 min

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1. To the Board in the IPQR Summary

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

11:50 - 11:50

0 min

11. ANY OTHER BUSINESS

11:50 - 11:50

0 min

12. DATE OF NEXT MEETING: MONDAY 13 MAY 2024 FROM 10AM - 12.30PM

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 15 JANUARY 2024 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to Fiona Forrest, Deputy Director of Pharmacy, who is deputising for Ben Hannan at today's meeting.

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 routine attendee Ben Hannan, Director of Pharmacy & Medicines.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 6 November 2023

In terms of the previous minute, item 7.1 – IPQR, paragraph 5, clarification was provided that this comment was in relation to the activity projection. The minute to be updated before submitting to the Board.

Action: Board Committee Support Officer

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

4. Matters Arising / Action List

The Director of Health & Social Care provided a verbal update on action no. 1 around the early intervention work carried out in schools in relation to Child & Adolescent Mental Health Services (CAHMS). It was reported that there is input into all schools across Fife and that there is a representative at all educational led child wellbeing meetings. An overview was provided on the pilot programme in relation to offering support to schools, and it was advised that the early intervention service have been providing education in schools, and an update was provided on the work that is being undertaken. In addition, it was reported that training is being provided for mental health ambassadors within schools.

It was advised that the High-Risk Pain Medicines - Patient Safety Programme action is duplicated on the action list. This would be corrected for the next iteration.

Action: Board Committee Support Officer

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

5. GOVERNANCE MATTERS

5.1 Internal Controls Evaluation (ICE) Report 2022/23

The Director of Finance & Strategy advised that there were no significant issues within the ICE report to feedback to the Committee, and that the increasing risk around the financial position has been highlighted. It was further advised that an updated report, to include the year-end work, will come back to the Committee as part of the annual accounting sign-off process.

Following a comment, it was advised that further work will be undertaken in relation to the scrutiny of the financial plan and Annual Delivery Plan, which will enable sight of the full context and shared level of understanding of the challenges ahead, and that this will be carried out in parallel with risks.

It was questioned if further detail will be added to the report, in terms of the Committee's risk reduction approach, and the Director of Finance & Strategy agreed to feedback to the team.

Action: Director of Finance & Strategy

The Committee is asked to take **assurance** from the report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health advised that the deep dive on health inequalities will be presented under agenda item 8.1.

An overview on the content of the paper was provided, and it was reported that there is no change to the risk rating. It was advised that an update is also provided from the Audit & Risk Committee Development Session held in October 2023 on the review of

the effectiveness of the new Corporate Risk Register process. It was also noted that there is a commitment from the Risk & Opportunities Group to continue to review, revise and refine the risk management approach.

Following a question, progress on the roll-out of the risk dashboard was provided, and the Director of Finance & Strategy agreed to confirm the timeline for roll-out to Committees.

Action: Director of Finance & Strategy

Following questions, it was advised that the health & inequalities deep dive paper sets out the rationale for recommending a change to the target risk level for health & inequalities. The Director of Health & Social Care agreed to review the timeline for the primary care services risk, before the next Committee meeting in March 2024.

Action: Director of Health & Social Care

A request was made for the report to be more explicit in terms of the consequence of finance and performance.

The Committee took a **“reasonable” 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.

5.3 Review of Draft Annual Workplan 2024/25

The Director of Public Health presented the draft annual workplan for 2024/25 and noted that consideration of corporate risks has been made explicit within the workplan, which was a recommendation from the Risk & Opportunities Group. It was also noted that suggestions for Development Sessions have been included, and the Chair highlighted the importance of Development Sessions for the Public Health & Wellbeing Committee, given its relative newness in the Board governance structure.

Discussion took place around the Committee’s role in terms of broader public health topics, and the importance of ensuring that these are focussed for the Committee. It was noted that there is a challenge in balancing efficiency and ensuring good governance and due diligence. It was also noted that areas of escalation or emerging issues would be brought to the Committee.

The Committee **considered** and **approved** the proposed workplan for 2024/2025; and **approved** the approach to ensure that the workplan remains current.

5.4 Delivery of Annual Workplan 2023/24

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

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy Mid-Year Review

The Associate Director of Planning & Performance advised that the report details the progress of the implementation of the strategy and covers how the strategy is being delivered and monitored through the Programme Management Office, the management

of risk through the Corporate Risk Register and the work that is ongoing around quality indicators.

A proposal was made to change the statement from 'ensuring universal access to immunisations, including influenza and Covid-19', to 'ensuring equitable access to routine seasonal and selective immunisation programmes throughout the life course'. This was **agreed** by the Committee.

The key points from the report were provided, and an overview was also provided on the planned next steps. It was noted that supporting impact and indicators will be included in the next iteration of the report.

A question was raised on meeting timelines, and it was reported that the next review will detail what has been completed and what needs to continue, and that this will be made explicit in the Annual Report planned for May.

The Committee took **assurance** from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.

6.2 Post Diagnostic Support for Dementia

The Director of Health & Social Care advised that, as part of the Scottish Government Transition and Recover agenda for mental health services, everyone diagnosed with dementia should receive 12 months of post diagnostic support, and that funding has been made available to support that delivery.

It was reported that there have been challenges with delivery, and an overview of the improvement actions was provided, as detailed in the paper. An overview on the pillar model was also provided, and it was advised that it is expected by the end of August 2024 waiting lists will have reduced further. The associated risks were highlighted, and it was advised that they require to be quantified once funding is known.

The impact of suspending the service during the Covid-19 pandemic was questioned, and the learning that was taken from this. The challenges were outlined, including difficulties with engaging on MS Teams for some people, and it was advised that support was in place, albeit the 12 months programme was not delivered during this time. It was also advised that there have been enhancements to the carers' support package. In addition, it was reported that actions have been taken around improving the quality of data, to support the improvement of performance.

Following questions, the differences between Alzheimers Scotland and in-house support in terms of efficiency or effectiveness was explained, and it was advised that there is a clinical triage pathway between services. It was also explained that there are benefits to both group work and individual consultation.

It was noted that NHS Fife was the second top Board in the national report for post diagnostic support, and it was queried if this position has been sustained.

The Committee took **assurance** on the actions being taken to improve access to post diagnostic support. The Committee also **agreed** to be provided with a report in 6 months' time to give assurance on progress.

6.3 Mental Health Strategy Implementation

The Director of Health & Social Care advised that the update and implementation of the strategy provides assurance that the refreshed draft mission, vision, values and priorities are aligned to the Population Health & Wellbeing Strategy, the Health & Social Care Strategic Plan, and national outcomes. It was also advised that the strategy covers mental health delivery across all of our local authority areas.

It was reported the strategy is in draft, and that further work will be carried out in terms of performance standards and metrics, and that the final strategy will be brought back to the Committee, once the strategy is approved by the Integration Joint Board (IJB).

Following a comment, the Director of Health & Strategy agreed to feedback to the team in terms of what can be done to make the strategy vibrant and stand out.

Confirmation was provided that the direction of travel for community-based services will be included within the delivery plans.

The Committee took **assurance** on the progress being made towards the development of a new Mental Health and Wellbeing Strategy and Delivery Plan for Fife.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on performance for Child & Adolescent Mental Health Services (CAHMS) and Psychological Therapies (PT), and improvement actions. It was reported that there is an improvement trajectory for CAHMS, and that the trajectory for PT remains variable on a month-to-month basis, however, improvement actions are in place. An explanation was provided on the early intervention work within schools for CAHMS.

A request was made to report on the wider mental health aspects, and it was advised that work is being undertaken in relation to the mental health strategy and reviewing the national performance indicators, and agreement was made to bring this back to the Committee.

Action: Director of Health & Social Care

An update was provided on smoking cessation, and the lag in data being published, was explained. The smoking cessation service within Antenatal was described and it was noted that this is a unique service and will be evaluated.

The Director of Health & Social Care also provided an update on performance for vaccinations and advised that a lot of work has been carried out to improve uptake, and it is expected that there will be an improvement on performance, once the data from December 2023 is available. It was noted that uptake has been low across all NHS Scotland Boards for frontline health care workers.

The Director of Public Health advised that there was no new published data for immunisation: 6-in-1 and MMR2, and that an update will be included in the next iteration of the report.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

7.2 Dental Services & Oral Health Improvement

The Director of Public Health spoke to the paper and highlighted the wider changes that have recently taken place, including the introduction of the new Dental contract in November 2023 and the challenges resulting in reduced activity levels within independent dental practices. An overview was also provided on the key points within the paper. It was advised that the public health dental service is working incredibly hard to ensure that dental services are sustainable.

Following a question about the potential benefit from repeating the inspection programme for children more frequently, it was advised that only a representative sample is provided in the national dental inspection programme, and that there would be limited benefit in doing so as there is clear understanding about the actions which are needed. There would also be challenges in terms of capacity to roll this out to all children. Assurance was provided on next steps and engagement with education services in terms of oral health for children.

It was questioned if there is national work around patients registering and the uptake in health checks and treatments. In response, it was advised that the information that private practices hold is limited, and we do not have access to it. It was also advised that people who are registered may still choose not to attend for preventive care, and that the numbers registered may not be completely up to date as names are kept on the list for two years.

The Committee took **assurance** from the report, that NHS Fife is following due process within the limited powers available.

7.3 Eating Well & Having a Healthy Weight and Staying Physically Active

The Director of Public Health advised that eating well, having a healthy weight and staying physically active was recognised as a national public health priority in 2018. An overview on the content of the report was provided. It was noted that financial pressures in the public sector may influence a reduction in health facilities in Fife.

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

8. INEQUALITIES

8.1 Health & Inequalities Deep Dive

The Director of Public Health advised that paper provides an update on progress to address health & inequalities. Also included within the paper is an update on the actions to mitigate the impact of health & inequalities, and an overview was provided on several management actions that have been progressed locally. It was also advised that as

previously highlighted there have been challenges with finalising the metrics, which has delayed fully implementing the evaluation framework within the Population Health and Wellbeing Strategy which would also contribute to monitoring this risk.

An overview was provided on the deep dive, at appendix 1, and recommendation was made to adjust the target risk rating.

Suggestion was made to have a development session around the root causes for the inequality elements, with it being noted that this links into the eating well, having a health weight and staying physically active priorities.

Discussion took place on enhancing the Integrated Performance & Quality Report in terms of measures for the root causes which are specific to NHS Fife.

The Committee took **assurance** that we are robustly overseeing and managing the risk of health & inequalities and **agreed** the current and target risk level ratings.

8.2 Participation & Engagement Annual Report

The Director of Nursing advised that the report is presented to provide assurance on the public engagement and consultation work undertaken in 2022/23. It was further advised that a Public Participation & Community Engagement Strategy is being developed by Corporate Communications and will include the outcomes and plans from the Health Improvement Scotland (HIS) self-assessment.

It was confirmed that engagement will be measured through joined up working, including with the Inequalities Team and Health & Social Care Partnership.

The Committee took **assurance** from this report and noted future steps.

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Annual Climate Emergency and Sustainability Annual Report 2022/23

The Director of Property & Asset Management presented the report and provided a detailed overview on the table within, which sets out the amount of greenhouse gas which is produced annually by NHS Fife. It was advised that gradual and consistent reductions in building energy use are being carried out, and that our reduction in energy has largely been around reducing electricity. It was also noted that waste reduction can be significantly reduced at a low cost.

Comment was made around the UK Government's compulsory change from internal combustion to electric vehicles, and the possibility of targets being reviewed, and resource requirement.

The Committee took **assurance** and **considered** the content in terms of finalising the Draft Annual Climate Emergency and Sustainability Report 2022/23.

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Equality and Human Rights Strategy Group held on 10 November 2023 (confirmed)

It was advised that the matter for escalation regarding discrimination and racism in the workplace was discussed in detail at the previous week's Staff Governance Committee.

10.2 Public Health Assurance Committee held on 18 October 2023 (confirmed) & 6 December 2023

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting - Monday 4 March 2024 from 10am – 12pm via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 4 March 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To confirm timelines for roll-out of the risk dashboard to Committees.	MM	Once available	Action in progress, and an update will be provided, once available	In progress
2.	15/01/24	Internal Controls Evaluation Report 2022/23	To feedback to the team, the request to add further detail to the report, in terms of the Committee's risk approach.	MM	May 2024	An update will be provided to the Committee in May 2024.	Deadline not reached
3.	06/11/23	Delivery of Annual Workplan 2023/24	Assurance summaries to be presented to the Committee from the Equality & Human Rights Strategy Group and the Public Health Assurance Committee meetings.	JT/JK/GM	May 2024	To be discussed further at Board Development Session in February 2024, as part of Board-level reflections on Blueprint survey results and desired enhancements to governance practices. Assurance summaries will be produced, and presented at the May 2024 meeting.	Deadline not reached
4.	04/09/23	Corporate Risks Aligned to PH&WC	To seek clarity on the timeline regarding the potential corporate risk around future biological threats being presented to the Committee.	JT	May 2024	A risk scoping exercise on the longer-term risk around preparedness for future biological threats (including pandemics) has commenced. The risk will be presented to EDG in January 2024 and the appropriate governance groups and committees for consideration and a decision on whether to include in the Corporate Risk Register.	Deadline not reached

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
5.	04/09/23	Alcohol & Drugs Partnership Annual Report 2022/23	A refresh of the Alcohol & Drugs Partnership Strategy will be presented to the Committee, once available.	NC	TBC - once available	Anticipated to be ready for July 2024.	On hold
6.	06/11/23	Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review	To ask the Child & Adolescent Mental Health Services (CAHMS) for further information around early intervention work carried out in schools.	NC	January 2024	A verbal update will be provided at the meeting.	Closed
7.	15/01/24	Minutes of Previous Meeting	To update the minute before submitting to the Board, as follows: item 7.1 – IPQR, paragraph 5, clarification was provided that this comment was in relation to the activity projection.	HT	January 2024	Complete.	Closed
8.	04/09/23	High Risk Pain Medicines - Patient Safety Programme	To provide a further update back to the Committee on the Measures Framework and Benefits Framework, and the quantitative data that will be utilised for the programme.	BH	March 2024	On agenda.	Closed
9.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To review the timeline for the primary care services risk before the next Committee meeting.	NC	March 2024	The date has been updated to March 2025. Action Complete.	Closed
10.	15/01/24	Integrated Performance & Quality Report	To bring back to the Committee, a report on wider mental health aspects and the work being undertaken in relation to the mental health strategy and reviewing the national performance indicators.	NC	March 2024	The performance report to support the strategy will be developed and presented as part of the delivery plan for the strategy to inform a wider suite of indicators. Updated on workplan to July 2024.	Closed

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 March 2024
Title:	Committee Self-Assessment Report 2023-24
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Public Health & Wellbeing Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

A light-touch review of the standard question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2023. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness.

2.3 Assessment

As previously agreed, Committee Chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Public Health & Wellbeing Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Acting Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference, with adequate membership, an appropriate schedule of meetings and processes in place to allow for escalation of matters directly to the Board.

Self-Assessment questionnaire (completed by members and attendees)

In total, excluding from numbers the Acting Chair, 6 of 7 members and all 5 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated. In particular, the usefulness of Committee-level Development Sessions and Deep Dive reviews of risks aligned to the Committee were welcomed as being useful in increasing members' understanding around key areas. It was noted that the Committee was still establishing itself and this gives opportunity for making further improvements to the workplan and agenda coverage going forward.

Some areas for improvement were highlighted. Initial comments identified for further discussion include:

- further work required on making agendas and meeting packs manageable in the time allowed for meetings, particularly limiting the frequency of data-heavy appendices (though this was felt to be less of an issue for this committee than others of the Board);

- a review of membership, to ensure current vacancies are filled, that there are appropriate linkages with Board Champion positions and that, given the Committee's role around strategy, further input from key Executives is requested when the business so requires;
- a recognition that some of the datasets for the Committee (such as those related to smoking cessation and immunisation performance) have a lag in currency due to their being based on national statistics, and hence more local updates on these services might be required; and
- further refinement of the Committee's workplan and agendas to ensure a focus on emerging public health priorities, given the core remit of the committee.

Some of the issues noted above are not unique to the Public Health & Wellbeing Committee and indeed are common across a number of Board committees, particularly those with wide-ranging remits. Board-wide enhancements to agendas (to add timings for items and to list explicitly thereon whether the agenda item is for assurance, approval etc.) are presently being planned for introduction from the May cycle of meetings. An induction pack for the Committee has also been drafted and this is being finalised, with a view to being available for new members.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

2.3.5 Equality and Diversity, including 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 Other impact

N/A

2.3.8 Communication, involvement, engagement and consultation

Invitation, and reminders, to complete the questionnaire were sent to all members, allowing for all the chance to submit feedback.

2.3.9 Route to the Meeting

This paper has been considered initially by the Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

2 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics						
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	2 (18%)	8 (73%)	1 (9%)	-	<p>The Committee has membership from across the areas covered by the terms of reference. They have access to and do seek reports from others across the whole health and social care system that are relevant to the work of this Committee.</p> <p>I think the committee would benefit from more Non-Executive Directors.</p> <p>The Committee is chaired by the Chair of the Board and well supported by members and the corporate team.</p> <p>If responsible for strategy in entirety, membership/attendance should consider wider exec input.</p>
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	5 (45%)	6 (55%)	-	-	<p>The Board's Non-Executive Sustainability Champion is not currently a member.</p> <p>The core membership is representative and when required others are invited to attend.</p> <p>Committee agreed to extend regular invitations to Directors with responsibilities for key risks and wider population concerns. Authors of main papers are invited to attend and receive feedback during meetings, and this has increased understanding of key topic areas.</p>
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	2 (18%)	9 (82%)	-	-	<p>I think there is opportunity given this committee is newer than others to review the role and remit to ensure we are capturing key public health issues.</p> <p>Committee members have clarified their particular contributions and the interface with other governance groups and members are growing in confidence about their role.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A4.	Committee members are able to express their opinions openly and constructively.	5 (45%)	6 (55%)	-	-	<p>I agree that members are able to speak freely and be listened to by the other committee members and regular attendees.</p> <p>A good example of this is the discussion on the first draft of the Strategy Mid-Year Report, which resulted in the report being reviewed and restructured. It was a very helpful, useful and constructive discussion.</p> <p>There is open discussion of issues which are identified during meetings and feedback is given in a constructive way.</p>
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	1 (9%)	10 (91%)	-	-	<p>I believe that some members of the committee are more effective in their scrutiny and challenge of the Executive and those reporting.</p> <p>The Committee scrutinise and discuss critical or sensitive matters. Scoring this slightly more conservatively as there have been limited opportunities to see this happen in practice.</p>
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	2 (18%)	9 (82%)	-	-	<p>This could be improved with targeted development sessions.</p> <p>From my knowledge Committee members have been briefed by the chair and exec teams on the relevant areas of work. The deep dives presented to the Committee allow this to be a continuous process for all committee members and regular attendees.</p> <p>Where possible, deep dive presentations are delivered to enhance the board's understanding of the services under its remit.</p> <p>Relatively new Committee - still some discussion about areas of business.</p> <p>I think it would be helpful to have Committee specific induction pack that introduces key concepts around Public Health, Population Health, Health Inequalities, Health Equity etc and potentially more development sessions.</p> <p>Development sessions have been held over the last year covering Child & Adolescent Mental Health Services and Psychological Therapies and the national Screening programmes.</p>

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	1 (9%)	10 (91%)	-	-	The requests for additional information/ briefings support this. The Committee has a broad remit covering population health and is still relatively recently established. Members have not raised any concerns about gaps or issues about the workplan, but it is likely to be at least a further two years before the workplan is fully settled and established.
B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	2 (18%)	9 (82%)	-	-	There are some challenges in providing timely data on performance due to different publication dates of national statistics. This is perhaps particularly evident for this Committee which relies on nationally published information e.g. for smoking cessation and immunisation statistics.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	2 (18%)	9 (82%)	-	-	Audit reports are presented within agreed timeframes. However, most inspection reports or regulatory reports are received by other Committees.
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	2 (18%)	9 (82%)	-	-	These are reflected as standard in the reports to the Committee. I think there is opportunity for some cross referencing of national key documents to our role and remit as a committee and also with respect to our IPQR and data sets.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	2 (18%)	9 (82%)	-	-	Sometimes there are too many appendices - these could be hyperlinked instead of reproduced if they are supporting guidance or on-line available documents. Sometimes there are lengthy and multiple papers which could be presented in a more concise manner. Broadly, this is less of an issue for this particular Committee, however there are still times when meeting packs are substantial, particularly when there are larger attachments alongside cover papers, and this can be problematic.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	6 (55%)	5 (45%)	-	-	Corporate services have well established cycles of meeting paper requests and submission dates which helps ensure that papers go out in time.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	3 (27%)	8 (73%)	-	-	-
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	5 (45%)	6 (55%)	-	-	Minutes are of a very high quality and circulated promptly for comment or amendment.
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	6 (55%)	5 (45%)	-	-	-
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's strategies, policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	3 (27%)	8 (73%)	-	-	With respect to previous comments, I think this is more focused to progress with our Population Health and Wellbeing Strategy as opposed to matters relating to Public Health. There is a clear route of escalation should Committee wish to raise issues and the chair always highlights this at the end of every meeting.
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub groups) is operating effectively as part of the overall governance framework.	3 (27%)	8 (73%)	-	-	This is working, although sometimes there can be uncertainty or requests for clarification from members about delegated authority, particularly in relation to the IJB.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
C. The Role and Work of the Committee						
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	6 (55%)	5 (45%)	-	-	At each meeting the Chair asks if there are any points for escalation and the response and any actions are recorded in the minute of the meeting.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	2 (18%)	9 (82%)	-	-	Subject to considerations highlighted previously.
C3.	The Committee's agenda is well managed and ensures that all topics with the Committee's overall Terms of Reference are appropriately covered	3 (27%)	8 (73%)	-	-	As mentioned previously, this is a relatively new Committee and anticipate that it will continue to benefit from development of workplan over the next two years.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	4 (36%)	7 (64%)	-	-	These are clear in the minute and associated action list.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>Nothing to add.</p> <p>Committee specific induction.</p> <p>Calendar of annual planned Development Sessions.</p> <p>Mapping of our Committees role and remit to National strategies and documents.</p> <p>Review of our IPQR to consider scope of our data and performance responsibilities.</p> <p>Ongoing dialogue with Committee about the information that members find most useful to support tracking performance.</p>				

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D. Public Health & Wellbeing Committee specific questions						
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit are being managed to a tolerable level.	4 (36%)	7 (64%)	-	-	Corporate risks are reviewed and discussed at each meeting. Very responsive to feedback. Committee members have been actively engaged in developing the review process for corporate risks aligned to them. This has led to refinements and improvements in the process.
D2	There is appropriate coverage of the key components of the Committee's remit in meeting agendas (i.e., as an example, for Clinical Governance, the full range of clinical governance activity, including Patient Safety, Quality of Care, Clinical Effectiveness and Patient Experience, is reviewed during the year - and similarly so for other committees).	2 (18%)	9 (82%)	-	-	However, the IPQR and other reports could be enhanced to incorporate wider issues on mental health and not just Child & Adolescent Mental Health Services and Psychological Therapies.
D3.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	3 (27%)	8 (73%)	-	-	There have been revisions to the IPQR including the addition of metrics most pertinent to this Committee. The Committee is also regularly updated on the delivery performance against the Population Health and Wellbeing Strategy. The performance information and data for population metrics is less frequently produced and this can mean that there is a significant lag time for quarterly updates. However, the operational leads in these areas will rapidly escalate issues if necessary and these issues are shared with Committee.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Comments
D4.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	3 (27%)	8 (73%)	-	-	-

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 March 2024
Title:	Annual Review of Committee's Terms of Reference
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Gillian MacIntosh, Board Secretary

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.

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2023, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments are largely minor in nature. The most significant is an amendment to the membership section, to allow the new Chair of the Board flexibility in deciding in due course whether the future chairing of the Committee is undertaken by the Chair or another Non-Executive member.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each

standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

2.3.1 Quality / Patient 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 will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

2.3.5 Equality and Diversity, including 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 Lead Executive Director.

2.4 Recommendation

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Public Health & Wellbeing Committee's 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: ***

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 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:

~~—The Chair of the Board (who will act as Chair of the Committee)~~

- ~~Four~~ Three 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 the 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.~~The Chair of Fife NHS Board 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 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 risks relating to primary care and community services are addressed in line with the directions set and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national standards or targets.

- To support the work of the Anchor Institute Programme Board ~~and Portfolio 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, ~~via the Audit and Risk Committee~~. 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: 4 March 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: Pauline Cumming, Risk Manager, NHS Fife

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

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 risks aligned to this Committee since the last report on 15 January 2024. The Committee is invited to:

- note details of the corporate risks aligned to the Committee at Appendix No. 1;
- review all information provided against the Assurance Principles at Appendix No. 2, and the Risk Matrix at Appendix No. 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 31/01/24 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	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	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.							
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		
Very Low Risk	1 - 3						

The risks aligned to this Committee are summarised in Table 2 below and at Appendix No. 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	1 (Red) 2 (Orange) - (Yellow) - (Green)	◀▶	<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 - Mitigations updated Risk 2- Target rating, level and date updated
 To improve the quality of health and care services	1 (Red) - (Orange) - (Yellow) - (Green)	◀▶	<ul style="list-style-type: none"> 10 - Primary Care Services 	Risk 10 - Mitigations updated Target timescale updated

Since the last report to the Committee on 15 January 2024:

- Four risks continue to be aligned to the Committee.
- The risk level breakdown is unchanged at - 2 High and 2 Moderate.
- No risks have been closed.
- No new risks have been identified.

Updates

Risk 2 - Health Inequalities

At the last meeting of the Committee, the Director of Public Health presented a deep dive review of the Health Inequalities risk. This included a recommendation to increase the risk target rating and level from Moderate 10 to High 15. It was felt that the previous target of 10 was unrealistic, given slippage in the development of an action plan and associated evaluation framework. The Committee took assurance that there is robust oversight and management of this risk, and agreed with the recommended increase in the target risk rating and level. Members are advised that the Director of Public Health has changed the target date from 31 March 2024 to 31 May 2024; this will allow the next update to reflect review of the risk by the Public Health Assurance Committee scheduled for April.2024.

Risk 10 - Primary Care Services

Following discussion of the Primary Care Services risk at the last meeting of the Committee, the Director of Health & Social Care agreed to review the timeline for achieving the target reduction in risk level from High 16 to Moderate 12. As the Primary Care Strategy is a 3

year programme, it is unlikely that the score will reduce much before 2025. In light of this, the timeline has been changed from 31/03/2024 to 31/03/2025.

Details of all risks are contained within Appendix No. 1.

Deep Dive Reviews

Risk Deep Dive reviews remain a key element of our assurance arrangements.

The requirement for a 'deep dive' will continue to be determined through routes including the Executive Directors Group (EDG) and the Risks & Opportunities Group (ROG). Such decisions will be informed by intelligence within operational teams, as well as consideration of trigger factors such as the creation of a new corporate risk, materially deteriorating risks, or the proposed de-escalation / closure of a corporate risk, as recommended in the update report to the January 2024 meeting of this Committee.

It is recognised that Committee Chairs may commission deep dive reviews for reasons other than the above. Such exceptions will be considered on a case by case basis.

The refreshed approach will be implemented during Quarter 2, 2024 - 2025.

Work continues through the ROG to further develop the content of deep dive reviews in order that they enhance understanding, inform strategic thinking and help target and improve specific areas of risk.

Next Steps

The ROG will continue to promote and support the further development of risk management, and consider enhancements in this area. The Corporate Risk Register and Deep Dive Reviews will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations.

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.

This allows for due diligence, contributing to more transparent decision making and good corporate governance.

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 Diversity, including 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 the outputs of communication and engagement with key stakeholders.

2.3.8 Route to the Meeting

- Nicky Connor, Director of Health & Social Care, on 16 February 2024
- Susan Fraser, Associate Director of Planning & Performance, on 16 February 2024
- Neil McCormick, Director of Property & Asset Management, on 16 February 2024

- Margo McGurk, Director of Finance & Strategy, on 16 February 2024
- Dr Chris McKenna, Medical Director, on 16 February 2024
- Carol Potter, Chief Executive, on 16 February 2024
- Dr Joy Tomlinson, Director of Public Health, on 16 February 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 “reasonable” 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 No.1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 21 February 2024
- Appendix No. 2, Assurance Principles
- Appendix No. 3, Risk Matrix

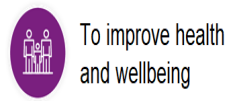
Report Contact

Pauline Cumming

Risk Manager

Email pauline.cumming@nhs.scot

**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee
as at 21 February 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 was submitted to Scottish Government in July 2023 which flows from our strategy and is based on the same principles and values.</p> <p>An update on the deep dive review was provided to the PHWC in Sept 2023 which reported that structures and processes are being put in place to allow ongoing assessment on delivery of the strategy.</p> <p>Progress against delivery of the</p>	Mod 12	Mod 12 by 31/03/24	◀▶	Below	Chief Executive	Public Health & Wellbeing

		<p>strategy has been documented in the PHW Strategy Mid Year Report approved in January 2024 by NHS Fife Board.</p> <p>The Annual Report 23/24 will describe progress made during 2023/24 against the strategy outcomes as well as the proposed actions for 2024/25. This will be aligned to the medium term financial plan.</p>						
2	<p>Health Inequalities</p> <p>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>	<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 will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy.</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>	High 20	High 15 by 31/05/24	◀▶	Within	Director of Public Health	Public Health & Wellbeing

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>The Board's Climate Change Annual Report is being prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG).</p> <p>Resource in the sustainability team has increased by 1 FTE via external funding initially for 12 months.</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>The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.</p>	Mod 12	Mod 10 by 01/04/2025	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing



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 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>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 and sustainability.</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.</p> <p>Following approval of the Performance and Assurance Framework an annual report will be presented to Committee /</p>	High 16	Mod 12 (3 x4) by 31/03/25	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing

		<p>IJB.</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> <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. This will be progressed via committees for approval by April 2024, following a further workshop to be convened by March 24.</p> <p>Local negotiations in relation to MOU2 transitional payments are complete and agreement has been reached and implemented for 23/24.</p> <p>The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary & Preventative Care (P&PC) is now complete and is to be ratified by PCGSOG when it next convenes early 2024.</p> <p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains</p>						
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		<p>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.</p> <p>The PCIP 2023-2024 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers - March 2024.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p>						
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Risk Movement Key

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

Assurance Principles

General Questions:			
<ul style="list-style-type: none"> 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:			
<ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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): <ul style="list-style-type: none"> 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
- 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. 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)

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
DRAFT 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, Risk Reviews TBC	Director of Finance & Strategy/Director of Public Health	✓	✓	✓	✓	✓	✓
		Wider Threats (Pandemics/ Biological Threats) Population H&W Strategy	Primary Care Services	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
Anchor Institution Programme Board Update	Director of Public Health	✓ Final Strategic Plan			✓		
Annual Delivery Plan Quarterly Performance Report 2024/25 <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			✓			
Implementation of the Promise National Strategy	Director of Health & Social Care		✓				
Mental Health Estates Initial Agreement Update	Medical Director					✓	
Mental Health Strategy Implementation	Director of Health & Social Care						✓
Primary Care Strategy	Director of Health & Social Care			✓			
Prevention & Early Intervention Strategy	Director of Health & Social Care	✓					
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
Alcohol and Drugs Partnership Strategy Development Overview	Director of Health & Social Care		✓				
CAMHS Performance Update	Director of Health & Social Care	✓			✓		✓
Dental Services & Oral Health Improvement	Director of Public Health					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active	Director of Public Health					✓	
Green Health Partnership Update	Director of Public Health				✓		

Quality / Performance (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report – TBC	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			✓			
No Cervix Exclusion Audit	Director of Public Health		✓				
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			✓			
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							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Adult Support & Protection Annual Report 2023/24 (<i>also goes to CGC</i>)	Director of Nursing		✓				
Alcohol & Drugs Partnership Annual Report 2023/24	Director of Health & Social Care			✓ TBC			
Annual Climate Emergency and Sustainability Report 2023/24	Director of Property & Asset Management						✓
Director of Public Health Annual Report 2023/24 (<i>and additional updates, based on agreed priorities</i>) (<i>also goes to CGC</i>)	Director of Public Health			✓			

Annual Reports (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Fife Child Protection Annual Report 2023/24 <i>(also goes to CGC)</i>	Director of Nursing		✓				
Health Promoting Health Service Annual Report 2023/24	Director of Public Health			✓			
Immunisation Annual Report, including Strategy Implementation 2023/24	Director of Public Health		✓				
Public Health Screening Programmes Annual Report 2023/24	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2023/24	Director of Pharmacy & Medicines				✓		
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	
Ad Hoc Items							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Matters Arising							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25

Development Sessions							
	Lead						
Joint Working with Partnerships - TBC	Director of Public Health						
Health & Transport - TBC	Director of Public Health / Director of Estates & Property Management						

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2023 / 2024**

Governance - General							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
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	✓ Primary Care Services	✓ Population H&W Strategy	✓ Environmental	✓	✓ Health & Inequalities	✓
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	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Anchor Institution Programme Board	Director of Public Health	✓ Community Benefits Gateway		✓	✓ Draft Strategic Plan		Final Plan deferred - metrics to be concluded
Annual Delivery Plan Quarterly Performance Report 2023/24 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy		✓	✓	✓ Q2		Q3 Report removed – not required by SG

Strategy / Planning (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Corporate Objectives	Director of Finance & Strategy	✓					
IJB Strategic Plan	Director of Health & Social Care	TBC					
Implementation of the Promise National Strategy	Director of Health & Social Care	Deferred to next mtg	✓				
Mental Health Strategy Implementation	Director of Health & Social Care					✓	
Primary Care Strategy	Director of Health & Social Care	✓ Update	✓ Strategy				
Prevention & Early Intervention Strategy	Director of Health & Social Care			Deferred to next mtg	Deferred to next mtg	Deferred to next mtg	✓ Presentation
Population Health & Wellbeing Strategy 2023/24 <i>(also goes to FP&R & SGC)</i>	Director of Finance & Strategy		Will be covered under deep dive		✓ Mid-year review	✓ Mid-year review	✓ c/f - Annual Report: May 2024
Post Diagnostic Support for Dementia	Director of Health & Social Care				Deferred to next mtg	✓	
Strategic Planning & Resources Allocation 2024/25	Director of Finance & Strategy	Removed - This item will be presented to the Finance, Performance & Resources Committee					
Quality / Performance							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Breast Screening Adverse Event Paper	Director of Public Health		✓ Private Session				
CAMHS Performance Update	Director of Health & Social Care	✓ Covered at development session			✓		Removed
Dental Services & Oral Health Improvement	Director of Public Health					✓	
Eating Well & Having a Healthy Weight and Staying Physically Active	Director of Public Health			Deferred to next mtg	Deferred to next mtg	✓	
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health	Due April 2024					

Quality / Performance (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Psychological Therapies Standard Update	Director of Health & Social Care				✓		
Long Covid Service Update	Director of Public Health			✓			
Primary Care Governance and Strategic Oversight Group	Medical Director/Director of Health & Social Care						✓
Tender Process for 2C GP Practices <i>(also goes to FPR)</i>	Director of Health & Social Care	✓ Private Session					
Inequalities							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report 2022/23 <i>(also goes to CGC)</i>	Director of Nursing	Equalities Outcomes is bi-annual, and next report (final report of 2021 - 2025) is due next year. New Outcomes report 2025 - 2029 will come out early 2025, with interim report in 2027 and final report in 2029.					
Participation & Engagement Report	Director of Nursing				Deferred to next mtg	✓	
Tackling Poverty & Preventing Crisis Action Plan	Director of Public Health			✓ Incorporated into the Annual Report			
Annual Reports							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing	✓ Biennial Report					Deferred to July 24
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care	Deferred to next mtg	Deferred to next mtg	✓			Removed – will come in Sept. 24
Tackling Poverty & Preventing Crisis Annual Report	Director of Public Health			✓			
Annual Climate Emergency and Sustainability Report 2022/23	Director of Property & Asset Management					✓	

Annual Reports (cont.)								
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24	
Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health	Deferred to next mtg	✓					
Fife Child Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing		✓					
Health Promoting Health Service Annual Report	Director of Public Health			✓				
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care		✓					
Immunisation Annual Report, including Strategy Implementation	Director of Public Health		✓					
Public Health Screening Programmes Annual Report	Director of Public Health				✓			
Pharmaceutical Care Services Annual Report 2022/23	Director of Pharmacy & Medicines				✓			
Sexual Health and Blood Borne Virus Framework Annual Report	Director of Health & Social Care				Deferred to March		✓	
Smoking Cessation and Prevention Work Annual Report	Director of Health & Social Care		✓					
Violence Against Women Annual Report 2022/23	Director of Health & Social Care						✓	
Linked Committee Minutes								
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24	
Equality and Human Rights Strategy Group	Director of Nursing	✓ 03/02	✓ 12/05 – mtg cancelled	✓ 04/08 – mtg cancelled		✓ 10/11	✓ 01/02	
Portfolio Board	Director of Finance & Strategy	✓ 09/02 & 09/03	Disbanded					

Linked Committee Minutes (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Public Health Assurance Committee	Director of Public Health		✓ 12/04		✓ 14/06 & 02/08	✓ 18/10 & 06/12	
Ad Hoc Items							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Greenspace Strategy	Director of Property & Asset Management	✓					
Feedback from Fife Partnership/Leadership Sessions	Director of Public Health	✓					
No Cervix Exclusion Audit	Director of Public Health	✓					
East Region Health Protection Service: Implementation Update	Director of Public Health	✓					
Commonwealth Partnerships for Antimicrobial Stewardship	Director of Pharmacy & Medicines	✓					
Spring Booster Campaign	Director of Health & Social Care	✓					
Lloyds Pharmacy Divestment	Director of Pharmacy & Medicines	✓ Private Session					
Green Health Partnership Update	Director of Public Health				✓		
Medium Term Plan 2023-26	Director of Finance & Strategy		✓				
Alcohol and Drugs Partnership Strategy Development Overview	Director of Health & Social Care				✓		
High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report	Director of Pharmacy & Medicines			✓			
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
Mental Health Estates Initial Agreement	Medical Director	Initial Agreement is part of a larger business plan for mental health. Removed from workplan.					
Covid Inquiry	Director of Public Health					✓ Private Session	

Ad Hoc Items (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Fife Specialist Palliative Care Services	Director of Health & Social Care						✓
Internal Control Evaluation Report 2022/23	Director of Finance & Strategy					✓	
The Promise Update	Director of Health & Social Care						✓
Measles Preparedness Briefing	Director of Public Health						✓
Satellite Static Unit in Fife for National Screening Division Commissioned Service for Breast Cancer Screening	Director of Public Health						✓
Actions Taken in Response to Single Measles Case in Fife	Director of Public Health						✓ Private Session
Development Sessions							
	Lead						
Development Session 1 • Child & Adolescent Mental Health Service (CAMHS) & Psychological Therapies (PT)	Director of Health & Social Care	✓ 19/04/23					
Development Session 2 • Integrated Screening	Director of Public Health			✓ 24/10/23			
Development Session 3 • Strategic review of childhood immunisations	Director of Public Health					✓ 22/02/24	

Meeting:	Public Health and Wellbeing Committee
Meeting date:	4 March 2024
Title:	High Risk Pain Medicines Patient Safety Programme – Year Two Update
Responsible Executive:	Ben Hannan, Director of Pharmacy & Medicines
Report Author:	Garry Robertson, Programme Manager, CPMO/Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes/Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The High-Risk Pain Medicines (HRPM) Patient Safety Programme is a strategic priority 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 aims to understand how pain is currently managed across Fife, with the objectives of seeking a change in prescribing culture and reduction in 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 structured over three annual phases (Appendix 1). The purpose of this paper is to provide assurance on progress to date across year 2.

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 is via the Programme Board (mandated by the Sponsoring Group, EDG). The programme reports into Population Health & Wellbeing and Clinical Care Governance Committees, and shares information with the Health and Social Care Partnership via the Senior Leadership Team.

2.3 Assessment

Programme Structure

Since last update, the programme has been restructured to support the co-ordination of activity and decision making required across multiple streams of work in year 2, in response to the key findings from year 1 “Understanding The Problem Phase” (Appendix 2 outlines the programme deliverables for year 2).

Programme Outputs

From the programme response for year 2 (Appendix 2), table 1 outlines progress on the key deliverables:

Table 1

Deliverable For Y2	Complete	Ongoing actions/ comments
Resource Hub	Ongoing	Due for initial launch end of March 2024
Training	Yes Community Pharmacy awareness event, 32 participants Community Education – 3 Sessions Primary Care Virtual PLT, 22 participants Pain Champion “10 Footsteps” Training – Completed, 20 participants Pain Champion Network QI awareness, around 40 participants FY 1 and FY 2 HRPM Training around 70 participants	Complete by end of March 2024: Plans developed for Consultant training Grand Round, session planned 6 th March 27 other participants will complete 10 Footsteps Training AHPs/NMPs – Information Sessions (Around 25 participants, with plans to record for further viewing via NMP comms channel)
Primary Care Datapack, Information Leaflet resources	Information leaflets informed with patient feedback and some form parts of test of change work.	Datapacks now a business-as-usual process. Events undertaken aligned with programme training work, to ensure these are understood and used to inform improvement activity around HRPM in Primary Care.
Revised Prescribing Guidance/ Guidelines,	Approved by Area Drugs and Therapeutic Committee (ADTC).	

Deliverable For Y2	Complete	Ongoing actions/ comments
Position Statement		
Improvement Activity/ Tests of Change	<p><u>Primary Care:</u></p> <ul style="list-style-type: none"> - Patient HRPM Pain Medicine card (2 practices) - Limit on Acute prescriptions (1 practice) <p><u>Acute Services:</u></p> <ul style="list-style-type: none"> - Post operative Immediate Release (IR) v Modified Release(MR) opioid use (in Planned Care Orthopaedics settings) - FROG referrals to pain service 	<p>Due for completion by end March 2024:</p> <ul style="list-style-type: none"> - Standardise Consultation Format/Template in GP system (1 practice) <p><u>Acute Services:</u></p> <ul style="list-style-type: none"> - Pre-operative identification/assessment screening (for chronic pain & Opioid use) of complex cases for flagging to inpatient pain team - Implementation of Post operative standardised leaflet - Personalised prescribing plan in Discharge Letters - Post operative Immediate Release (IR) v Modified Release(MR) opioid use (additional Acute settings)
Patient Lived Experience Group (LEG)	Roadmap of events covering consultation/events/ members training and co-production opportunities is developed for duration of year 2, which will be refreshed for year 3 activity. Ongoing attempts to increase numbers with the group.	A wider patient group (around 20 members) that could not volunteer time to the LEG, but wanted to remain informed has also been created and will be given opportunity to comment on products of the programme.
Pain Champion Network	2 levels of Champion role created with 24 staff members onboarded.	Session plans centred around monthly huddles for the remainder of year 2 and will be refreshed for year 3 awareness activity.
Promotional Campaign	Pain Management messaging embedded as part of the Fife Winter Campaign (themes of wrap up warm, mental wellbeing, balance and managing activity levels).	Year 3 activity will be focus on launching and promoting the new Resource Hub website
HRPM Substance Use		Client survey in progress with Alcohol and Drugs Partnership, with a workshop to follow to agree findings. Work will complete with a finalised report that furthers understanding/makes recommendations across other service areas.

Programme Outcomes

Programme evaluation is undertaken at two broad levels (project level and programme level).

Project Level Evaluation

Evaluation is underway for each programme deliverable to assess its impact on desired outcomes and programme benefits. From the evaluation to date, Table 2 below summarises for the deliverables completed to date:

Table 2

Deliverable	Outcome	Main Evidence Source	Link to Programme Benefits	Comments
Community Education Training- 3 sessions	Mixed*	Survey	More Empowered Patients/Safer Prescribing of HRPM	Overall participants said this was "Very Useful" with every participant indicating they would recommend the training. Key quotes included "It is a great positioning of the resources and information that is invaluable". "...given some useful tools to help my pain." "It makes you think of alternatives"
Primary Care Datapack	Positive	Event Survey	Safer Prescribing of HRPM	In terms of the usefulness of information in the datapack provided, the majority rated it "high" and "extremely high". When asked "how would you rate your understanding of the pain management medicines prescribing data for your practice/cluster prior to attending this session (1 = very low, 5= very high)" the average score was 3. Following this event, the score increased to 4. Key improvement responses included: 1. Supplying fewer tablets/less medication on initiation of a pain medication to prompt review 2. Try to have more honest and open discussions with patients regarding their expectations of pain management 3. Push this topic up the agenda for all practice prescribers
Test: Patient HRPM Pain Medicine card (2 GP practices)	Positive	Surveys	Safer Prescribing of HRPM	155 cards were issued to patients. Clinician feedback included; that it made the conversation less personal, made it easier to discuss the issue, gave the conversation more weight and was a good reminder for all parties (a point also supported by patient feedback). The majority of clinician responses also reported that it enabled less pain medication prescribing. Around 83% confirmed they would like to continue to use the cards.

Deliverable	Outcome	Main Evidence Source	Link to Programme Benefits	Comments
Test: Limit on Acute prescriptions (2 practices)	Positive	Surveys/ Prescribing data	Safer Prescribing of HRPM/ Improved Cost Effectiveness	<p>Test focused on reducing the quantity of Co-codamol issued for the first acute pain prescription.</p> <p>Practice 1: Benefits identified from the test included patients were aware they should use less pain medication, less wastage of medication and reduced patient expectations. All respondents would like to adopt the test.</p> <p>Practice 2: Evaluation ongoing but early prescribing data shows a reduction during the test period versus the month prior.</p>
Test: Community Pharmacy Event- 32 participants	Positive	Survey	Enabled Skilled Workforce	Attendees were asked what one thing would they do differently? The majority response was "Take time to have conversations with patients about pain medicines, listening and supporting them without being judgemental and sharing referral options with them".
Test: Post operative Immediate Release (IR) v Modified Release(MR) opioid use	Positive (pending survey analysis)	Survey/ prescribing data	Safer Prescribing of HRPM	<p>Survey work is ongoing to understand impact and staff perceptions of the change. Analysis of patient feedback will be undertaken (March 2024).</p> <p>Data does show that since completing the test, prescribing of MR Morphine & MR Oxycodone has reduced significantly.</p>
Patient Lived Experience Group (LEG)	Positive	Survey	Programme Enabler/More Empowered Patients	<p>In terms of patient experiences on the group, the support provided to them, opportunities for them to contribute and feeling being listened to; patients indicated either "very positive" or "positive" expressions.</p> <p>In terms of feelings of empowerment prior their involvement with the LEG, patients scored 2 out of 5 (1 being very low empowerment, 5 being very high feelings of empowerment). After being involved with the LEG patients on average typically now scored 4 out of 5.</p>
Pain Champion	Positive	Survey	Enabled Skilled	Confidence was assessed across 7 areas. Participants indicated an

Deliverable	Outcome	Main Evidence Source	Link to Programme Benefits	Comments
Training (10 Footsteps)- 20 participants			Workforce/ Safer Prescribing of HRPM	increase in confidence across all 7 areas following training. This ranged from around 29% to 69% increases in confidence. Participants also scored the overall quality of the training 4.7/5 (5 being the highest).
Pain Champion Network	TBC - Ongoing (Early positive signs from November 2023 event)	Survey	Enabled Skilled Workforce/ Safer Prescribing of HRPM	Survey outcome anticipated by end of February 2024. In an event held with champions staff indicated <u>before the event</u> : Empowerment - 75% unsure if they were empowered Authorised - 50% unsure, 25% felt they were not authorised Confident - 50% were not, 25% unsure. <u>After the event</u> : 75% felt empowered, authorised, and confident. The remaining 25% were unsure.
Other tests of change	TBC - Ongoing	Survey/ prescribing data	More Empowered Patients/ Enabled Skilled Workforce/ Safer Prescribing of HRPM	Outcomes anticipated by end of March 2024 (includes view on resources like info. leaflets/patients views) After considered evaluation, any tests of change thought to be worth scaling up will be recommended as part of year 3 activity.

* Participants have been very positive about the content of this training and it appears to achieve training objectives desired. There is a negative in terms of impact, due to the low number of attendees reached. This indicates perhaps an issue in how the training has been promoted and the timeline between inception and first delivery dates. HRPM Programme is exploring enhanced promotion and additional avenues such as using posters in waiting areas, local community hubs and use of patient volunteers own social networks to help promote future sessions to see if this generates additional demand.

Programme Level Evaluation

The overall programme aim is to see an improvement in the National Therapeutic (Prescribing) Indicators (NTI) data when comparing Fife with the Scottish average. Early analysis with latest available data released in December 2023 (June 2023 data) shows that whilst Fife remains above the Scottish average in most areas, there has been an **improvement for NHS Fife in 7/8 NTI measures** compared to Scotland, which has only shown an improvement in 3/8 areas. Notably **Fife has shown a reduction** in defined daily doses measure for all 4 HRPM groups (Opioids, Benzodiazepines, Gabapentinoids and

NSAIDs) whereas **Scotland has actually shown an increase** in 3/4 drug group areas. These results are based on data from early in the programme and therefore provide early positive signs of a reduction in prescribing. As the programme progresses, it is anticipated that a continued improvement trajectory will move Fife closer towards the Scottish average.

As per the programme's agreed benefits and evaluation framework, assessing the overall programme impact in terms of awareness, understanding, perceptions, staff skills/attitudes and the patient experience will be completed by a series of surveys (similar to those originally undertaken as part of year 1). These will be undertaken when the key deliverables have been completed and sufficiently embedded, likely in the final quarter of year 3.

2.3.1 Quality/Patient Care

The focus of this programme is to improve patient safety and care in relation to use of high-risk pain medicines. From patient engagement work in year 1, the significant impact of pain on patients' health and wellbeing was clearly articulated and also identified a number of areas for improvement of patient care in relation to ensuring patients are better informed regarding their high risk pain medicines, more regular review and access to non- pharmacological ways of managing their pain.

In addition to the survey undertaken with the patient volunteers of the Lived Experience Group established in year 2, one patient was keen to provide the following statement:

"I have had a life of pain and I want to use my experiences to help improve services for others in the future. I haven't been able to work because of my pain and this has been difficult for me as I really wanted to work. Being involved in the programme is giving me purpose and improving my sense of self worth which was damaged because of how society views people who aren't working. Enabling other people to manage their pain conditions better is important and it makes working with the programme really worthwhile".

Patient Volunteer on the HRPM Lived Experience Group

The positivity expressed in this view is consistent with the group of patients we are working with regularly. This is a view formed as a direct result of the work of the programme. Although the scale of this group is limited, such an expressed outcome from the work to date remains a contribution towards the desired programme benefit of "More Empowered Patients".

2.3.2 Workforce

Dedicated workforce recruited to with no issues of concern to escalate. This programme 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 around £132K. Year 2 expenditure (combination of actuals and Finance Services forecast) is anticipated to be around £155K (excluding £19.4K Engagement Officer Costs as not recharged from HSCP) with year 3 originally anticipated to be around £208K.

Due to the significant financial pressures facing NHS Fife, year 3 of the HRPM Programme is currently being re-planned to identify Business as Usual (BAU) models with the aim of embedding and transitioning those deliverables which have demonstrated benefit in year 2.

2.3.4 Equality and Diversity, including health inequalities and Anchor Institution ambitions

This is a system wide programme of work, therefore will cover 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 have 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.

There is a requirement to complete a Stage 2 EQIA. This is an ongoing process and the programme has prepared guidance to help consider vulnerable groups whenever any new change work is proposed. There is also a quarterly programme wide process where new EQIA considerations are gathered centrally and the EQIA stage 2 and appropriate plans are updated to reflect the current mitigations being undertaken. Current considerations include; ensuring that there is a method to evaluate the effectiveness of new training provided, the planned Resource Hub should include supported-self management resources as part of project scope, the programme should work with patients via the Lived Experience Group and use of surveys for wider groups to ensure solutions do not have any disproportionate adverse impacts to identified groups, literature produced for patients should be in 'easy read' format as required.

Any outcomes from the Stage2 EQIA process outlined above will be reflected in all work plans of the programme. Where mitigations are not possible any perceived risks will be highlighted to the Programme Board for consideration.

2.3.5 Risk Assessment / Management

The programme uses a Risks and Issues Log, which is regularly assessed and reviewed to inform risk mitigations. The following risks have been identified:

Ineffective/ High Prescribing

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.

Patient Safety & Wellbeing

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, incomplete dosing information and lack of communication at interface between services.

Ineffective Pain Management Pathways

There is a risk that patients experience poor quality of care and possible admissions due to inadequate pain management pathways.

Overall programme benefits

Due to the financial constraints for year 3, there is a risk that the programme benefits will not be fully realised.

The above risks are being mitigated by the ongoing work of the programme and moving to a BAU model.

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

Awareness and engagement are fundamental parts of programme work. A robust communication and engagement plan with relevant internal and external stakeholders has been delivered.

2.3.8 Route to the Meeting

This paper has been considered by the following groups as part of its development.

1. HRPB Programme Board 13 Feb 2024
2. Pharmacy Senior Leadership Team 21 Feb 2024

2.4 Recommendation

The Public Health and Wellbeing Committee is asked to take **assurance** from the progress in year 2 towards delivering the programme benefits of the HRPB Patient Safety Programme.

3 List of appendices

Appendix 1: Three Year Programme Phases

Appendix 2: Programme Deliverables Year 2

Report Contact

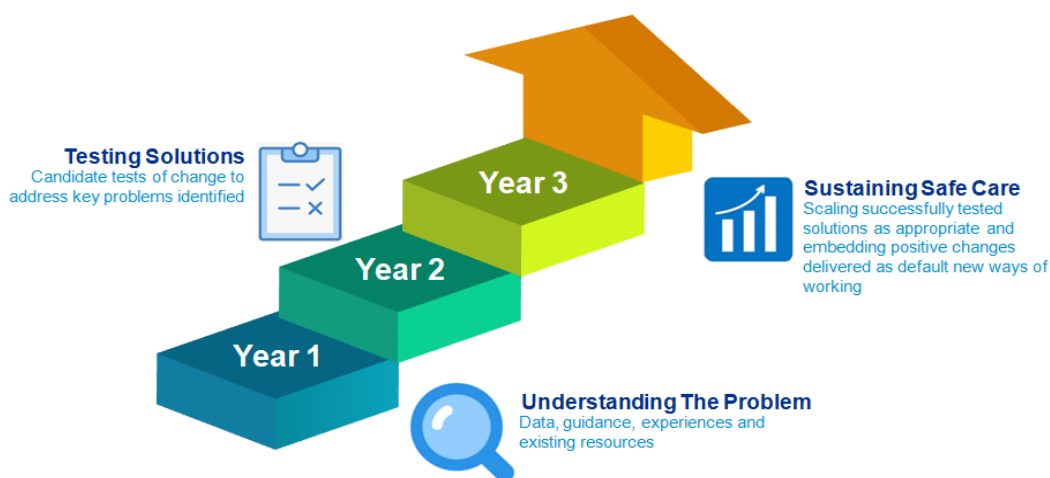
Deborah Steven

Lead Pharmacist, Fife Pain Management Service & HRPB Programme Director

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4 Appendices

4.1 Appendix 1: Three Year Programme Phases



4.2 Appendix 2: Agreed Programme Deliverables Year 2

Programme Deliverables	Outline Description
Resource Hub	A single Fife resource site (for clinicians and patients) to improve awareness and access to Supported Self-Management Solutions/resources based on area and individual circumstance.
Education Training Response	Design and delivery of HRPM training across the following areas: <ol style="list-style-type: none"> 1. Primary Care Sessions 2. Training for Consultants 3. Training for Junior Doctors 4. Rolling base awareness training on HRPM for NMP 5. HRPM Training for Pain Champions (Pain Champions work outlined below) 6. Community Education/Awareness Sessions
Pain Champion Network	Network to help support services with the management of patients with pain conditions as well as raise awareness and drive local process improvement activity.
New Guidelines/Toolkit & Data Packs	Restructure our guidelines to be easier to use and become more of a 'toolkit' opposed to sizeable/static reference documents. Related to the toolkit theme is work around primary care data packs in relation to HRPM prescribing volumes. Regular data packs should be provided to primary care colleagues, to help focus their own improvement efforts in this area.
Improvement Activity/Tests of Change	Several tests of change/improvement activities have been identified across the Primary Care and Acute settings. The broad themes of these are to support improvements in communication between patient pathway interfaces, improve patient understanding and support clinicians in managing patient expectations.

Programme Deliverables	Outline Description
Patient Lived Experience Group	<p>Patients have expressed a desire for ongoing programme involvement and their input into the design of solutions is highly valuable.</p> <p>Creating this group gives the basis for this and can act as a reference group to enable collaboration and co-production opportunities with patients, around of some of the public facing programme solutions (for example the Resource Hub).</p>
Promotional Campaign	<p>There is a need to manage expectations of patients to help support clinicians with conversations on alternatives to pain medication.</p> <p>Given the work needing progressed in the Fife context, waiting on a national campaign was not seen as an option. Therefore, the programme will work with communication colleagues to design a public facing campaign to be delivered during year 2.</p>
HRPM & Substance Use	<p>As part of year 1, a short life working group was established to support our understanding of HRPM involvement in substance use in Fife. This group will continue into year 2, but the scope remains focused on:</p> <ol style="list-style-type: none"> 1. Delivering a report that explains our understanding of HRPM and substance use in the Fife context 2. Provide recommendations based on these findings <p>Any wider work related to substance use remains out of scope for this programme.</p>

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 March 2024
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

This is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Public Health & Wellbeing (PHW) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of December, although there are some measures with a significant time lag and a few which are available up to the end of January.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets have been devised for 2023/24.

The Public Health & Wellbeing aspects of the report cover measures listed in the table below.

Measure	Update	Target	Current Status
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Almost achieving
Immunisation: 6-in-1	Quarterly	95%	Almost achieving
Immunisation: MMR2	Quarterly	92%	Almost achieving
COVID Vaccination	Monthly	85%	Above Scottish average
Flu Vaccination	Monthly	85%	Below Scottish average

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the specific sections 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 existing Standing 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 January IPQR will be available for discussion at the meeting on 04 March 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 26 February 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented for:

- **Assurance**
- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3 List of appendices

Appendix 1 - Integrated Performance & Quality Report

Report Contact

Bryan Archibald
Planning and Performance Manager
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Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

**Position (where applicable) at January 2024
Produced in February 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).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing 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 National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

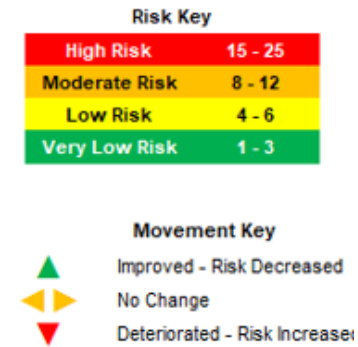
Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart 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.

MARGO MCGURK
Director of Finance & Strategy
12 February 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	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	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.

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.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Dec-23	48	○	▲	▼	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	50.0%	●	▲	▲	
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	
	Inpatient Falls	6.95	(L)	Month	Dec-23	7.10	○	▼	▲	
	Inpatient Falls with Harm	1.44	(L)	Month	Dec-23	1.42	○	▲	▲	
	Pressure Ulcers	0.89	(L)	Month	Dec-23	1.28	○	▼	▼	
	SAB - HAI/HCAI	18.8	(N)	Month	Dec-23	6.6	○	▲	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Dec-23	3.3	○	▼	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Dec-23	29.7	○	▲	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Dec-23	43.9%	●	▼	▼	● 2021/22
S2 Complaints Closed in Month on Time	33%		Month	Dec-23	8.0%	○	▼	▼	● 2021/22	
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Dec-23	5.9%	●	▼	▼		
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	◀▶	◀▶	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Jan-24	71.5%	○	▲	▲	● Dec-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Jan-24	64.6%	●	▲	▲	● Dec-23
	Patient TTG % <= 12 Weeks	100%		Month	Dec-23	37.5%	●	▼	▼	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Dec-23	38.2%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Dec-23	43.9%	●	▼	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Dec-23	92.5%	○	▼	▼	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Dec-23	71.2%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Jan-24	91.7%	●	▲	▲	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Jan-24	10.5%	●	▲	▼	● Dec-23
Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Jan-24	5.9%	○	▲	▼	● Dec-23	
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£12.9m)	-	Month	Jan-24	(£12.2m)	●	—	—	
	Capital Resource Limit Performance	£11.3m	-	Month	Jan-24	£7.2m	●	—	—	
Staff Governance	Sickness Absence	4.00%		Month	Dec-23	7.80%	○	▼	▲	● YE Sep-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Jan-24	41.6%	●	▲	▲	
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▼	▼	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	
Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲		
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Sep-23	93	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Dec-23	75.3%	○	▲	▲	● QE Sep-23
	Psychological Therapies Waiting Times	90%		Month	Dec-23	75.5%	○	▲	▲	● QE Sep-23
	Drugs & Alcohol Waiting Times	90%		Month	Oct-23	86.9%	●	▼	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.9%	●	▲	—	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Jan-24	79.3%	●	▲	—	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Sep-23	94.2%	○	▲	▼	● QE Sep-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Sep-23	88.8%	○	▼	▲	● QE Sep-23	

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

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

c. Projected & Actual Activity and Long Waits

			Quarter End	Quarter End	Month End			Quarter End	Quarter End
			Jun-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
Better than Projected Worse than Projected Better/Worse may be higher or lower, depending on context									
ED 4-hour Performance (VHK only)	Projected				70.0%	75.0%	75.0%		
	Actual				66.8%	66.6%	63.5%		
	Variance				-3.2%	-8.4%	-11.5%		
Elective Activity Diagnostics	Projected		15,363	15,363	5,121	5,121	5,121	15,363	15,363
	Actual		14,393	15,588	5,412	5,387	4,788	15,587	
	Variance		-970	225	291	266	-333	224	
Elective Activity New Outpatients	Projected		22,309	22,337	7,421	7,432	7,421	22,274	22,308
	Actual		21,225	21,580	7,090	7,985	6,046	21,121	
	Variance		-1,084	-757	-331	553	-1,375	-1,153	
Elective Activity TTG	Projected		3,416	3,433	1,162	1,162	1,163	3,487	3,492
	Actual		3,403	3,289	1,109	1,307	1,101	3,517	
	Variance		-13	-144	-53	145	-62	30	
Long Waits Diagnostics > 26 weeks	Projected		109	63	42	26	10	10	0
	Actual		171	165	160	150	204	204	
	Variance		62	102	118	124	194	194	
Long Waits New Outpatients > 104 weeks	Projected		0	74	120	166	212	212	352
	Actual		1	2	2	2	2	2	
	Variance		1	-72	-118	-164	-210	-210	
Long Waits New Outpatients > 78 weeks	Projected		150	339	509	679	849	849	1358
	Actual		85	255	301	336	336	336	
	Variance		-65	-84	-208	-343	-513	-513	
Long Waits TTG > 104 weeks	Projected		16	67	102	136	173	173	351
	Actual		20	17	25	40	32	32	
	Variance		4	-50	-77	-96	-141	-141	
Long Waits TTG > 78 weeks	Projected		159	305	388	465	547	547	893
	Actual		84	133	154	186	183	183	
	Variance		-75	-172	-234	-279	-364	-364	
Arthroplasty 4 joint sessions	Projected		25.0%	25.0%				25.0%	25.0%
	Actual		10.3%	16.9%	12.5%	10.9%	14.0%	12.4%	
	Variance		-14.7%	-8.1%				-12.6%	
Same Day Procedures Knee Arthroplasty	Projected		1.9%	1.9%				1.9%	1.9%
	Actual		4.1%						
	Variance		2.2%						
Same Day Procedures Hip Arthroplasty	Projected		4.3%	4.3%				4.3%	4.3%
	Actual		8.0%						
	Variance		3.7%						
Cancer Waiting Times 31-Day	Projected		93.8%	94.1%				94.3%	94.5%
	Actual		96.5%	92.5%	91.8%	95.0%	92.5%	93.1%	
	Variance		2.7%	-1.6%				-1.2%	
Cancer Waiting Times 62-Day	Projected		81.9%	82.8%				85.0%	85.4%
	Actual		77.5%	73.7%	86.6%	61.2%	71.2%	73.0%	
	Variance		-4.4%	-9.1%				-12.0%	
CAMHS 18 Weeks RTT	Projected				70.0%	70.0%	60.0%		
	Actual				67.9%	78.6%	73.8%		
	Variance				-2.1%	8.6%	13.8%		
CAMHS Waiting List <= 18 weeks	Projected		216	228	232	257	235	235	200
	Actual		224	197	184	187	180	180	
	Variance		8	-31	-48	-70	-55	-55	
CAMHS Waiting List > 18 weeks	Projected		116	98	77	86	42	42	0
	Actual		70	91	87	49	64	64	
	Variance		-46	-7	10	-37	22	22	
Psychological Therapies 18 Weeks RTT	Projected				69.3%	68.2%	71.0%		
	Actual				54.3%	56.5%	56.3%		
	Variance				-15.0%	-11.7%	-14.7%		
Psychological Therapies Waiting List <= 18 weeks	Projected		888	888	888	888	888	888	888
	Actual		1460	1480	1404	1412	1427		
	Variance		572	592	516	524	539		
Psychological Therapies Waiting List > 18 weeks	Projected		1660	1569	1609	1596	1680	1680	1604
	Actual		1173	1219	1184	1086	1109		
	Variance		-487	-350	-425	-510	-571		
Psychological Therapies Waiting List > 52 weeks	Projected		219	165	147	129	111	111	57
	Actual		273	251	278	276	263		
	Variance		54	86	131	147	152		

d. Assessment

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

4



High

Target Current

Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas

236
(Sep-23)

93
(Sep-23)

There were 15 successful quits in September 2023, which is 24 short of the monthly target and 17 less than was achieved in September 2022. Achievement against trajectory is 39.4%, which is only slightly less than was achieved in August 23.

For all quit attempts, the quit success rate in 'Specialist' services is significantly higher than for other services. In 'Other' services there was one successful - this was the first successful quit from 9 attempts in 2023-24 so far.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023 (Q4), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 64.5% against a Scottish average of 69.4%.

Service Narrative

As indicated in the data analysis provided above, successful quit numbers are lower than expected in September 2023, planned events to increase visibility and awareness of the service saw demand increase.

The specialist service provision has remained at 37 clinics Fife wide: 27 community-based and 10 GP based clinics. Referrals, both self and professional are beginning to increase, we will continue with a targeted schedule of Very Brief Advice (VBA) stands to maintain referrals.

842 appointments have been offered Fife wide during Oct to Dec 2023, with 335 of these cancelled or DNA status. Looking at the audit information, 20% of these have been due to reported ill health which falls in line with winter illnesses.

Service awareness and engagement sessions have taken place in communities, working in collaboration with local groups and community assets, some of whom are willing to act as champions in signposting to the service. In the last quarter of 2023, we attended 31 events and undertook 1375 contacts. Our plan to target specific areas using the mobile unit as pop up clinic has restarted following the festive break.

As part of our communication and marketing plan, we have a series of events to take place in the first quarter of 2024 targeting smoking prevalence at the main in-patient sites for visitors, patients, and staff. This will coincide with No Smoking Day campaigning throughout February and March.

Sustaining engagement with people from our most deprived communities has become more complex and thus increases the existing challenges to maintain awareness of the service. Anecdotal evidence from event feedback suggests that an element of flexibility with the 12-week model of support may be required to meet the needs of some individuals.

Working to improve retention with maternity clients as a priority group, we have accessed additional specialist training from the National Centre for Smoking Cessation (NCSCT) to ensure best practice across the service. It has also been agreed for a specialist advisor to be present in the maternity unit at VHK weekly, starting in February 2024.

Issues with Public Health Scotland data base (ISD) have improved, however the full impact on the accuracy of records and reporting on a local and national level has yet to be established.

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90%

75.3%

Monthly performance increased from 60.8% in November 2023 to 75.3% in December, the highest level since July 2023.

In December no young people were waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased from 49 in November to 64 in December.

The percentage of those waiting less than 18 weeks decreased from 78.6% in October to 73.8% in December.

The number of referrals received in December was 187, a 35.3% decrease from November, the lowest figure since August 2023 and -46 compared to the same month in 2022.

The overall waiting list saw a slight increase (238 in November compared with 244 in December).

Benchmarking for the quarter ending September 23 shows NHS Fife lie in the mid-range of all mainland boards, 72.1% against Scotland average of 75.6%.

Service Narrative

All young people waiting between 19-35 weeks (64 individuals) have an appointment booked. Service priority will be on continuing to reduce the longest waits in order to sustainably achieve the 18-week RTT. This is dependent on the effective management of staff vacancies and the ability to retain existing staff to ensure capacity meets demand.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	75.5%
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The number of patients who waited less than 18 weeks was 302, down from a total of 478 who were treated in November 2023. Monthly performance increased from 64.0% in November 2023 to 75.5% in December. This is below target and within control limits.

The number of those waiting over 52 weeks decreased from 276 in November to 263 in December, this is 96 less than in December 2022.

The number of those waiting 36-52 weeks decreased to 220 (-31) and the number of those waiting 19-35 weeks increased to 6269 (+67).

The overall waiting list increased from 2498 to 2536 (+38).

Between November and December 2023, referrals for all ages decreased by 28.5% (from 1031 to 737 - the lowest figure since July 2023).

NHS Fife was in the lower-range of Health Boards as of the last quarterly PHS publication in December (for the quarter ending September 2023) and was below the Scottish average (67.4% compared to 79.4%).

Service Narrative

Sustained activity on clearing the waiting lists has led to a further reduction in long waits, with 44 fewer long waits than November 2023. The number of people with very long waits has been reduced by 34.7% year on year. Despite this sustained progress in tackling the longest waits through increased activity associated with additional clinical posts, the Service as a whole remains out of balance due to clinical vacancies, with insufficient resource to meet the demand, and this is why the total number waiting has increased slightly. The improvement in the target is influenced by seasonal variation due to many clinicians taking holiday, affecting the numbers starting treatment.

Immunisation: Influenza	<i>Achieve 85% uptake for Influenza vaccinations for 65+ population by end of Dec-24</i>	85%	79.9%
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Flu Vaccine

Uptake for Influenza vaccination in Fife for ages 65+ was 79.9% at the end of the 4th week in January 2024. Vaccination numbers continue to increase by small numbers and the trend has all but levelled off. For ages 75+ uptake is higher at 84.7%.

The priority group with the highest uptake continues to be Care Home residents at 86.0%. Uptake for all Health Care Workers was 37.4%.

Uptake for all priority groups was 51.9% for January which is lower than Scottish average of 53.8%.

Uptake for Children overall was 43.5% for January with the highest uptake being the Primary School cohort at 67.3%.

Service Narrative

The 85% uptake target has been met for care home residents, and uptake among 75+ is very close to reaching this target. The 85% uptake target was not met for the full cohort of all those 65+ in Fife and looks unlikely to be reached this season. The uptake target was based on Scottish Government aspirations, and it is clear that uptake in Fife for the 65+ population has been very similar to the rest of Scotland:

- 75+ uptake: 84.7% (Scotland 84.4%)
- 65 to 74 uptake: 75.6% (Scotland 75.3%)
- Care home residents: 86.0% (Scotland 89.2%)

Overall 18+ Flu uptake in Fife compared with the rest of Scotland has been impacted by lower uptake rates in the healthy 50 to 64 cohort which is large in size (Fife 37.3%; Scotland 42.5%). This group were not prioritised by the JCVI as a vulnerable group requiring flu vaccination, and whilst the decision was made to offer this group flu vaccination in Scotland for the 23/24 winter period, it is known this group will not be offered flu vaccine in 24/25. Therefore, they have not been a priority group for mop-up activity within Fife. Instead, additional boost activity in December and January focussed on the older age groups and the at-risk under 65s.

The Scottish Government re-prioritised the order in which different cohorts received their vaccine. This had an impact, particularly for Flu uptake, with projections that it affected around 20,000 appointments, which couldn't be predicted at that time given the timescales to enact.

		Target	Current
Immunisation: COVID	<i>Achieve 85% uptake for COVID vaccinations for 65+ population by end of Dec-24</i>	85%	79.3%

COVID Vaccine

Uptake for Covid-19 vaccination in Fife for ages 65+ was 79.3% at the end of the 4th week in January 2024. Vaccination numbers continue to increase by small numbers and the trend has all but levelled off. For ages 75+ uptake is higher at 84.5%.

Similar to Influenza vaccination, the priority group with the highest uptake continues to be Care Home residents at 86.2%.

Uptake for Frontline Health Care Workers is 29.7%.

Uptake for all priority groups was 57.2% for January, slightly above the Scottish average at 57.0%. The highest uptake of all Scottish boards was 68.8%.

Service Narrative

The uptake data for COVID vaccination is very similar to that for flu, due to the co-administration of both vaccines for most groups where eligible for both. Overall uptake of COVID vaccination for all eligible groups is higher for COVID than for flu (and slightly above the Scottish average) because it does not include the healthy 50 to 64 cohort who were eligible for flu-only.

Overall the boost activity that took place in Fife over December and January has had a positive impact on uptake, with an improvement in our overall performance compared with the rest of Scotland.

Health and Social Care worker uptake has been challenging for all Boards across Scotland this year. A national health and social care worker survey is anticipated to be issued w/b 5th February to better understand the reasons for this. A local lessons learned event has been arranged for 20th February and will be facilitated by the Fife resilience team.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	94.2%
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(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

The latest published data (for quarter ending September 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age had increased slightly from 93.8% in the last quarter to 94.2% in the most recent quarter, which is below target and only slightly below the average of 94.8% (based on last 18 quarters).

Rotavirus saw an increase of 1.7 percentage points on the previous quarter; and MenB saw an increase of 1.3 percentage points.

NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 95.9%.

Service Narrative

Whilst still slightly below target, it is encouraging to see an increase in 6-in-1 uptake at 12 months over the last two quarters. The infant vaccination clinics take place year round and improvements in 'was not brought' pathways initiated as part of the MMR2 quality improvement work are likely to have had a positive impact on other parts of the childhood programme, for example by strengthening relationships and feedback from health visitors. A Public Health led strategic review of the delivery of childhood immunisation in Fife reported into the October meeting of the immunisation programme board with a range of short and medium term suggestions for improvement. A programme of implementation is anticipated over 2024.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	88.8%
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(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

The latest published data (for quarter ending September 2023) shows that NHS Fife uptake for MMR at 5 years of age had decreased from 89.8% in the previous quarter to 88.8% in the most recent quarter, which is slightly above the average of 88.7% (based on last 18 quarters) and to the same levels seen in QE Sep-22.

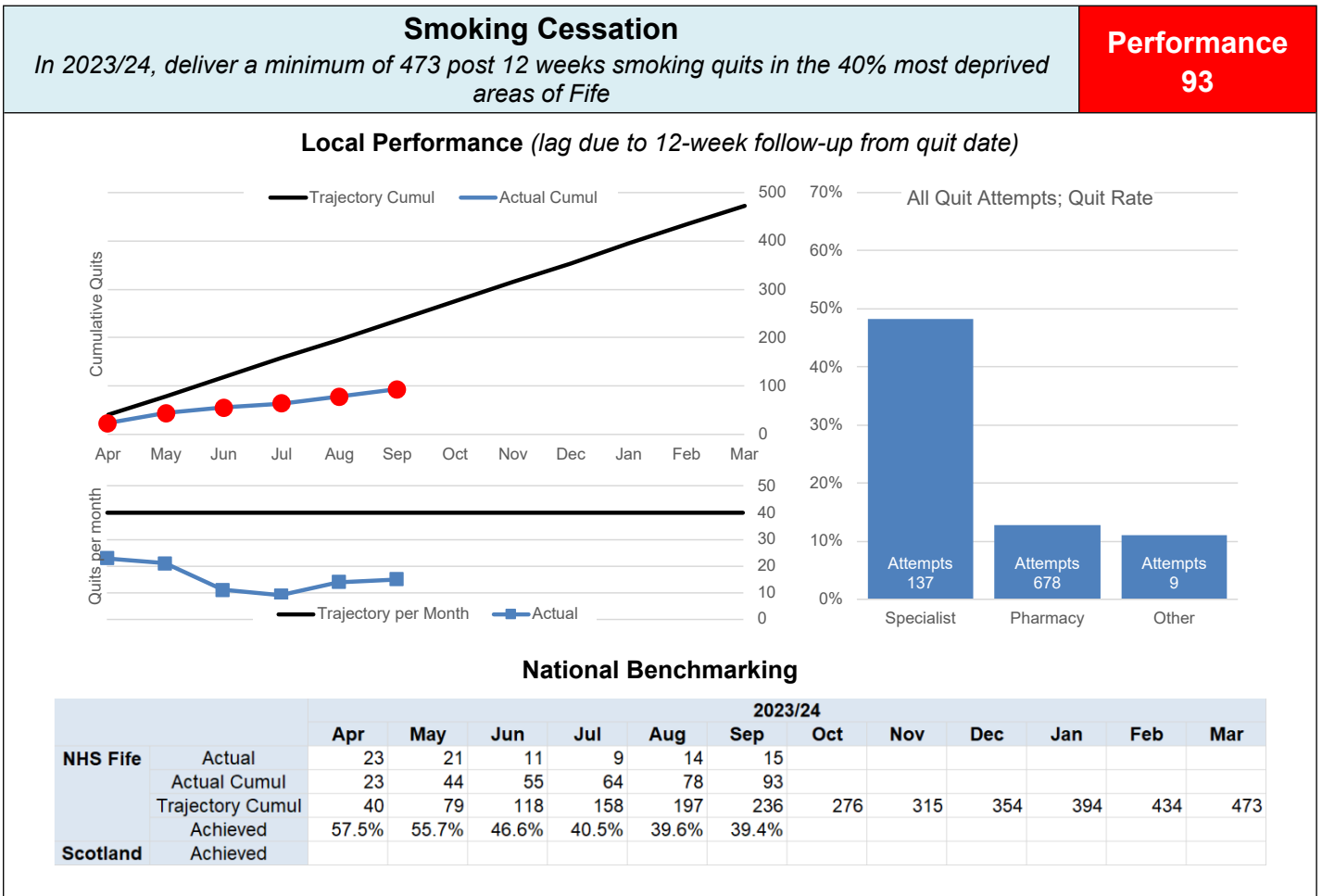
Hib/MenC saw a decrease of 2.2 percentage points on the previous quarter; and MMR1 saw a decrease of 1.7 percentage points.

NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 98.3%.

Service Narrative

Whilst still below both local and national targets, it is hoped that the overall trend in MMR2 uptake at 5 years in Fife will continue to differ from the national trend of declining uptake over the last 5 quarters. Whilst the focused MMR2 quality improvement project has come to a completion, there are further improvement actions relating to this cohort that were highlighted in the strategic review report and which are anticipated to be implemented over 2024.

e. Performance Exception Reports



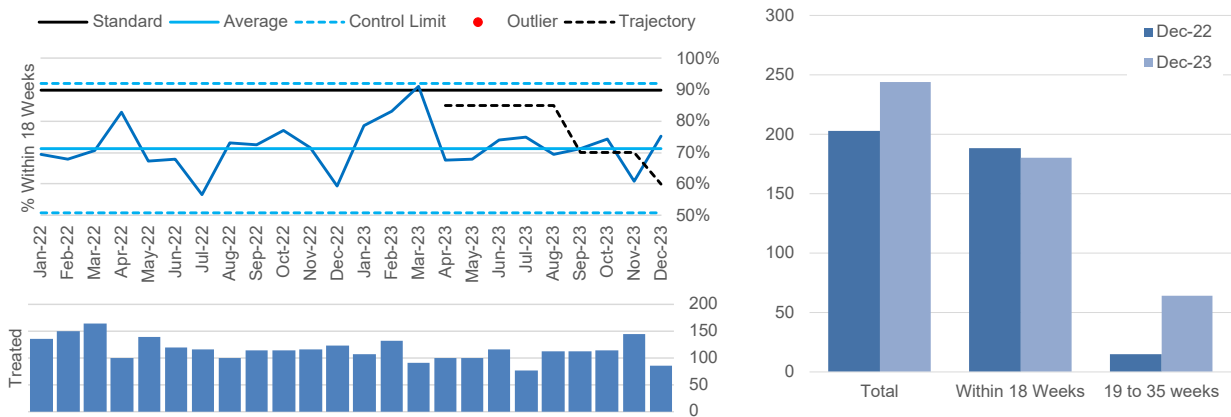
Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		Mar-24
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-24
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision	Mar-24
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Mar-24
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-24
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage	Mar-24
	Development and review of text messaging system	Mar-24
	Deliver financial inclusion referral pathways for pregnant women and families with young children	Mar-24
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	Mar-24

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance
75.3%

Local Performance



National Benchmarking

	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%	75.0%	69.4%	71.2%
Scotland	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%

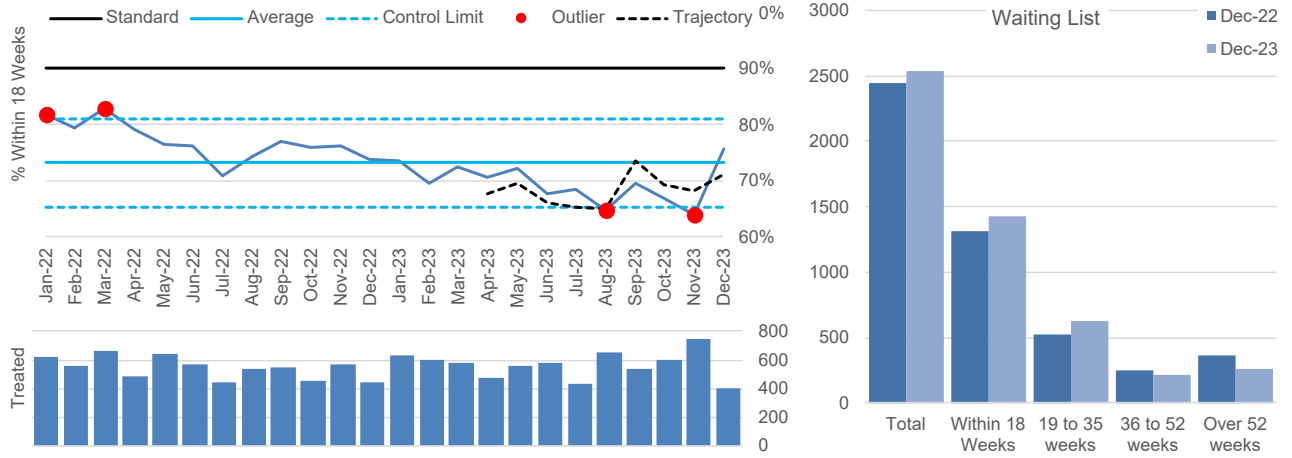
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.					Mar-24
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity				Sep-23
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access				Mar-24
	Ongoing recruitment to ensure workforce is at full capacity				Mar-24
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.					Mar-24
Key Milestones	Implement CAMHS improvement plan derived from gap analysis against the national service specification				Mar-24
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement				Mar-24
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					Mar-24
Key Milestones	Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways				Dec-23
	Implement learning from partnership test of change alongside colleagues in education				Dec-23
	Co-produce and deliver pre and post diagnostic support to children, siblings and families				Apr-24
	Fully operationalise Triage model aligned to National ND Specification				Apr-24
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD				Apr-24

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Performance
75.5%

Local Performance



National Benchmarking

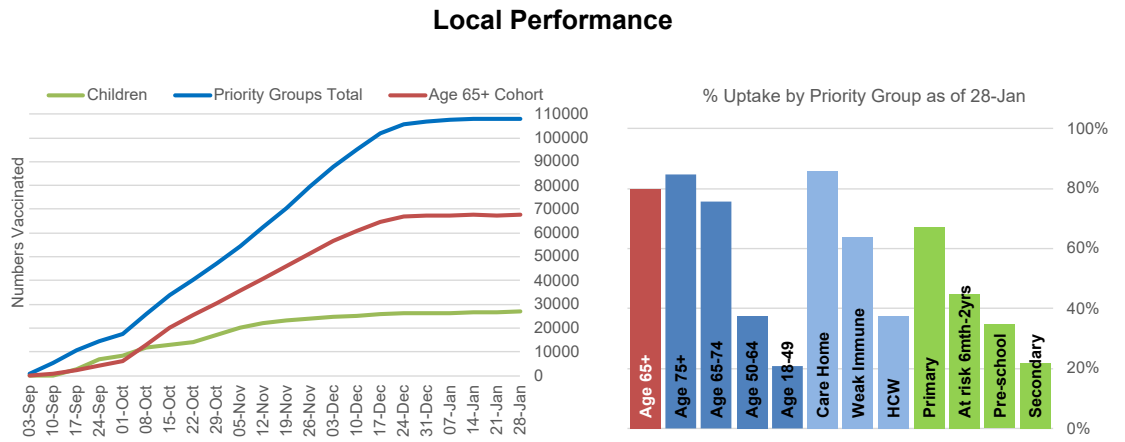
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%
Scotland	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
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					Mar-24
Key Milestones	Recruitment to increase capacity				Mar-24
	Service development and redesign				Mar-24
	Training and CPD activities to increase capacity				Mar-24
	Demand-capacity monitoring across all services				Mar-24

Immunisation: FVCV

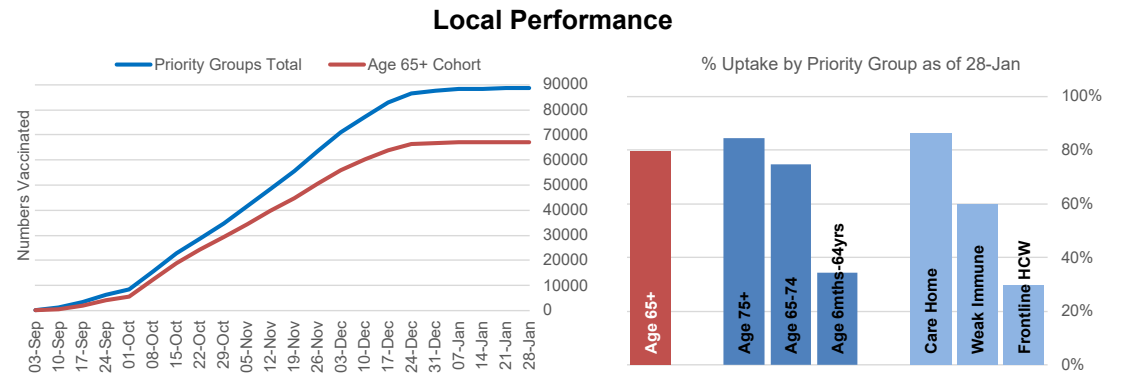
Flu
Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance
79.9%



Covid
Uptake of the Covid-19 vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance
79.3%

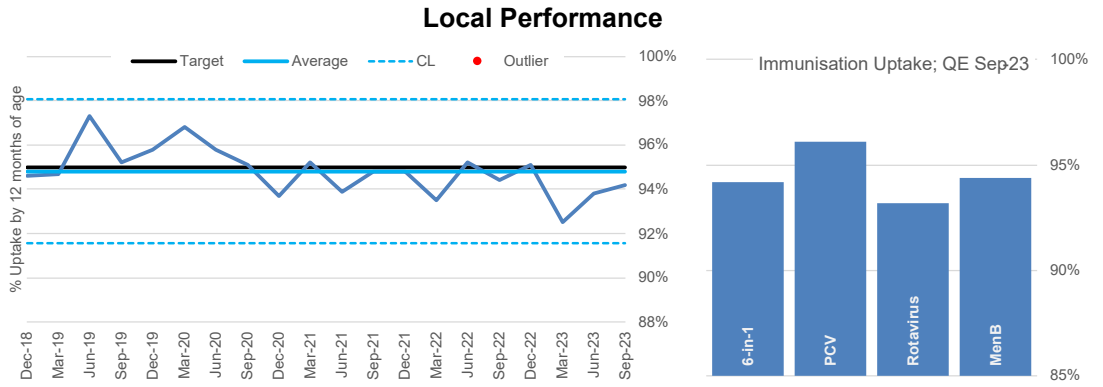


Key Deliverables					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Winter Vaccination Programme					Mar-24

Child Immunisation

6-in-1
At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance
94.2%

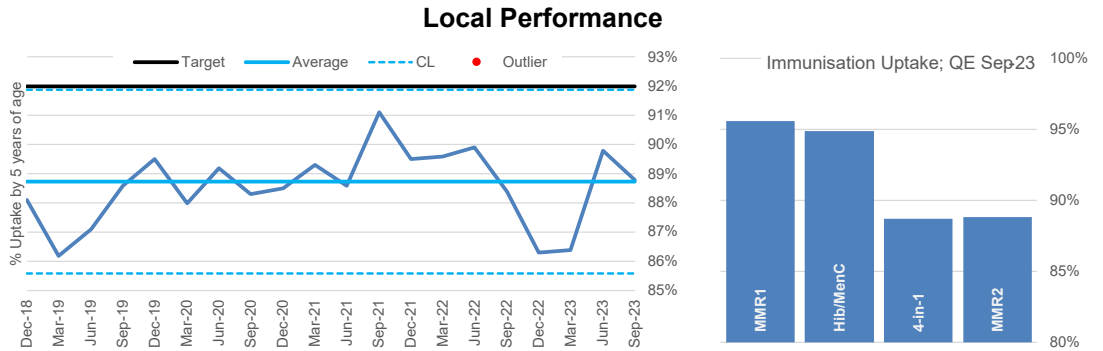


National Benchmarking

Quarter	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%	93.8%	94.2%
Scotland	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%	95.3%	94.9%

MMR2
At least 92% of children will receive their MMR2 vaccination by the age of 5

Performance
88.8%



National Benchmarking

Quarter	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%	89.8%	88.8%
Scotland	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%	89.7%	89.6%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population		Mar-24
Key Milesto	EQIA action plan implementation	Mar-24
	Outreach model and strategy	Mar-24
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		Mar-24
Key Milesto	Integration of Primary Care Nursing and Admin teams	Mar-24
	Workforce education strategy & training programme	Mar-24

Targeted actions to improve the quality of our Immunisation services		Mar-24
Key Milestones	Children's immunisation QI group	Mar-24
	Learning from Adverse Events	Mar-24
	Implementation of 15 step review of community clinics and other quality assurance tools	Mar-24
	Development of robust clinical pathways and process of SOP review	Mar-24
Develop plans to make sure CIS delivers on key operational priorities		Dec-24
Key Milestones	Maternity immunisations	Mar-24
	S3 to S2 changes	Dec-24
	Preparation for children's 18 month visit	Mar-24
	Communication strategy to stakeholders	Mar-24

Meeting: Public Health and Wellbeing Committee

Meeting date: 4 March 2024

Title: Primary Care Governance and Strategic Oversight Group

Responsible Executive: Nicky Connor, Director HSCP
Christopher McKenna; Medical Director

Report Author: Lisa Cooper, Head of Primary and Preventative Care Services, Fife HSCP

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is presented to the Public Health and Wellbeing Committee to provide an assurance that the Primary Care Governance and Strategic Oversight Group (PCGSOG) is now well established with an overview of the purpose, remit and constitution of this group assuring a joined up approach to the leadership of Primary Care across both NHS Fife and Fife Health and Social Care Partnership.

2.2 Background

Primary care services are an integral part of a well functioning healthcare system and its influence on population outcomes and the function of the wider health and social care system cannot be overstated. Primary care is an individual's most frequent point of contact

with the NHS and covers a wide range of independently contracted services including General Medical Services, Community Pharmacy, General Dental Services and Community Optometry in conjunction with HSCP operationally delivered services including Community Treatment and Care (CTAC) and Community Immunisations Services.

There are well publicised national challenges in regards to sustainability of Primary Care Services and as services continue to recover post pandemic these challenges have been exacerbated. NHS Fife and Fife HSCP being aware of these challenges and known risks to sustainability and quality of services, commissioned a Primary Care Strategy 2023 – 2026 which was jointly approved at the Integration Joint Board and NHS Fife Board July 2023 and implementation of year one of the plan has commenced with the strategic focus on Recovery, Quality and Sustainability. This strategy was seen as a first in Scotland and a report on the year one delivery of this strategy will be presented to committee later in 2024.

2.3 Assessment

As described within the background there is a known high level risk owned at corporate level by both the IJB and NHS Fife Board regarding delivery of sustainable primary care services. A deep dive of the Primary Care risk was previously presented to Public Health and Wellbeing Committee in 2023 for information and to provide a level of assurance regarding actions being taken to manage risk. There are both internal and external factors which create this risk including workforce, increasing demand, and financial resource available. The risk is currently graded as high with a target of medium with various mitigating actions in place to manage the risk with oversight of the committee at each update of the strategic risk register.

These include design and delivery of the Primary Care Strategy 2023 -2026, and continued delivery of the Primary Care Improvement plan (PCIP) in line with national direction through the Memorandums of Understandings (MOUs). It was recognised to support good governance, assurance and to ensure executive level oversight of progression of actions, scrutiny and review of Primary Care Transformation, a Primary Care Governance and Strategic Oversight Group (PCGSOG) was established with the purpose, role and remit of the group is summarised as follows.

Purpose

The PCGSOG oversees Primary Care Governance and Strategy providing high level strategic leadership, scrutiny and review of delivery and transformation. The PCGSOG will report, provide assurance and make recommendations via appropriate sub-committees to Fife Health Board and the IJB.

Role and Remit

The Group enables effective governance arrangements, ensure close oversight, scrutiny and provide direction to delivery of recovery, quality and sustainability across Primary Care Services ensuring services are delivered in line with national contracts, legislation and strategic direction.

Membership

The group is co-chaired by the Medical Director for NHS Fife and the Director of Health and Social Care with executive membership representative across Finance, Pharmacy

and Medicines, Property and Asset Management and also the chair of the GP sub-committee of the LMC. Other membership includes senior professional and management leads.

Frequency

The group meets 8 weekly aligned with committee cycles to support decision making, assurance and escalation and a work plan is aligned to the effective function of the group.

Agenda

Over the past year the group has established a work plan and agenda covering Strategy; Risk, Improvement, Governance and Service Reports at every meeting. Key highlights that this group has achieved are:

- Supported the development of the Primary Care Strategy and year 1 delivery plan
- Overseen the delivery of the strategy with a annual report anticipated Autumn 2024
- Monitored delivery of the Primary Care Improvement Plan
- Received regular reports on Optometry, Dentistry, Community Pharmacy and General Medical Services
- Supported the tender process for 2C practices
- Reviewed, scrutinsed and challenged risks associated with primary care
- Dental Services and Oral Health Improvement
- Commissioned a Leadership, Governance and Assurance review
- Commissioned development of a Performance Framework
- Pharmaceutical Control of Entry
- Sustainability

Reporting

Through this group there are regular reports to both the Executive Directors Group and the Public Health and Wellbeing Committee (Health Board) and Quality and Communities Committee (IJB).

2.3.1 Quality, Patient and Value-Based Health & Care

The group have a responsibility to review, apply scrutiny and provide assurance via agreed reporting mechanisms of delivery of Primary Care services in line with national quality ambitions, national wellbeing indicators and local strategic planning and quality matters assurance with a focus on realistic medicine and values based health care. This is jointly supported by the professional and senior management leads as critical members of the group.

2.3.2 Workforce

In alignment within the known high level risks to delivery of Primary Care Services, the group have a critical role to oversee delivery of the Primary Care Strategy aligned to the NHS Fife and Fife HSCP Workforce strategy to support resilience and sustainability.

Representatives of independently contracted services across Primary Care and a partnership forum representative are key members of the group to ensure oversight, guidance on actions aligned to delivering an effective and sustainable workforce in alignment with strategic planning, staff governance standards and effective workforce planning.

2.3.3 Financial

There is a known risk to funding of Primary Care Services nationally. The Director of Finance and HSCP Chief Finance Officer are key members of the group to provide scrutiny and assurance that any planning and delivery of service is aligned with medium term financial plans and that resources are used effectively and efficiently in delivery of Primary Care Services and aligned with national wellbeing indicators.

2.3.4 Risk Assessment / Management

There is a known high level corporate risk for both NHS Fife and the IJB in regards to delivery of sustainable Primary Care Services. This group as advised will oversee delivery of strategic to mitigate with the aim to reduce the level of risk. This risk is regularly reviewed by Public Health and Wellbeing Committee.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.

Assurance is given that an EQIA was completed to support year one delivery of the Primary Care Strategy.

Both Fife HSCP and NHS Fife recognise that primary care contractors are placed at the very heart of the communities they serve and are committed to supporting them to realise their potential as anchors within their own localities.

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of this ambition and alignment with the Fife Population Health and Wellbeing Strategy.

2.3.6 Climate Emergency & Sustainability Impact

Nil impact

2.3.7 Communication, involvement, engagement and consultation

The Primary Care strategy recognises communication, engagement and effective consultation as a key enabler for effective delivery. The PCGSOG has a remit to ensure oversight and scrutiny of effective strategic plans to manage and deliver this.

2.4 Recommendation

This paper is provided to members of the PHWBC for:

- **Assurance** – That the Primary Care Governance and Strategic Oversight Group is now well established with clear purpose, role and remit enabling executive operational and strategic oversight of delivery of Primary Services within Fife ensuring a continued strategic focus on recovery, quality and sustainability.

3 List of appendices

There are no appendices.

Report Contact

Lisa Cooper

Head of Service for Primary and Preventative Care Services

Lisa.cooper@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 March 2024
Title:	Fife Specialist Palliative Care Service Update
Responsible Executive:	Nicky Connor, Director, Health & Social Care Partnership
Report Author:	Karen Wright, Clinical Services Manager Drs Bowden, Fenning, Boyce, Steel, Mullin & Clarke – Consultants in Palliative Medicine

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is being presented to Committee to provide assurance on the positive impact following implementation of a Direction issued by the Integration Joint Board in May 2023, for the permanent re-provision of Palliative Care in Fife.

2.2 Background

As articulated within the Direction, this report provides an update on ongoing performance and monitoring arrangements for the Fife Specialist Palliative Care Service.

2.3 Assessment

The table below contains progress updates against performance measures described within the Direction issued to support the redesign on Palliative Care.

This confirms that the agreed improvements in access to specialist palliative care have been sustained.

Direction Metric	Progress
Specialist Palliative Care advice is available 24/7 to all professionals delivering palliative care in Fife, as evidenced by audit of call times, nature of callers and agreed outcomes of each call	<ul style="list-style-type: none"> ○ FSPCS Single Point of Access (SPOA), a dedicated 24/7 professional to professional helpline, receives around 2000 referrals a year from professionals (doctors, nurses, allied health professionals, the ambulance service, community hospital and care homes).
The Specialist Palliative Care service will continue to offer expert advice to over 150 new patients each month via the single point of access.	<p>Between May – October 2023:</p> <ul style="list-style-type: none"> ○ There were 1123 new patient referrals to SPOA, averaging 187 referrals per month. 39% required specialist advice only, 36% of which required in-patient assessment in the acute hospital and 24% which required a community assessment (including patients' own homes, community hospitals and care homes). 1% of calls led to referral to the service's in-patient hospice unit. ○ There were 8,858 patient/family contacts in community and hospital settings. 88% of these contacts were on weekdays and 12% at weekends. ○ FSPC community team held an average monthly caseload of 65 patients for whom an average of 765 patient contacts were made each month. ○ In addition to this, the essential care team (previously out-reach team) provided hands on care and support to around 28 patients and families each month, all over Fife. ○ The FSPCS acute hospital team held an average monthly caseload of 81 patients with a monthly average of 286 face to face reviews of patients.
More patients receiving specialist palliative care will be supported to die in their usual place of residence.	<ul style="list-style-type: none"> ○ Discussion about what and who is important to patients and families is fundamental to the care that FSPCS offers. ○ A review of healthcare records for 20 consecutive patients who died with FSPCS support in the community in November 2023 revealed: <ul style="list-style-type: none"> ➤ All patients recorded discussions about their preferred place of care and death. ➤ 2/20 patients were receiving their end of life

	<p>care in a community hospital setting with FSPCS support, and this was their preferred place.</p> <ul style="list-style-type: none"> ➤ 19/20 patients achieved their preferred place of death. ➤ One patient, with a previously expressed preference for end of life care at home, required admission in the last days of life because their needs had changed such that home was no longer feasible. This patient died in a community hospital setting, supported by FSPCS. ➤ In addition to current best practice, FSPCS is leading a quality improvement initiative to implement a ‘community palliative care bundle’ – bringing together the elements that we know support good end of life care in community settings (including records of Future Care Planning discussions, District Nurse Palliative Care Line access, injectable medications, Do Not Attempt Cardiopulmonary Resuscitation paperwork).
<p>Responsive “on the day” care will be accessed by patients and families with urgent needs</p>	<ul style="list-style-type: none"> ○ FSPCS does not operate a waiting list for patients in the community and acute hospital settings to be assessed. People with urgent “on the day” needs are prioritized and are visited accordingly by appropriately skilled members of the specialist team. ○ In a 3-day snapshot audit in week commencing 27th November 2023, FSPC SPOA received 52 separate calls requiring urgent action (examples detailed below), an average of 17 requests for urgent help per day: <ul style="list-style-type: none"> ➤ 21/52 (40%) clinical advice to colleagues within FSPC, 14/52 (27%) new referrals for clinical assessment (hospital or community), 13/52 (25%) clinical advice to professionals external to FSPC and 4/52 (8%) requests for admission to Victoria Hospice ➤ FSPC responded to 48/52 (92%) requests on the same working day. This included 8 ‘on the day’ clinical reviews of new patients in hospital, 3 ‘on the day’ admissions to Victoria Hospice, 3 ‘on the day’ interventions by Essential Care Team for new patients at home and 1 ‘on the day’ clinical review of a new patient at home (this visit was completed by a Consultant due to

	<p>clinical complexity).</p> <ul style="list-style-type: none"> ➤ A further 3/52 (6%) requests were addressed on a planned basis the following day (in each case, this timing was agreed with the referrer as there was no clinical need for an immediate response) ➤ Only 1/52 request (an urgent referral for Essential Care support) could not be addressed 'on the day' due to issues with clinical capacity.
<p>Patients with non-cancer illnesses will be able to access the palliative care they need</p>	<ul style="list-style-type: none"> ○ Prior to FSPCS service changes, referrals for people with non-cancer conditions were around 9% of total referrals. In the community settings referrals remain relatively low at 11%, and in the acute hospital setting this is 21%. 5% of people admitted to the hospice during 2022 had a primary non-cancer illness. ○ FSPCS has an established programme of education around care for people with deteriorating health – aimed at professionals working in all care and residential settings across Fife, supporting patients with all illnesses. These courses have been accessed predominantly by clinicians working in non-cancer palliative care, and particularly by Advanced Nurse Practitioners in community settings including care homes. ○ FSPCS remains committed to working more closely with their colleagues in non-cancer services to ensure improved identification of people nearing the end of life to ensure that they can access the palliative care they need. ○ FSPCS are planning to undertake a survey of clinicians supporting people with non-cancer conditions in Fife to explore their understanding of palliative care services and to identify training needs, which FSPCS will support going forward.
<p>People dying in a community hospital setting across Fife will be supported by specialist palliative care where needed, 7 days a week</p>	<ul style="list-style-type: none"> ○ Between May to October 2023 there were 248 contacts for patients across every Community Hospital in Fife (Queen Margaret Hospital, n=208, Glenrothes Hospital, n=24, Adamson Hospital, n=8, Stratheden Hospital, n=83, Cameron Hospital, n=3, St Andrews Community Hospital, n=2). ○ Contacts were made 7 days a week, according to need. ○ Community hospitals in Fife offer inpatient general palliative care close to home for people all over

	Fife, with support from FSPCS as needed.
A reduction in hospice waiting times to less than 2 days will be sustained	<ul style="list-style-type: none"> ○ Prior to service changes, and when Fife had two in-patient hospice units, the average waiting time for admission to a hospice bed was 3.4 days. ○ For the period April to December 2023 there were 179 admissions to the Hospice. The average waiting time for those admissions was 1.2 days. ○ 128 of the 179 admissions (71%) were admitted on the same day or the day following referral
Patients waiting on admission to the hospice will receive specialist care and support by the outreach team	<ul style="list-style-type: none"> ○ FSPCS is consistently able to offer specialist support for anyone waiting for a hospice bed, from any care or residential setting.
Patients and carers will experience equitable access to palliative care across Fife	<ul style="list-style-type: none"> ○ Between May to October 2023, the 1123 new referrals made to SPOA related to people living in all Fife localities: <ul style="list-style-type: none"> ▪ Kirkcaldy 17% ▪ Glenrothes 17% ▪ North East Fife 15% ▪ Levenmouth 13% ▪ Dunfermline 13% ▪ Cowdenbeath 12% ▪ South West Fife 11% ○ An audit of all hospice admissions in 2022 revealed that the socioeconomic status of people admitted mirrored the socioeconomic status of the dying population. In other words, people from all socioeconomic backgrounds access hospice care in Fife equitably.

2.3.1 Quality, Patient and Value-Based Health & Care

This enhanced service model ensures that patients are cared for in their preferred setting, to better meet the evolving needs of patients and those of their families and carers.

There have been no complaints relating to specialist palliative care service over this time period. Patients, families, and carers continue to share their feedback on their care experience as evidenced within examples of recent feedback below.

From a parent – *“wanted to share that he felt all involved in x’s care went “beyond the call of duty, and couldn’t have asked for anything more.”*

Care Opinion posts

“The District Nurses and the Palliative care team ensured we were able to keep our relative at home and nothing was ever too much bother. NHS gets such bad press but

we fulfilled our relative's dying wish to remain at home and this was only possible with the help of these teams."

"From the moment I encountered this dedicated team, it was clear that their commitment to their work goes far beyond just a job – it is a genuine calling. The care, compassion, and unwavering dedication they exhibit are truly remarkable. Each member of the team brings a unique blend of expertise, kindness and empathy, creating an environment of comfort and support for both patients and their families and friends."

2.3.2 Workforce

Whilst recruitment and retention of the workforce across the HSCP is challenging, there is evidence that our clinical model is having a positive impact on our ability to attract and retain staff. The service is now fully recruited with 4 Advanced Nurse Practitioners. Part-time Band 4 Support Workers for Occupational Therapy and Physiotherapy are also included within the Team to support a multi-disciplinary model.

2.3.3 Financial

The new service model continues to be delivered within the existing revenue budget of the Fife Specialist Palliative Care Services and is aligned to local and national strategy aspirations.

2.3.4 Risk Assessment / Management

This report provides assurance that potential risks associated with the permanent implementation of the new model have been managed.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An EQIA has been completed as part of the change of model and is available on the NHS Fife's Equality and Human Rights web page.

The service is engaging with Fife Centre of Equalities (FCE), to raise awareness of accessibility to palliative care services across Fife. An example includes learning more from people within ethnic minority groups about their needs to support access to generalist and specialist palliative care services in Fife. In 2024 the service will work with colleagues in Public Health and the Health and Social Care Partnership to further enhance how we map our population demographics and explore equity of access to palliative care.

2.3.6 Climate Emergency & Sustainability Impact

There are no negative issues relating to environment or climate change.

The service is in the process of introducing leased electric cars to reduce the carbon footprint for the out-reach team who will be based across Fife.

The introduction of MORSE (electronic clinical system used in the community) within the service has significantly reduced the reliance on paper records.

2.3.7 Communication, involvement, engagement and consultation

The Service has a pro-active leadership group in place to support and oversee the ongoing delivery of palliative care in Fife. Many other aspects of this report including the

Quality of Care, Equalities and Workforce sections demonstrate ongoing communication, involvement, engagement which is core to the values of the specialist palliative care service.

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.

- SLT - H&SCP
- EDG, NHS Fife

2.4 Recommendation

This paper is provided to members for **assurance** that the direction issued in May 2023 has been delivered and that the delivery of the specialist palliative care service is now fully implemented and operating as business as usual.

Report Contact

Karen Wright

Clinical Services Manager

Email Karen.Wright@nhs.scot

Meeting: Public Health & Wellbeing Committee

Meeting date: 4 March 2024

Title: The Promise Update

Responsible Executive: Nicky Connor, Director of Health & Social Care Partnership

Report Author: Heather Bett, Senior Manager, Community Children's Services
Rebecca Saunders, Lead Nurse, Community Children's Services

1 Purpose

This report is presented for:

- Assurance

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

The purpose of this report is to provide assurance around NHS Fife's / Fife HSCP's commitment to Keeping the Promise and provide an update on the work that has been undertaken to satisfy the key priorities of The Promise Scotland.

2.2 Background

The Promise is the Scottish Government's commitment to care experienced children and young people that they will grow up loved, safe, and respected. To keep it, Scotland must bring about the changes demanded by the Independent Care Review which was built on what children and young people had to say. In 2020 it was recognised that a lot needed to change nationally in relation to the experiences of the care experienced community and Plan 21-24 was published to support this change. Plan 21-24, published in March 2021, outlined the first steps of keeping the promise and set out what people and organisations must do by 2024 in order to keep The Promise. It outlined the five key priority areas for The Promise; a good childhood, whole family support, planning, supporting the workforce and building capacity. The Promise Plan 21-24 is now drawing to a close and a period of national review has begun.

In Fife a commitment was made to support the Promise to ensure we hear and value the experiences of children and young people as well as staff who may have been care experienced.

A paper was considered by the Senior Leadership Team on 19th May 2023 which set out the five key priority areas of The Promise and the specific expectations of Health Services in relation to it. Following on from this paper, a development session was held for the Executive Directors Group and the Extended Leadership Team of HSCP. In addition, a development session for the NHS Fife Board set out the expectations of The Promise and the concerns affecting care experienced young people.

The Promise Scotland will publish Plan 24-30 in June 2024. This will build on the work undertaken in Plan 21-24 The Promise Scotland are currently seeking input and the feedback of all organisations on this. Appendix one contains NHS Fife /HSCP submission to Scottish Government as part of this process.

Locally our organisation continues to be committed to improving outcomes for care experienced young people and for those on the edge of care.

2.3 Assessment

Keeping the Promise was identified as a key priority for children's services across Fife and both children's services partnership and single agency work has been established to deliver on the foundations of the Promise.

A working group in Children's Services was established to take forward the objective to raise awareness of the 5 foundations of the Promise across NHS Fife. The group have been working with children's service colleagues to raise awareness and understanding, map progress and set goals and expectations for the future.

Appendix 1 sets out a summary of progress to date and highlights some of the challenges.

- **What progress has been made in NHS Fife/Fife HSCP to keep The Promise?**

The Children's services electronic record system (MORSE) was updated to 'flag up' care experience young people to all services when accessing health records notes ensuring no young people are missed.

The organisation's HR policies have been updated to ensure Kinship carers now have equal rights to parents in relation to parental leave.

Poverty awareness training available through NHS/HSCP Fife Health Promotion Team supports practitioners to signpost care experienced young people and families to enable income maximisation.

- **What has worked well in supporting us to keep The Promise?**

Mandatory Trauma Informed training for all staff has supported the workforce awareness of their role to support care experienced young people and those experiencing childhood trauma.

Training was delivered by Who Cares? Scotland to support workforce development and improve understanding of the needs of care experienced young people.

- **What are the challenges for us to keep The Promise in Fife?**
 - Capacity to release staff to attend The Promise training.
 - Cross-boundary working challenges which can result in delays in accessing support for care experienced children living in Fife.
 - Measuring the links between improvements and outcomes.

Currently reporting arrangements are through the Fife Partnership Corporate Parent Board. The governance arrangements for delivery of The Promise within NHS Fife/HSCP will be reviewed and recommendations brought forward to strengthen them if required.

Adult services have a key role to play in delivery of The Promise, in particular their approach to adults who are kinship carers or who have been care experienced as children. To ensure that The Promise can be implemented fully in NHS Fife. Adult Services should recognise their responsibilities to care experienced children & young people as corporate parents alongside Children's Services.

There is a requirement to develop a robust communication strategy within the wider organisation which ensures key messaging around the delivery of The Promise in Fife.

- **What should we do next to help us keep the Promise?**

Develop a clear work plan and evaluation and monitoring framework to evidence progress and the impact this is having on care experienced children, young people and families.

Develop a TURAS eLearning module for the workforce which will promote the key priorities of The Promise and support staff across the organisation to embed these in practice.

Evaluate and monitor all training delivered to ensure quality improvement and an assurance of key messaging.

The lead officer for Keeping The Promise in Fife will build on existing work and strengthen strategic leadership. This role will support the work of The Promise across all agencies as well as improving coordination with other aspects of children's services planning and delivery, including GIRFEC and the work of the Corporate Parenting Board.

2.3.1 Quality / Patient Care

Implementing The Promise will increase equity and support for children, young people and families who are care experienced.

There may be particular groups of people across both children and adult services whose voices need to be heard, for example young people currently within the care system, kinship carers (many of whom are our elderly population) and staff within our organisation who are or have been care experienced.

2.3.2 Workforce

An informed workforce across FHSCP and NHS Fife is required to ensure that all staff know their role in keeping The Promise. Support may also be needed for any knowledge and skills required and training and resources will be required at all levels. A number of areas have already begun to look at their training in include the principles of The Promise e.g. child protection training has been reviewed and refreshed as appropriate to incorporate the foundations of The Promise and information services are available for managers to consider how care experienced staff can be supported within the organisation.

2.3.3 Financial

There is no financial implication at present and this report is updating on the work being undertaken and planned within existing resource.

2.3.4 Risk Assessment / Management

The Children and Young People (Scotland) Act 2014 defines a corporate parenting as those services responsible for working together to meet the needs of looked after children, young people and care leavers. NHS Fife and all corporate bodies take on the legal role of Corporate Parent in the implementation of The Promise.

As corporate parents, NHS Fife has a statutory responsibility to ensure the rights of Care Experienced people are upheld and that they have the best chances and outcomes in life. Our organisation is required to develop its own approaches, either individually or in local partnership as to how we will legally uphold the rights of care experienced children and young people. Those approaches should be shaped by the needs; views and experiences of looked after children and care leavers. A review of the governance arrangements currently in place may bring forward recommendations to strengthen these approached if needed.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

The Promise prioritises an equitable approach that considers each child or young person's unique circumstances and seeks equality particularly for those who are care experienced.

The Promise Scotland promotes the use of the Scottish Government's Child Rights and Wellbeing Impact Assessment (CRWIA) template for organisations. A CRWIA is a process through which our organisation can identify and record the anticipated impact of a proposed measure of change on children's human rights and wellbeing. We will continue to use this method of evaluation to ensure children's rights are assessed and upheld.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

Within Children's Services, Service Managers and practitioners are committed to ensuring that participation with children and young people is embedded into day to day practice. The analysis of evaluation forms from young people and families shapes and informs future practice and enables the identification of service improvements in relation to the Promise.

The Promise has been incorporated into training feedback/evaluations to staff ensure understanding of their role in keeping the Promise.

A 7-minute briefing was sent out to all staff as an awareness raising and action tool and awareness raising was also done by our Promise delivery partner to the Child Health Management Team, which gave good opportunity for managers to ask questions and capture the work already being done.

A multiagency SWAY communications was sent to all staff to highlight The Promise and raise awareness of the expectations on practitioners to embed the principles.

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 - NHS Fife
- SLT – Health & Social Care Partnership

2.4 Recommendation

This report is provided to the Public Health and Wellbeing Committee for **assurance** on the progress with The Promise Plan 21-24 and challenges and opportunities for the next steps of this work.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, The Promise Response 23.1.24

Report Contact

Rebecca Saunders

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Email rebecca.saunders2@nhs.scot

The Promise: Fife NHS/HSCP Response

To provide strategic leadership in relation to the Promise, the Chief Executive requested that a development session was undertaken with the Executive Directors Group and the NHS Fife board to raise their understanding and awareness of The Promise commitment and to endorse the importance to the whole organisation of keeping the Promise. In addition the Chief Officer HSCP requested a development session for the extended leadership team of the HSCP.

A commitment was given to support the progress being made to ensure we hear and value the experiences of children and young people as well as staff who may have been care experienced. As a result of these services were asked to consider what they could do to improve outcomes for care experienced young people and for those on the edge of care.

The Community Child Health Management Team has agreed and set The Promise as one of its priorities. To achieve this, the team have been working with colleagues to raise awareness and understanding, mapping the progress to date and have set goals and expectations for the future. The Promise is on agenda as a standing item on the teams agenda and is formally discussed monthly.

Discussions are underway with the HSCP Care Academy about maximising opportunities for care experienced young people in a health setting with goals set.

In response to the questions posed in the email the following information is submitted

What progress has been made in NHS Fife/Fife HSCP #keepthepromise

Keeping the Promise was identified early on as a priority for children's service across Fife and both partnership and single agency work has been established and enabled to deliver on the foundations of the Promise.

- A working group within Children's Services was established to take forward the objective to raise awareness of the 5 foundations of the promise across NHS Fife;
- Children's service has successfully incorporated the Child's voice in Health Needs Assessment and the child health record.
- Family Nurse Partnership arranged development days where agencies involved with care experienced clients were invited; supporting good partnership working and now Young People's social work team, Housing support and Young people's mental health nurse have joined team meetings.
- After some training delivered by Louise Whitelock, The Promise Mapping Tool was uploaded to the children's services teams channel to allow all teams and services to appraise and evidence existing work in relation to the Promise and to identify gaps.
- A 7-minute briefing update was sent out from the working group asking services to identify actions and to look at their service delivery to see how they could better support keeping the promise.
- The School Nursing service has personalised correspondence relating to care experienced young people; supporting the child's voice to be heard.
- Electronic record system (MORSE) was updated to highlight care experience young people to all services when accessing health records notes.

- If unmet health needs are identified all care experienced young people, who are leaving care, can be referred to the school nursing service by social work staff at any Pathway Assessment /Review and offered a Child Wellbeing Assessment.
- Fife CAMHS and Fife AMHS have jointly funded a Senior Mental Health Nurse who is embedded within the Young People's Social Work team. This pilot project has been developed to provide specialist mental health assessment, intervention, liaison and signposting for young people aged 16-26 who are transitioning through the care system.
- The Beeches was set up by CAMHS to offer assessment, treatment and support to care experienced infants, children & young people who are in purchased placements in Fife. Although The Beeches was established prior to The Promise it continues to offer support without a threshold for referral. The focus of their work is to gathering information in order to develop a team around the child; to help support stabilisation whilst working with the CAMHS urgent response team because of concerns about self-harm and suicidal ideation.
- All child protection training has been reviewed and refreshed as appropriate to incorporate the foundations of The Promise.
- In the child protection team there is evidence of a change of language regarding care experienced young people in IRD work from staff at supervision/IRD meetings/review/audit.
- Health Visiting and Breastfeeding services are encouraged to signpost families to advocacy support services when needed.
- HSCP did some work with children & young people occupational therapy team to agree a cross-boundary approach to care experienced children & young people who require equipment & home adaptations
- Children & young people occupational therapy service incorporated care experienced question into initial conversations and have positive systems in place to ensure staff and students who may have personal experience of trauma or care are supported.
- Kinship carers now have equal rights to parents in the organisation in relation to HR policy for parental leave.
- Information services are available for managers to consider how care experienced staff can be supported within the organisation.
- Speech & Language Therapy services recognise they have a key role in considering the child's voice through the use of tools & resources and have adapted their language to reflect the change.
- The School Nursing service are drafting a new letter which will be sent to parents, carers, young people and social work taking into account the requirement of the promise particularly around a change of language. Feedback is being sought before the letters before they are formally rolled out.
- By March 2024 the Family Nurse Partnership aim to expand their programme to Care experienced young people aged 21-25 years.
- Poverty awareness training available though our Health Promotion Teams supports practitioners to signpost care experienced young people and families to enable income maximisation.
- Maternity Care Assistants work within Maternity service supporting antenatal and postnatal education which is available to care experienced young Mothers.

- Established referral pathway for young mothers affected by poor mental health due to childhood trauma and/or Adverse Childhood experiences.

What has worked well in supporting us to #keepthepromise?

- Family Nurse Partnership has shared that the culture within their office has improved in relation their own change of language around care experienced young people in relation to how we refer to care experienced children & young people e.g. rather than using the term 'LAC' they use the term 'care experienced'
- Family Nurses now ask permission from parents to include that they have been care experienced as part of the application for their child's nursery place to enable supportive care to be given to both parents and the children of care experienced parents.
- Collaborative working across health partners and multiagency work (e.g. Corporate Parenting Board and Children in Fife work) has supported us in delivering some of the aims of the promise.
- Working groups have been able to improved understanding of the roles and responsibilities we all have to support care experienced young people
- Trauma Informed Training (national & local) has supported staff awareness of their role to support care experienced young people.
- Who Cares Scotland? Training was given to support workforce development & improve understanding of the needs of care experienced young people.
- A multiagency SWAY communications was sent to all staff to highlight The Promise and raise awareness of the expectations on practitioners to embed the principles.
- The national Promise delivery partner, delivered awareness raising of the Promise to the child health management team which gave good opportunity to ask questions and capture the work already being done.
- In Fife we have a child wellbeing pathway which is routed in the principles of GIRFEC and the promise and Development sessions were promoted and well attended by practitioners
- Children's Service Manager shared The Promise aims at our Executive Directors Group to expand the reach of the promise delivery in Fife and encourage support from organisational directors.
- The School Nursing service have visited Fife's young peoples residential homes to raise awareness of their service and explore how the school nurse role can further support care experienced children and young people
- The Willow Project was set up by Fife CAMHS to expanded capacity across their therapeutic services for care experienced children and young people.
- CAMHS run a face to face parenting service for kinship carers.
- The Promise has been incorporated into training feedback/evaluations to staff ensure understanding of their role in keeping the promise
- A 7-minute briefing was sent out to all staff as an awareness raising and action tool
- Health Visitors were offered training relating to Children's Hearing System redesign with good evidence of practitioner uptake.
- Maternity services support the rights of mothers to breastfeed and advocate for newborn babies to have access to breast milk and breastfeeding as often as possible even if a new baby is removed from parental responsibility at birth.

The challenges for us to #keepthepromise

- Protected staff time to engage with training has been challenging due to clinical pressures
- Staff engagement with driving forward the promise has fluctuated due to clinical demand and workforce pressures
- Staff recruitment & retention across some services has been challenging
- Cross-boundary challenges engaging with social work teams for care experienced children living in Fife
- We have found it challenging to measure the clear links between improvements and outcomes and this will be part of our ongoing work
- Ensuring a whole system response will be a focus for the coming year.

The main focus for the coming year in NHS Fife/Fife HSCP to help us #keepthepromise

- We will develop an evaluation and monitoring framework to evidence our progress and the positive impact this has had on care experienced children, young people and families.
- We will continue in our CAMHS service to pilot psychiatric liaison for the service
- We will develop a TURAS online training module for The Promise for all staff.
- We will engage with adult services to ensure they recognise their responsibilities to care experienced children & young people as corporate parents

What do we need to make sure our organisation can #keepthepromise

Local Level

- We will review the governance arrangements currently in place and bring forward recommendations to strengthen them if needed

National Level

- Reinforce nationally the Once for Scotland Policy (supporting kinship carers)
- The principles of the Promise need to be further embedded in all aspects of public life.
- National Training packages to support learning around the Promise for staff would be a benefit.

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 March 2024
Title:	Measles Preparedness Briefing
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Authors:	Esther Curnock, Consultant in Public Health Medicine; John Morrice, Consultant Paediatrician & Associate Medical Director

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue

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

- Effective

2 Report summary

2.1 Situation

An alert regarding increased number of measles cases in England was issued by Public Health Scotland (PHS) on 19/01/24 (appendix 1). To date, there has been a single case in Scotland in 2024, linked to St Andrew's University. The ongoing outbreaks in England and Europe present an ongoing risk of measles cases and outbreaks in under-vaccinated communities in Fife linked to imported cases from the rest of the UK or overseas. The upcoming February break increases this risk.

The purpose of this paper is to provide the Public Health & Wellbeing Committee with an overview of the activities that have been progressed to prepare for the assessment and management of measles cases and contacts within the primary and secondary healthcare system in Fife. The Public Health & Wellbeing Committee are asked to note the actions being taken for assurance.

2.2 Background

Measles is highly infectious and can lead to serious complications, particularly in immunosuppressed individuals, in pregnancy and young infants. Sustaining at least 95%

routine coverage with 2 doses of a measles-containing vaccine will interrupt transmission of the virus and prevent the return of large outbreaks. Two doses of MMR vaccine are offered routinely within the UK immunisation schedule just after a child's first birthday, and at 3 years 4 months of age.

An overarching risk relating to the population of Fife being protected against vaccine-preventable disease is reviewed regularly at the Public Health Assurance Committee and is currently rated 9 (due for review on 21/02/24). Whilst there is currently an increased likelihood of measles cases and localised clusters, a wide-spread community outbreak within Fife remains low risk. A summary of MMR uptake, measles susceptibility and MMR improvement work in Fife is provided in appendix 2.

2.3 Assessment

Two measles preparedness meetings have been held on 26/01/24 and 02/02/24 convened by public health. No further meetings are planned with progress updates against the actions generated collated by email. The first meeting focused on preparedness within the acute setting and the second on preparedness in community settings. The meetings were well attended by a wide range of clinical and management staff including Emergency Department, Paediatrics, Infection Control, Microbiology, Public Health, Occupational Health, Infectious Diseases, General Medicine, HDU, Midwifery, General Practice, Urgent Care Services, Primary & Preventative Care Services, HSCP Nursing, and Health & Safety. Between meetings local liaison also took place with SAS and NHS24.

Patient & Contact Pathways

Patient pathways were identified for suspected / confirmed cases including within:

- Paediatrics
- Emergency Department
- Maternity
- Ward 51
- Urgent Care Services
- General Practice
- Community Pharmacy

Infection Control have supported review of patient pathways within acute settings above. Clinical advice sheets, patient pathway flowcharts and posters for staff and patient-facing posters have been developed by acute leads with plans to distribute to staff and to waiting areas within ED, paediatrics and maternity out-patients. Reception / triage question sheets have also been developed for use in the acute setting.

Urgent Care services have reviewed pathways through the centres in St Andrews, VHK and QMH, with the identification of a 'red room' in each centre. Patient placement and triage suggestions for General Practice (noting each practice context likely to differ) and Community Pharmacy (directing patient home to isolate and contact GP/NHS24) have been drafted and are due to be issued 12/02/24.

Post-exposure pathways were discussed for contacts that may require post-exposure immunoglobulin or vaccination, including:

- Pregnant women (IM HNIG via maternity pathway)
- Infants <9 months (IM HNIG, paediatrics/community)
- Immunosuppressed (IV infusion, ward 51)
- Under-immunised close contacts not in an at-risk group (vaccination, community immunisation service)

Stocks of immunoglobulin have been reviewed and updated in liaison with the pharmacy supply manager. Contact-tracing (including identification of those requiring post-exposure prophylaxis) will be undertaken by public health for all community contacts. Infection control will lead on identification of in-patient and acute staff contacts, with follow-up of staff contacts by occupational health.

Staff PPE & fit-testing

Suspected measles cases require staff to wear PPE to prevent airborne transmission. Additional face-fit activity for FFP3 masks has been initiated within maternity and other high-risk areas. Urgent care services are liaising with the health & safety team regarding additional face-fit training for their staff.

Staff Immunity

Staff exposed to a measles case who do not have evidence of measles immunity may be excluded from work up to 21 days post-exposure. It is therefore essential all staff know their measles immunity status. All new staff coming into the organisation are screened to ensure that they have had two doses of MMR or have had a blood test to confirm they are immune. Work is in progress to audit confirmation of staff immunity in the highest risk areas including maternity, ED and paediatrics. This requires data linkage between occupational health databases and HR databases as staff location is not stored within the occupational health database. Liaison has also taken place with SAS and bank staff leads regarding staff immunity. A new 'staff immunity check' request form has been developed by occupational health.

Communications

The following communications have been issued to date:

Friday 19 th January	Circulation of PHS alert
Monday 22 nd January	Advice on infection control, notification, testing and healthcare worker immunity was issued by the infection control lead for acute
Friday 26 th January	Healthcare alert issued to primary and secondary care regarding confirmed measles case in Fife, with additional information (clinical, infection control, HCW immunity, guidance links etc)
Monday 12 th February (due)	Letters to general practice and community pharmacy with further advice on management of suspected cases (GP

	letter to include 'staff immunity check' template as an attachment)
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Consideration is also being given to providing a measles update session at a future grand round event.

National Preparedness Activity

A national measles preparedness meeting was held on 29/01/24 by Public Health Scotland with representatives from health boards, NHS24, SAS and ARHAI. There are ongoing national discussions regarding infection control PPE advice for staff in the community reviewing patients with non-differentiated fever / rash symptoms and for staff providing post-exposure prophylaxis for asymptomatic contacts. There are also discussions about suitable testing pathways for patients assessed by NHS24 as not requiring face-to-face clinical assessment and given self-management advice only. The next national preparedness meeting is scheduled for 29/02/24.

Route to the Meeting

- Executive Directors Group – 15 February 2024

2.4 Recommendation

The Public Health & Wellbeing Committee are asked to note the actions being taken for **assurance**.

2 List of appendices

The following appendices are included with this report:

- Appendix 1: PHS Alert (19/01/24)
- Appendix 2: MMR uptake & measles susceptibility in the community

Report Contact

Dr Esther Curnock

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PHS Health Protection Alert

Title	Description
Event	Increasing measles cases in England and Europe and steps to minimise risk in Scotland.
Alert reference number	2024/02
Recipients of this alert	<ul style="list-style-type: none"> • PHS Senior Leads Team, PHS On Call Staff, PHS EPRR, PHS Comms, PHMicro, PHS VAID, PHS Travel, PHS Resp • NHS Board Health Protection Teams (please cascade to Medical Directors, Emergency Departments, Local Authority Environmental Health Teams, Occupational Health) • Directors of Public Health, CPHM, Infectious Disease clinicians, Primary care and Secondary care clinicians, Immunisation coordinators and immunisation services • CMO Office (CMO and DCMO), SG Health Protection, • ARHAI Scotland - please cascade to IPCTs • SMVN, FSS, Scottish Ambulance Service, NHS 24
Alert status	4. for action - monitoring, wider dissemination, and specific measures to be taken by recipient
Date of issue	19/01/2024
Source of event information	UKHSA
Contact	sam.ghebrehewet@phs.scot , phs.immunisation@phs.scot .
Authorised by	Dr Sam Ghebrehewet
HPZone context	Increases measles cases in England and Europe.

Situation

There have been increases in the number of cases and outbreaks of measles in Europe and the North of England (West Midlands). The number of measles cases in the West Midlands is at its highest since at least the mid-1990s, with over 133 cases confirmed since 1st October 2023.

Background

Measles is a highly infectious, rash illness that can lead to severe complications. Europe is currently seeing a resurgence of measles. Cases imported to Scotland, from the rest of the UK and elsewhere, could propagate local outbreaks within un- and under-vaccinated communities.

Assessment

It is likely that we may see measles cases in Scotland, partly because our measles, mumps, or rubella (MMR) uptake rates (93.3% of children had the first dose of MMR vaccine by 24 months of ageⁱ) are lower than the required level for herd protection (95%), and vaccine uptake rates not equally distributed (ranging from 90.0% to 98.1% in mainland Boards). All children are required to have received their first dose after their first birthday and their second dose after 3 years and 4 months to have completed a full course.

ⁱ <https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/childhood-immunisation-statistics-scotland-quarter-ending-30-september-2023/>

Recommendations

1. **Urgent notification:** Please contact your local Health Protection Team (HPT) as soon as you suspect or become aware of a suspected case of measles. HPTs should notify Public Health Scotland (PHS) as soon as possible (through HPzone and/or email (p hs.immunisation@p hs.scot)). This urgency is because the window of opportunity for effective prevention of further cases in contacts is strictly limited to 72 hours following exposure, and cases will already have been infectious for a few days before the onset of their rash.

An enhanced surveillance form ([Surveillance form: measles enhanced surveillance - May 2021 - Surveillance form: measles enhanced surveillance - Publications - Public Health Scotland](#)) should be submitted to PHS for every confirmed case. An oral fluid test (OFT) kit should be sent to all notified cases of measles regardless of any other investigations performed.

2. **Risk assessment:** All healthcare settings need to review their local infection prevention and control policy for measles including isolation and contact tracing. Following detection of a possible case of measles, an assessment should be undertaken, using Scotland's National Infection Prevention and Control Manual (<https://www.nipcm.hps.scot.nhs.uk/>).

Prophylaxis of vulnerable contacts (immunocompromised, pregnant women and infants under 12 months) with Human Normal Immunoglobulin or MMR vaccine may be appropriate, if exposure is identified early enough.

It should be noted that staff exposed to measles who don't have appropriate evidence of immunity should be excluded from 5 to 21 days after exposure. Considering this, it may be useful for all healthcare settings to review the measles immunity status of staff particularly in Emergency Departments and those staff working with particularly vulnerable patients e.g., haematology/oncology etc.

3. **Minimise spread to patients:** Whenever possible, we suggest placing signage in your waiting areas advising patients with a rash illness to report to reception. Should patients with a fever and rash attend when other patients are in the waiting room, they should be directed to a side room.

4. **Staff safety:** Protection of healthcare workers (HCWs) is especially important in the context of their ability to transmit MMR infections to vulnerable groups. While they may need MMR vaccination for their own benefit, they also should be immune for the protection of their patients. Ideally assessment of HCWs should be done through occupational health services. Satisfactory evidence of protection would include documentation of having received two doses of MMR, or positive antibody tests for measles and rubella (**Measles: the green book, chapter 21 - GOV.UK (www.gov.uk)**).

Unless a HCW has evidence of immunity (previous immunisation with two doses of MMR or documented positive IgG antibodies on serological testing to measles and rubella) they should be offered two doses of MMR for their own protection. Where an offer of immunisation is declined, this should be documented.

5. **MMR vaccine:** Opportunistic immunisation of any healthy person with two doses of MMR vaccine according to the schedule is important and should be carried out. There is no upper age limit, and extra doses of MMR will NOT cause problems in immunocompetent individuals, however, our advice is to prioritise patients between the ages of 13 months and 18 years or age for MMR and close contacts of confirmed and probable cases. Patients should be signposted to where they can gain further information on vaccination in your Board. See NHSinform (**<https://www.nhsinform.scot/campaigns/mmr-against-measles/>**).

There should be an MMR status check of all children at S1 and then an active offer of MMR to those who have not had MMR or do not know their status. Local MMR1 and MMR2 data should be regularly reviewed, identifying areas with lower coverage and where outbreaks are more likely, and action taken to improve uptake. PHS can provide support if required. Data are available through:

- Quarterly report with downloadable tables (**<https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/childhood-immunisation-statistics-scotland-quarter-ending-30-september-2023/>**),
- Discovery (**<https://www.nssdiscovery.scot.nhs.uk/>**, login required).

6. **Local communications:** Immunisation leads/services should coordinate with communication professionals on local messaging for raising awareness of symptoms and directing people to access vaccination. This could also include links to national campaign and promotional materials. PHS has developed social media assets, which you can access on PHS' Marketing Resource Centre (**Public Health Scotland News (prgloo.com)**). There is a poster (**MMR vaccine poster - Publications - Public Health Scotland**) that can be customised via our Web2Print platform. Watch this **short demo** to find out more.

Context

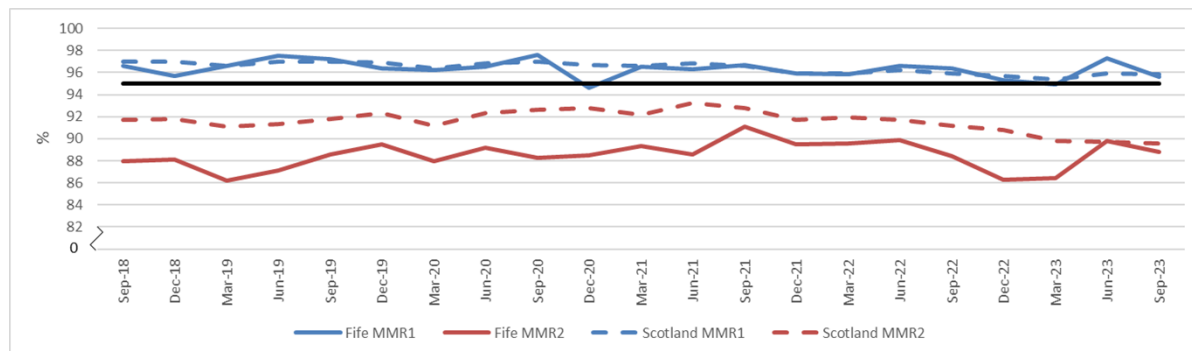
We would like to take this opportunity to remind and inform colleagues of the following:

- NHS inform: <https://www.nhsinform.scot/campaigns/mmr-against-measles/>
- CMO letter: **Averting the resurgence of measles in Scotland 2023**
- The Green Book chapter for measles: **Measles: the green book, chapter 21 - GOV.UK (www.gov.uk)**
- Please refer to updated UKHSA guidance, if required. A Scottish addendum to support its use is currently under development. **National measles guidelines - GOV.UK (www.gov.uk)**.
- Guidance on vaccination where immunisation status unclear or incomplete: **Vaccination of individuals with uncertain or incomplete immunisation status - GOV.UK (www.gov.uk)**.
- Measles enhanced surveillance form: **Surveillance form: measles enhanced surveillance - May 2021 - Surveillance form: measles enhanced surveillance - Publications - Public Health Scotland**.
- For information on measles cases by country: **Measles and rubella monthly update - WHO European Region - December 2023**.
- Quarterly childhood immunisation uptake report with downloadable tables: <https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/childhood-immunisation-statistics-scotland-quarter-ending-30-september-2023/>.
- Quarterly vaccine-preventable disease report: **Immunisation and vaccine-preventable diseases quarterly report - July to September 2023 (Q3) - Immunisation and vaccine-preventable diseases quarterly report - Publications - Public Health Scotland**.

I hope this information will be of help. Please feel free to contact us if you need any further clarification or additional information by e-mail: phs.immunisation@phs.scot.

Appendix 2: MMR uptake & measles susceptibility in the community

MMR2 uptake rates in Fife are below 95% at 5 years (red solid line) and until recently have been lower in Fife than the rest of Scotland. There is variation within Fife by deprivation and ethnicity.



Fife & Scotland Quarterly MMR uptake by 5 years, Sept 18 – Sept 23

Summary of MMR uptake in Fife & Scotland 2022¹:

Evaluation period 01/01/22 – 31/12/22	Fife	Scotland
Dose 1 MMR uptake at 24 months of age	92.9%	93.9%
Dose 1 MMR uptake at 5 years of age	95.4%	95.2%
Dose 1 MMR uptake at 6 years of age	95.6%	94.8%
Dose 2 MMR uptake at 5 years of age	88.0%	90.5%
Dose 2 MMR uptake at 6 years of age	91.3%	91.9%

Estimated measles susceptibility in <18yr population within Fife:

	Cohort size	Estimated number susceptible	Estimated % susceptible
<1 year	2919	2412	83%
1 to 4 years	13,449	1408	11%
P1 to P7	28,267	2143	8%
S1 to S6	25,699	2185	9%

PHS susceptibility estimates issued November 2023 (management purposes only)

Recent actions to improve MMR uptake in Fife:

- Pre-school MMR2 QI project (improved early uptake)
- Local letter all children <18yrs without 2 x MMR, summer 2023
- National prompt letter all P1 and S1 pupils, autumn 2023
- Student & new migrant outreach
- Fife measles elimination plan updated Aug 23; monitoring via Imms QMAG
- MMR mop up via teenage programme Feb to March 2024

¹ 2023 annual data will be published March 2024

Meeting:	Public Health & Wellbeing Committee
Meeting date:	4 March 2024
Title:	Satellite Static Unit in Fife for National Screening Division (NSD) Commissioned Service for Breast Cancer Screening
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author:	Julie Carmichael, Radiology Manager, SESBSP Dr Olukemi Oyedeji, Consultant in Public Health, NHS Fife Cathy Cooke, Public Health Scientist, NHS Fife

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Breast screening is provided for women resident in North East (NE) Fife by the East of Scotland Breast Screening Programme (ESBSP), which is hosted by NHS Tayside. Women resident in the rest of Fife are screened by the South East of Scotland Breast Screening Programme (SESBSP), which is hosted by NHS Lothian.

The Scottish Breast Screening Programme (SBSP) relies heavily on the use of mobile screening units to serve the majority of the Scottish population. While this model has been very successful in establishing the service there are an increasing number of factors associated with this service model that create pressures (on the service) particularly in the central belt. In the past decade the demand on the service has been increasing year on year due to an increasing population in the South East and an ageing population. In order to realistically meet the target of a 36 month screening round for all participants in an

equitable manner a change is required in the way the service is offered to the participants. Other factors associated with the use of mobile units highlight the need to explore other service models.

Following on from the major review of the service in 2020 the SESBSP has held informal talks with colleagues within the Breast screening and public health service (NHS Fife and NHS Lothian) to discuss where consideration of the provision of a satellite screening unit could address many of the mobile issues and would help towards implementing some of the recommendations of the review.

The review (gov.scot/publications/major-review-scottish-breast-screening-programme/pages/) recommended:

- Development of a new approach to the call recall of women,
- Provision of screening at satellite centres in the central belt,
- A reduction of the barriers to screening,
- An increase in the convenience of appointments,
- An increase in the user friendliness of the screening venues.

Through this paper SESBSP is looking:

- To inform **NHS Lothian** as the hosting board of these discussions and to seek approval to progress the development of a business case and progress with the scoping of a potential site within NHS Fife (Queen Margaret Hospital).
- To seek approval from **NHS Fife** to further progress with the scoping of clinic 6 in Queen Margaret Hospital (QMH), once vacated as a potential pilot site.
- To seek assurances from **NSD** that, should the pilot go ahead, any and all mammography units currently owned and provided by NSD for screening throughout the region on mobile units will remain in ownership of NSD in perpetuity.

2.2 Background

For over 30 years the SESBSP has operated over a wide geographical area with the use of a four x-ray room static clinic in the centre of Edinburgh, and five single x-ray room mobile units. The population in Edinburgh is largely served by the static centre with some screening clinics taking place on mobile units.

The eligible populations in NHS Fife, NHS Forth Valley, and NHS Borders are screened exclusively on mobile units. There have been no changes made to the way that screening is offered to eligible women in spite of the many societal changes that have taken place since the early 1990's. The number of eligible women has increased by over 20% in the last decade alone and is continuing to rise. This increase is due to both internal population ageing and inward migration.

To try and mitigate the increase in service demand the service started a system of overbooking in 2013 after the move to digital imaging. However due to the use of over 80 different mobile unit locations there were constraints on what could be achieved. By moving the screening location around the region to these locations there is variation in the duration of the screening day, limiting the screening time available on the mobile units.

Whilst the flexibility in locations is seen as an asset in the ability to reach the population they also have their drawbacks, these have been outlined in table 1. These are also some of the drivers for change.

Table 1: challenges with mobile units.

Area of concern	Details of challenge
Staffing	No rest facilities Need to use public toilets or portaloos
	Transport officers required to support switch on, there are large gaps throughout day when mobile unit in clinical use and the Transport officers cannot access them for cleaning or general maintenance.
Power	Diesel powered Generators, Needs regular servicing Can break down especially with bad weather as exposed Yearly off site maintenance SG policy to move to all electric vehicles
	Noisy (challenge for sites close to residential areas)
Population	Increased demand, with change in demographics
Service	Reduced number of sites available, with merging of locations leading to increased time on each site (can be as long as 9-12 months)

The area of Fife covered by the SESBSP that was previously screened within the three year period with one mobile unit now requires two mobile units to support the increased demand. There have been challenges on some of the historical sites used by screening which has also reduced the flexibility of the service.

In a sense a small test of change has been in place in Fife in 2022 for the screening of the practices around the area of Dunfermline. The mobile units were static at Asda Halbeath rather than going to short stay locations in High Valleyfield, Lochgelly, Oakley and Kelty. Throughout this period the demand and activity has not significantly changed.

The SESBSP proposed to the review team in 2019/20 that screening could be delivered in static satellite centres throughout the region and that many of the issues faced with the use of the mobile units could be overcome. The move to more static locations could also meet many of the recommendations of the review and break down many of the barriers to screening. While the review team published this as an appendix, another proposal along the same lines was to use existing NHS facilities as satellite centres. This idea was presented to the National Screening Service Modernisation Board who agreed that the idea should be presented to NHS Fife with a view to exploring the concept further.

In addition the Scottish Government policy of reducing the NHS reliance on diesel fuelled vehicles will see the need for 4 of the mobile units currently in use by the SESBSP to be replaced by 2026. All the support vehicles used by the Transport Officers will also be replaced by 2025. The current lack of infrastructure for the new electric vehicles for use by the Transport Officers is raising further issues for the service.

2.3 Assessment

The utilisation of a static site in the community in Fife could bring many benefits to the service. These would need to be explored further but some examples are shown in table 2.

Table 2: Potential benefits

Potential Benefits
Potential Benefit for Participants
Able to extend the working day and week giving greater flexibility of appointments for service users
Have a constant presence, (currently if a woman misses an appointment and the unit moves out of the area the chance of her attending screening diminishes)
Possible public perception that the static satellite centre is more fit for purpose and thereby a more inviting prospect which may encourage previous non attendees to keep their appointment.
Can provide onsite parking for service users
Better access for women with disabilities.
Allows for women to forward plan their appointments for a more convenient day
Able to provide a local telephone number for women in the local area
Greater opportunity to reach women who have missed their appointment
Allows for opportunistic screening
Better transport links for attendees and for staff travelling there each day- (not along rural roads in winter months.)
Potential Benefit for Staff
Building would be equipped with facilities for staff rather than using supermarket/GP or portaloos. (These bring their own issues of access and cleanliness.)
Can provide onsite parking for staff
Safer location for staff in darker mornings/nights rather than an isolated spot in a car park
Potential Benefit for the Service
Ability to work online with SBSS and PACS, removing the need for manual image collection and upload.
Ability to move away from invitation by general practice to invitation by participant's Date of Birth (DOB).
Scope for Assistant Practitioners (APs) to carry out the majority of routine screening
There will no longer be the need to constantly appraising and negotiating with sites for mobile units.
Long term savings in staffing and some supplies and trailer maintenance.
Units will not incur the same amount of down time for moves and servicing.
Better environment for complex mammography equipment which is highly sensitive to environmental conditions.
Wider Potential Benefits
Environmentally better option than using diesel generators

The SESBSP management team originally proposed that the use of a retail space would take the screening facility into the community as has been the rationale behind the mobile fleet rather than use NHS facilities and community hospitals. However, this idea was presented to the review group in 2019 prior to the pandemic and all the changes that it has brought about within communities.

An NHS site may be suitable as there are no parking restrictions and most are very well served by public transport routes. An NHS facility may also allow for opportunistic screening as many staff, day patients and visitors arrive in the hospital each day (particularly a large one like Queen Margaret Hospital).

Some scoping has taken place in Fife due to the discussions at the Modernisation Board. In 2023, NHS Fife Estates identified three possible locations: Queen Margaret Hospital (QMH), Randolph Wemyss Hospital and St. Andrews Community Hospital. QMH was the preferred site for a test of change initiative. There are plans to further explore a second static site subject to funding and the outcomes from the test of change at QMH.

2.3.1 Quality, Patient and Value-Based Health & Care

A static breast screening unit in Fife could offer multiple benefits to patients and the quality of their care. Some of these benefits are outlined in Table 2 above.

2.3.2 Workforce

A static breast screening unit in Fife could also offer multiple benefits for staff some of these benefits are outlined in Table 2 above

2.3.3 Financial

A business case will be developed to support this proposal and detail the financial implications for NHS Fife and NSD.

Preliminary discussions with NHS Fife Estates indicate that this proposal will not require significant financial input from NHS Fife.

In addition, the SESBSP will seek assurances from NSD that, should the pilot go ahead, any and all mammography units currently owned and provided by NSD for screening throughout the region on mobile units will remain in ownership of NSD in perpetuity.

2.3.4 Risk Assessment / Management

No risks have been identified at this stage.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An equalities impact assessment will be carried out before the pilot starts. However preliminary assessments show that a static breast screening unit could provide better access for women living with disability and greater flexibility for women to organise their breast screening appointments thus reducing inequalities of access to screening.

2.3.6 Climate Emergency & Sustainability Impact

The static unit is an environmentally better option than using mobile units powered by diesel generators, thus reducing the carbon footprint of the service.

2.3.7 Communication, involvement, engagement and consultation

A group has been meeting since 2023 to consider this proposal. This group involves representatives from NHS Fife Estates, SESBSP, NHS Fife Public Health and members of the National Breast Screening Modernisation Board.

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.

- The Static Centre Discussion Group at various meetings in 2023 and 2024
- Public Health Assurance Committee on 21 February 2024

2.4 Recommendation

This paper is provided to members for:

- **Discussion** – For examining and considering the implications of the matter.
- The management team (in conjunction with the Public Health team for screening in NHS Fife) be given approval by NHS Lothian as screening host board and by NHS Fife to develop a business case and seek funding for the pilot project approved by the modernisation board.
- Further scoping work completed looking at a small number of options as a possible location for the satellite screening unit.
- If approval agreed to proceed with the potential static site currently offered within Dunfermline, SESBSP will update any and all progress through cancer CMT, with the formation of a business case and with stakeholders to support the pilot of change in mobile to static for Fife screened population.

3 List of appendices

None

Report Contact:

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Consultant in Public Health
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Meeting: Public Health and Wellbeing Committee

Meeting date: 4 March 2024

Title: Fife Violence Against Women Partnership and Gender Based Violence Nurse Advisory Service Annual Reports 2022-2023

Responsible Executive: Nicky Connor, Director of Health and Service Care, Fife HSCP

Report Author: Lisa Cooper, Head of Primary and Preventative Care, Fife HSCP

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- 5 Health and social care services contribute to reducing health inequalities.
- 7 People who use health and social care services are safe from harm.

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

- Wellbeing
- Integration

2 Report summary

2.1 Situation

This report is submitted to the Public Health and Wellbeing Committee for assurance in relation to the work being undertaken within NHS Fife, Fife Health and Social Care Partnership and Fife Violence against Women Partnership (FVAWP) to address violence against women and girls.

The report contains two annual reports covering the period April 2022 to March 2023:

- Fife Violence Against Women annual report 2022/23 (appendix1) .
- Fife HSCP Gender based Violence Service annual report (appendix 2).

Subject to approval these reports will be tabled at a future meeting of the Quality and Communities Committee.

2.2 Background

Equally Safe – Scotland’s Strategy to prevent and eradicate violence against women and girls defines Violence against Women as:

- physical, sexual and psychological violence occurring in the family (including children and young people), within the general community or in institutions, including domestic abuse, rape, and incest.
- sexual harassment, bullying and intimidation in any public or private space, including work.
- commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking.
- child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse.
- so called ‘honour based’ violence, including dowry related violence, female genital mutilation, forced and child marriages, and ‘honour’ crimes.

Fife Violence against Women Partnership (FVAWP) co-ordinates activity focussed on ending violence against women and girls in Fife across statutory and third sector organizations. The multiagency partnership is committed to addressing the four priorities contained in Equally Safe:

Priority 1: Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls.

Priority 2: Women and girls thrive as equal citizens: socially, culturally, economically and politically.

Priority 3: Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.

Priority 4: Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

The Gender based Violence Nurse Advisory Service (GBVNAS) sits within Sexual Health in the Primary and Preventative Care division of Fife HSCP. It provides support within three distinct care pathways:

- The Gender Based Violence Care Pathway
- The Forensic Care Pathway
- The Children and Young People’s Care Pathway

The team also represents the health services at MARAC (Multi Agency Risk Assessment Conference) and provides and supports workforce development and training on GBV related issues across Fife.

2.3 Assessment

The annual reports in Appendices 1 and 2 detail the significant range of work that is undertaken to meet the needs of people who are victims of gender-based violence, sexual assault and abuse and details the prevention activity that is undertaken, which works towards achieving the Scottish Government aim: “Violence against women and girls, in any form, has no place in our vision for a safe, strong, successful Scotland.

It damages health and wellbeing, limits freedom and potential, and is a violation of the most fundamental human rights" (Scottish Government)

Both reports cover the period April 2022 to March 2023. They reflect the challenges and successes across the Equally Safe priorities in a period where services and structures were adapting to and recovering from COVID related impacts.

They highlight trends in increased referrals during and after peak COVID periods which is consistent with the assessment and guidance covered in the Coronavirus (COVID-19 Supplementary National Violence Against Women) Guidance.

Appendices to the FVAW report proved a comprehensive record of activity across the partnership and within the GBVNAS. Key indicators include:

-
- A rise in Domestic Abuse incidents reported to police in 2021-22
 - A rise in Domestic Abuse referrals to MARAC, and Women's Aid in 2021 -22.
 - A levelling off rather than any significant reduction in these figures in 2022-23.
 - A significant rise in referrals to the HSCP GBNAS in 2022-23 from the previous peak in 2021-22
-

The reports highlight a range of activity across the Equally Safe priorities including:

-
- Prevention and awareness raising including work in schools such as the Speak Out Stay Safe virtual assemblies and Mentoring Violence Programme to support the Health and Wellbeing elements of the Curriculum for Excellence.
 - Workforce development activity including GBVNAS Sessions to support routine enquiry and awareness of support services for health care staff in key clinical areas.
 - Work across Fife Council NHS Fife HSCP and Third Sector to meet 100% of the Priority 2 standards in the reporting period.
 - Description of Priority 3 Interventions that prevent violence and maximise safety, for victims and survivors of domestic abuse, sexual violence and childhood sexual abuse.
 - Information on the development and operation of Fife's role on the national Sexual assault response and co-ordination service (SARC) and The Fife Suite which fulfils the commitment to ensure adult victims of rape and sector assault are able to access forensic examination in a high quality, comfortable and accessible health setting.
 - The activity of the Multi Agency Risk Assessment conferencing (MARAC) where 330 cases were discussed at Fife MARAC meetings in the reporting period and the crucial role of the GBNAS service in support liaising with health services on allocated task to support the safety and health and wellbeing of victims.
 - Detail of work with perpetrators of domestic abuse to ensure they are held accountable for actions as well as provided with opportunities to change.
-

2.3.1 Quality, Patient and Value-Based Health & Care

Both reports provide feedback from service users which reflect the positive impact that services have had on their lives.

2.3.2 Workforce

The workforce involved in delivering the services described is relatively small and specialised which has an impact in relation to recruitment and training.

2.3.3 Financial

There are a variety of funding models in place across these services including statutory and grant funded organisations. Additional roles, responsibilities and increased demand within the GBVNAS have been met within existing budget but this will become challenging should demand continue to rise.

2.3.4 Risk Assessment / Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

The details of how equality, diversity and health inequalities responsibilities are met are contained within each report. The use and promotion of Equality and Human Rights Impact assessments are a key part of the FVAW action plan as a tool to support participation and involvement of victims and survivors and address the inequalities experienced through local recovery and renewal strategies.

2.3.6 Climate Emergency & Sustainability Impact

Nil.

2.3.7 Communication, involvement, engagement and consultation

Each service has its own approach to communication and regularly engages with service users to ensure that their views are listened to in order to improve the services offered.

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.

- Sexual Health Fife Management Team Meeting 7 December 2023.
- SH Clinical Governance group 28 December 2023.
- PPC QMAG 11 January 2024
- HSPC QMAG 26 January 2024
- HSCP SLT 12th February 2024
- EDG 15th February 2024

2.4 Recommendation

Assurance – members note the activity and performance contained in the two annual reports.

3. List of appendices

The following appendices are included with this report:

Appendix 1 – Fife Violence against Women Annual Report 2022/23

Report Contact:

Mark Steven

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2022-23 ANNUAL REPORT



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Chair's Introduction

As Chair of the Fife Violence Against Women Partnership (FVAWP), I am delighted to present the annual report for the period April 2022 – March 2023.

Fife Violence Against Women Partnership, aligned with Equally Safe, co-ordinates activity to eradicate violence against women and girls in Fife. This report showcases the significant amount of work undertaken by our partners during this time, as well as their commitment to multi-agency working, progressing the work of our 2019-22 action plan, and addressing emerging trends during the year.

This report provides a range of data in regards to the prevalence of gender based violence, the demand on services, as well as the complex nature of women's experience and needs through a gendered perspective. Our partners are committed to providing a supportive, trauma-informed response to victims of gender-based violence in all its forms, addressing safety, and supporting survivors on their journey to recovery, whilst enhancing their future life prospects.

Funding and availability of resources remains a particular challenge, especially for our key partners providing specialist services to victims of violence against women and girls. The nature of funding, particularly for our voluntary sector partners, means that is often time limited, project based and comes from a range of sources – this creates uncertainty for both services and service users. We are committed to identifying and addressing such issues, highlighting these at both local and national levels and we have contributed to the Independent Strategic Review of Funding and Commissioning of Violence Against Women and Girls Services, which is due to be published later in 2023.

As part of our ongoing commitment to addressing violence against women and girls we are also addressing perpetrators behaviour. Through the adoption of the Safe and Together approach and training, in addition to partners ongoing work to address the behaviour of perpetrators, providing a multi-pronged approach we are tackling issues at source as well as providing services for victims.

Prevention and education are also key elements to reduce the impact of gender-based violence against women and girls and some of the ongoing work is documented in this Report.

During this period, as a multi-agency partnership, we have taken time to collaboratively develop a new action plan, to be launched later in 2023. It remains vital that we work in partnership to address violence against women. We would like to take this opportunity to thank all our partners who remain committed to this cause and who tirelessly continue to work towards eradicating violence against women and girls in all its forms.

Heather Bett, Senior Manager, NHS Fife

An introduction to Fife Violence Against Women Partnership

[Fife Violence Against Women Partnership \(FVAWP\)](#) is a group of key partners in the public, private and third sectors working collaboratively to prevent and eradicate all forms of violence against women and girls. FVAWP coordinates activity towards delivery of *Equally Safe – Scotland’s strategy for preventing and eradicating violence against women and girls.*

Equally Safe

Equally Safe is the key national driver for Fife Violence Against Women Partnership. The Delivery Plan and local area Quality Standards work to the following four priorities that have been adopted by partners locally:

- a. Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls
- b. Women and girls thrive as equal citizens: socially, culturally, economically, and politically
- c. Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women children and young people
- d. Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response

This framework has been used to self-assess progress locally, identifying strengths and weaknesses and forms the basis of FVAWP Action Plan 2019-22.

FVAWP provides an annual data return to the Improvement Service on a range of quality standards based on these priorities, partnership working and specific data measuring investment and activity in Fife. This annual report is structured around these Equally Safe Priorities.

Equally Safe Definition of Violence Against Women:

- a. *physical, sexual and psychological violence occurring in the family (including children and young people), within the general community or in institutions, including domestic abuse, rape, and incest;*
- b. *sexual harassment, bullying and intimidation in any public or private space, including work;*
- c. *commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking;*
- d. *child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;*
- e. *so called ‘honour based’ violence, including dowry related violence, female genital mutilation, forced and child marriages, and ‘honour’ crimes.*

Violence against women is both an equality and a human rights issue. Women and girls are at increased risk of violence and abuse because they are female. Our shared understanding recognises that violence against women has a significant impact on children and young people’s lives, with their safety closely linked to their mother’s. Men and boys can also be at risk of violence and abuse and support needs to be available at the point of need.

National Equally Safe Quality Standards

These standards are self-assessed by partners, signed off by the FVAWP Executive Committee and reported to the Improvement Service who provided a report showing comparative data for Fife 2020/21 and 2021/22 (data for 22/23 is not yet available) compared to the national average in Scotland for 21/22. This information is included for each of the priorities in the report.

Covid Supplementary Guidance

During 2022/23, Covid restrictions began to ease, however Covid continued to impact on all the work of Fife Violence Against Women Partnership. The updated Violence Against Women Action Plan 2019-22 incorporates Coronavirus (COVID-19 Supplementary National Violence Against Women Guidance for local authorities and community planning partners. This guidance recognised that the COVID-19 pandemic has, and will continue to place women, children and young people experiencing all forms of VAWG at increased risk of harm for the foreseeable future. This is due to several factors including (but not limited to):

- women, children, and young people having less opportunity to seek support from their normal social networks such as friends and family while restrictions are in place
- a perception that both universal and specialist services are under pressure creating a reluctance to seek support
- perpetrators of VAWG potentially using COVID-19 social restrictions as an additional tool of exerting control, abuse and exploitation
- increased financial challenges and dependencies if women are not able to work due to redundancy,
- caring responsibilities,
- illness or other factors.

A Brief Overview of FVAWP in 2022/23

FVAWP Team Staff changes:

- In March 2022 Laura Pearson joined FVAWP as Coordinator (part time).
- In February 2023 Sheila Noble retired from her position as Coordinator, after over 19 years in post.
- In February 2023 Keri Duffy was recruited into the Coordinator (part time) post, which reduced her L&D Officer post to part time, and opened up a part time L&D Officer post vacancy.

Action Plan Update:

In August 2022 a consultation process started with FVAWP partners to develop an Action Plan for 2023-25. With the support of the Improvement Service, initial discussions were held within each of the four priority groups. An in-person FVAWP development session was held on 9th September, where ambitions for the 2023-25 action plan were discussed and documented.

The Executive Committee were asked to vote on the actions identified at the development session. Priority groups were then asked to prepare action plans to return to the Executive Committee to outline their plans to deliver on the actions identified as top priorities. It is expected that the Action Plan will be approved in early 2023/24 and delivery will commence.

Strategic planning:

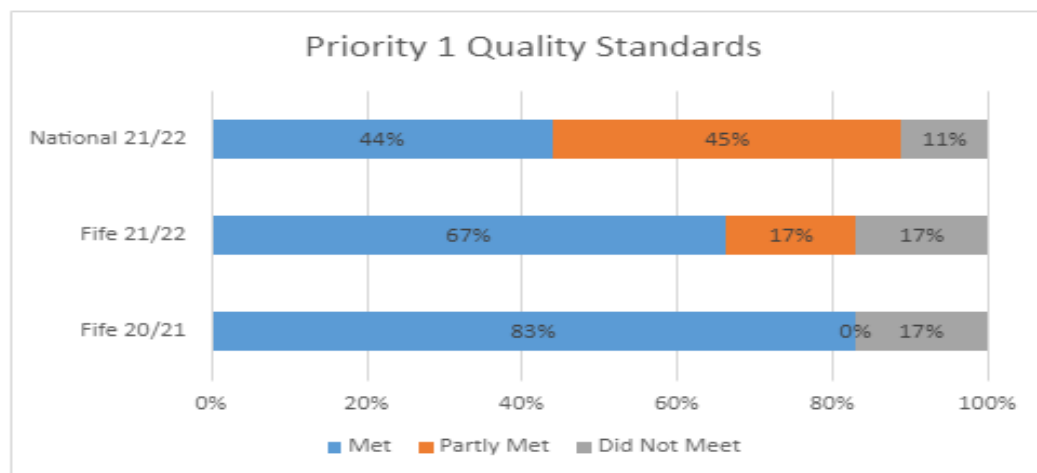
We held regular FVAWP strategic planning meetings:

Meeting	Chair	Vice chair	No of meetings
Executive Committee	Heather Bett (NHS Fife)	Kelly McEwan (Police Scotland)	4
Priority 1 group	Rona Weir (Education)	Vacant	4
Priority 2 group	Zahida Ramzan (FC Communities and Neighbourhoods)	Vacant	2
Priority 3 group	Karen Pedder (Community Social Work)	Lynda Carey (Fife Women's Aid)	3
Priority 4 group	Steve Hopton (Social Work Justice Services)	Vacant	3

We continued to work on aspects of the priorities during the year. The following report outlines the work of FVAWP under each priority.

Equally Safe Priority 1: Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls

- Positive gender roles are promoted
- People enjoy healthy positive relationships
- Children and young people develop an understanding of safe, healthy and positive relationships from an early age
- Individuals and communities recognise and challenge violent and abusive behaviour



What have we done?

Primary Prevention Strategy

We continued to work on the [FVAWP Primary Prevention Strategy for Children and Young People](#) which is a collaborative plan involving input from key partners with work continuing in the following settings: youthwork, early years, schools, College and University. The strategy links with the Curriculum for Excellence Health and Wellbeing Indicators.

It is supported by a range of local and national partners. There is work within schools to promote understanding and awareness of gender-based violence, positive, healthy relationships and consent information from early years to secondary S6.

Covid has slowed progress with children and young people being out of school; schools being careful about how many additional people can be in classrooms; and reduced opportunities to engage with young people generally. As a result, we have seen a reduction in the number of sessions delivered by partners face to face. Work has however continued promoting understanding and awareness of gender-based violence, positive, healthy relationships and consent information from early years to secondary S6 with online resources playing a role.

Communication and relationship building with FVAWP Coordinators, partner agencies and schools continues. During this period, schools have been contacting FVAWP for support with addressing misogyny (aimed at peers and teachers), unhealthy peer relationships, body image, self-esteem, and GBV incidents.

Signposting has taken place to partner agencies including FRASAC, Fife Women's Aid, and Safer Communities, as well as recommending programmes and resources available to schools including RSHP (the Relationships, Sexual Health and Parenting pathway),

Improving Gender Balance and Equalities, Equally Safe at School, Mentors in Violence Prevention, and other resources.

Early Years settings continue to deliver the relevant components of the Curriculum of Excellence Health and Wellbeing theme, including friendships and relationships, personal space and boundaries and learning about our bodies.

Primary - FVAWP has linked in with partners at NSPCC to monitor the delivery of the Speak Out Stay Safe programme, a safeguarding programme for children aged 5 to 11-years-old. It is available to all primary schools in the UK and Channel Islands. It helps children understand:

- abuse in all its forms and how to recognise the signs of abuse
- that abuse is never a child's fault and they have the right to be safe
- where to get help and the sources of help available to them, including the Childline service.

With the support of Fife Council NSPCC are building back to a three year cycle for delivery of the assembly programmes across all primary schools.

From April 2023 – March 2023 the Speak Out Stay Safe virtual assemblies were delivered in 31 Fife primary schools.

As volunteer capacity increases it is anticipated that an additional offer of face-to-face workshops will be available to schools later in the 2023-24 session.

Secondary - There is a national requirement to promote health and wellbeing in schools in line with the Curriculum for Excellence. Education Service lead on this within schools.

Mentoring Violence Programme (MVP) continues to be rolled out with a further 5 schools undertaking training in the model. One High School is looking to develop Equally Safe in Schools. Further information can be found in the MVP Annual Report (link in appendix 5).

The benefit of a dedicated resource at Fife Rape and Sexual Assault Centre continues through their prevention worker reaching out to young people across Fife from S1 to S6 – discussing consent, sexual violence, sexualisation and social media.

Safer Communities team have delivered a group work programme to a group of S2 girls in St Columbas looking at healthy relationships, GBV, body image, and self-esteem, mental health, and social wellbeing, and have linked in with FVAWP, FRASAC, and Police Scotland to co-deliver some sessions. Further detail can be found in the Safer Communities Annual Report (link in appendix 5).

Community Learning and Development teams, who are a key provider of youth work in Fife, have resumed group work and have run workshops on:

- Healthy and unhealthy relationships within: Family, Friendship groups and romantic relationships using White Ribbon campaign, Life Choices and Heads Up toolkit materials.
- Exploring good/healthy boundaries within these three categories.
- Looking at gender identity and roles and exploring healthy relationships and abuse.
- Explore 'healthy vs unhealthy' and 'what is abuse'.
- They have also discussed Domestic Abuse including:
 - Supports available and how to access these,
 - Identifying warning signs that someone could be experiencing domestic abuse
 - How to protect themselves and safety planning,

- Informal support routes - would they feel comfortable talking to friends, families and CLD about what was going on or about planning to leave the relationship and how they could do this as safely as possible.

St Andrew's University raises awareness of violence against women with all students in Freshers' week, using their bystander peer education support programme *StAnd Together* which is an adaptation of Mentors in Violence Programme. Got Consent is a student led group who lead workshops to educate and start conversations around the topics of sexual assault, bystander intervention, and laws and policies in relation to gender-based violence. The group created and manage the online module "Sexual Consent" which is a mandatory element of matriculation for all students.

Fife College worked with FVAWP to host showings of the "What Were You Wearing?" exhibition, previously collated and hosted by St Andrews University. This was held in the four main college campuses over eight days in total. Guidance staff were on hand to support. These events were attended by over 300 people. The college also link in through our VAW Champions forum, Primary Prevention Strategy as well as priority group meetings. Fife College continue to work with FVAWP partners to ensure delivery of VAW/GBV issue discussions within college through class talks and stalls held at college events.

A Mapping Exercise questionnaire was developed by the FVAWP Learning & Development Officer to ask schools about the resources they are utilising to engage with their pupils about violence against women and girls. This focusses on asking which toolkits, courses and partner inputs are being used within schools. Responses will provide an overview of which resources are being used and where, as well as indicate if there are gaps in delivery of any GBV related input. There is an option for schools to indicate if they would like more information or support with using resources. This was sent round schools between December – March and the results collected will inform the primary prevention strategy in 2023/24.

VAW Champions support prevention work, recognising the key role of specialist services within the third sector. These champions are staff from partner agencies who can offer awareness raising, training and support. During 2022/23 four meetings were held with VAW champions to share information and best practice. There are 27 members of the network, with representation from the majority of FVAWP partner organisations.

Public Awareness Raising and Campaigns

FVAWP has delivered four partnership campaigns to highlight violence against women, challenge attitudes and signpost to support agencies. Campaigns were coordinated through Fife Council Communications Team, Police Scotland, NHS Fife, Fife Women's Aid, FRASAC and KASP, as well as being supported by other partners. Key messages linked in with local and national initiatives. Campaigns included:

- **Women's Safety Campaign - summer 2022**

FVAWP rolled out a Women's Safety Campaign which was developed with the Community Safety Partnership, in response to public concern about women experiencing violence when outdoors. Recognising that many women limit their lives and are fearful of men's behaviour, the campaign links to the police campaign [Don't Be That Guy](#) and asks men to think about how they can help women feel safer.

Four posts were disseminated on social media through the main Fife Council Facebook page, Safer Communities Fife Facebook page and Fife Women’s Aid Twitter page. From these three pages, we were able to record a total reach for our four posts:

Post	Fife Council Facebook Reach	Community Safety Facebook Reach	Fife Womens Aid Twitter Likes	Total Reach
Post 1 - How Safe Do You Feel?	28,115	1,388	779	30,282
Post 2 – Police Scotland	26,198	-	505	26,703
Post 3 – Young Women	20,418	1,017	1723	23,158
Post 4 - Female Runners	27,471	1,875	457	29,803

Posts were also published by partner agencies on social media and other formats but we did not record data on these posts.

The campaign received a high number of challenging and misogynist comments, which provided evidence to the argument that work needs to be done to minimise misogynistic attacks online and enable women to feel safe online.

- **SARCS (Sexual Assault Referral Coordination Service)**

This service launched nationally in April 2022 and there was a national campaign. FVAWP ensured promotion of these national resources through social media and sharing information between partners, emphasising dissemination to service users.

An online information session involving FVAWP, FRASAC, and GBV Nursing Team was held on 12th September 2022. This included presentations providing information about FRASAC, the history and work involved in opening the Fife Suite, an overview of the operation of the Fife Suite, and an overview of the GBV Nursing Team. The session was attended by 64 people.

Feedback gathered was overwhelmingly positive with many indicating they felt more confident in sharing information about options after a sexual assault. Comments included:

“Gained valuable knowledge of the choices available to someone who has experienced sexual assault and an insight into what that looks like for the person, what they can expect if they wish to report to the police or if they want to self refer/not report. Gained knowledge of what services are out there to support.”

“Insight into the real need for this service and the vast improvement it has made for women who experience sexual assault in Fife. An opportunity to think about what I can do to promote the service in my professional and personal networks.”

“Very clear presentations, lots of information, very positive the progress that has been made after all the hard work and dedication of people involved.”

- **16 Days of Activism Against Gender Based Violence - Nov/Dec 2022**
This FVAWP local campaign was a part of the international [16 Days of Activism Against Gender Based Violence](#) campaign, which starts on 25 November, the International Day for the Elimination of Violence against Women, and runs until 10 December, Human Rights Day. It is used as an organising strategy by individuals and organisations around the world to call for the prevention and elimination of violence against women and girls. The 2022 campaign within Fife aimed to tie in with the Scotland wide campaign planned by the National Improvement Service, while also incorporating our own ideas and events.

A programme of events (see appendix 5) was pulled together containing a mixture of in-person events, online events, training sessions, social media posts and activism ideas.

Highlights for this year’s campaign include:

- What Were You Wearing exhibition held for 2 days at Fife College’s Glenrothes campus. Visited by 92 people, 44 evaluation forms were returned, with 98% of respondents stating that attending the exhibition improved their awareness of the topic and issues and 98% stating that the information available at the event increased their knowledge of services/resources.
- Fife Women’s Aid Annual Event was held online and launched two short films. The event also included lived voices, with one survivor reading a powerful letter written to her abuser. This event was attended by 66 people.
- FRASAC held a Takeover Day on their social media pages where they posted videos and messages about sexual violence. They also took part in a live online presentation about FRASAC and 30 people participated in this event.
- FVAWP attended local football matches to give out white ribbons and raise awareness of the White Ribbon pledge never to commit, condone or stay silent about violence against women. Players wore White Ribbon t-shirts while warming up, an article was included in the matchday programme and the clubs promoted our messages on their social media platforms.

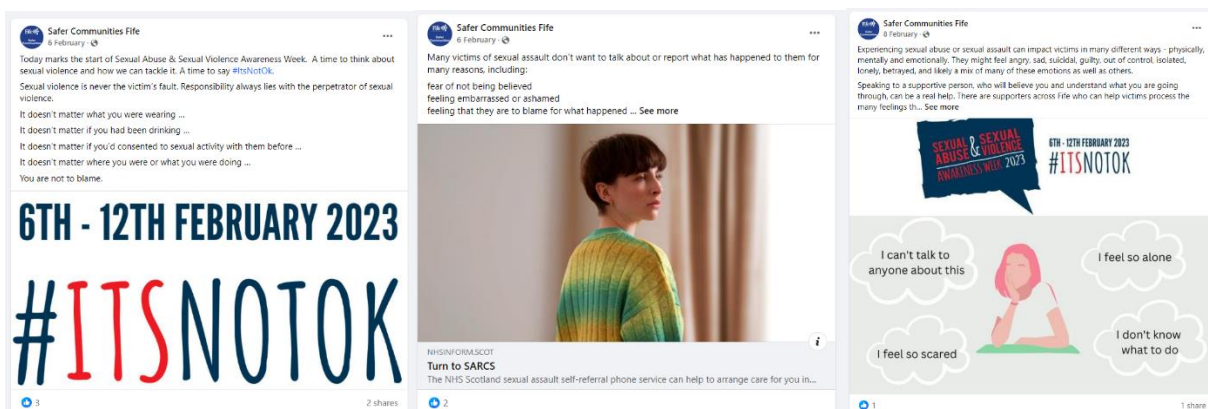
Attendance figures indicate the potential reach for the events:

Date	Club	Match Attendance
Saturday 3 rd December	Dunfermline FC	3927
Saturday 10 th December	Raith Rovers game	833
Saturday 10 th December	East Fife FC	not known

The full 16 Days report is available online (link in Appendix 5).

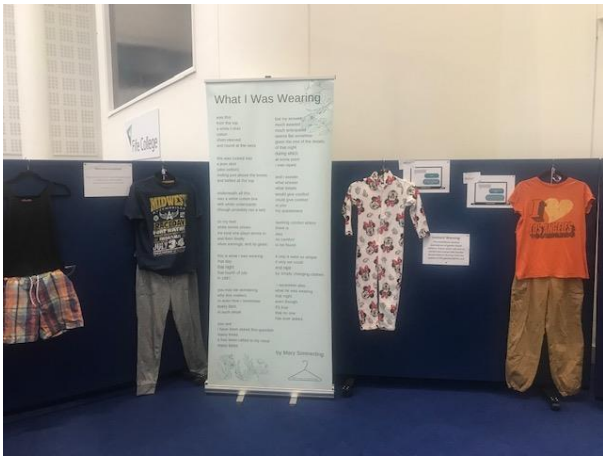
- **Sexual Assault and Sexual Abuse Awareness Week – February 2023**
[Safer Communities Fife Facebook](#) pages hosted 3 posts for FVAWP during this awareness week. Posts focussed on raising awareness of sexual assault and sexual abuse, support services available, including the SARCS process.

Post Information	Safer Communities Facebook Reach
6 th Feb - Sexual Violence awareness post	681
6 th Feb - NHS SARCS awareness post	246
8 th Feb - Sexual Violence emotional impact and support post	298



‘What Were You Wearing Exhibition’ showings took place throughout Fife, building on the success of the debut exhibition in St Andrews University in March 2022 and supported by FVAWP partners. This art exhibition is based on student-survivor descriptions of the clothes they were wearing when they were sexually assaulted. It displays recreations of the clothes they were wearing with testimonies of survivors (these were gathered by the University of Arkansas, who created the exhibition). It aims to challenge victim blaming and the myth that sexual assault can be attributed to a person's choice of clothes. This ran in three venues (two days each venue) in three of the four main college campuses in Fife where students, practitioners, elected members, and the public were invited along to view this. This was facilitated by experienced and skilled staff who engaged in many discussions with participants around the subject and it received excellent feedback. There were designated opportunities for pupils from surrounding secondary schools to attend during protected time slots to view the exhibition with support from teachers. This will be held in Levenmouth College Campus in April 2023 and following this, there are plans for the exhibition to go on as a roadshow in various community settings.

Exhibition information	Attendees
4 th and 5 th October, Kirkcaldy Campus	Approx 100
28 th and 29 th November, Glenrothes Campus	92
28 th Feb and 1 st March, Dunfermline Campus	58



Attendees were encouraged to complete evaluations forms at the end of their visit. Some excerpts of feedback are included:



"Really informative exhibition. Reminder that sexual assault can happen to anyone at all, regardless of clothing - or multiple factors! As a student social worker it provoked insight into some of the victims experience. And the staff on hand were friendly and easy to talk to regarding these issues."

"Great event to raise awareness. Very powerful and hard hitting. Also a very taboo topic so great to see people willing to chat/discuss."

"Excellent campaign - very powerful to actually see the outfits. It proves it doesn't / shouldn't matter what a male/female wears."

Find out more about the exhibitions [HERE](#)

In addition to our planned campaigns and awareness raising, FVAWP saw the promotion of partner's awareness raising messages and campaigns including Fife Women's Aid, FRASAC, NSPCC, NHS Fife and Police Scotland, across their various media platforms.

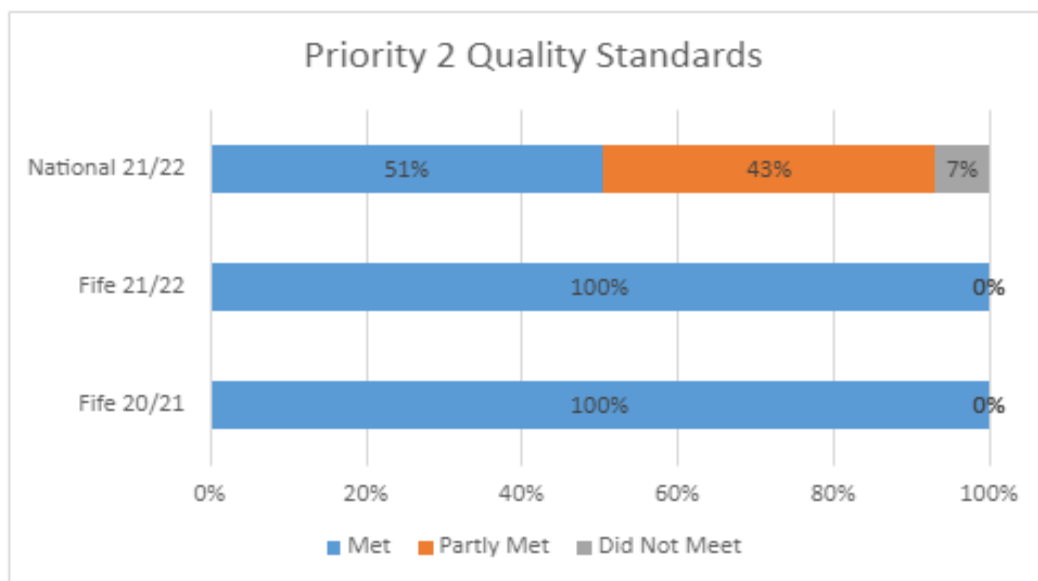
Organisations provide clear and up to date information about their services, which are well promoted between the partnership organisations, including housing, police, social work, NHS, education, and third sector. Information / leaflets about services are shared at public events as well as signposting to partners websites.

Next Steps for 2023/24:

- FVAWP Primary Prevention Strategy for Children and Young People to be reviewed. Continue to deliver primary prevention with input from local and national partners
- 'What Were You Wearing' – to be taken to other areas of Fife to increase the impact and reach of the exhibition.
- Develop further social media campaigns with support from Fife Council Communications Team, including discussion about impact and regular presence of FVAWP messages.
- Increase engagement with organisations working with men and boys sharing joined up messages around tackling sexism and supporting men and boys to challenge harmful behaviours.

Equally Safe Priority 2. Women and girls thrive as equal citizens: socially, culturally, economically and politically

- Women and girls feel safe, respected and equal in our communities
- Women and men have equal access to power and resources



What have we done?

The work of FVAWP continues to align with Fife Council's Senior Equalities Group, recognising that violence against women is both a cause and consequence of gender inequality. Fife Council's Equality, Diversity and Human Rights Outcomes include an outcome about women and girls living free from violence and abuse linking to FVAWP Action Plan.

FVAWP works with Fife Centre for Equalities who support engagement with local equality groups, including consultation on Fife Council's Equality, Diversity and Human Rights Outcomes. During this year, FVAWP coordinators and partners have worked to strengthen links with Fife Centre for Equalities.

FVAWP recognises specific challenges from Covid for women, children and young people with lived experience of VAWG. The [Coronavirus \(COVID-19 Supplementary National Violence Against Women Guidance](#) highlights the importance of ensuring that VAW is considered in Fife's wider recovery plans and additional actions have been added to the FVAWP Action Plan to support this, including in terms of:

- Equality and Human Rights Impact Assessments
- Consulting with survivors to ensure that the recovery systems and services meet their needs
- Ensuring that the inequality of outcomes that women have experienced during the pandemic are recognised and addressed in local recovery and renewal strategies

FVAWP is to report on an annual basis to Recovery and Renewal Leadership Board. Equalities will also report to the Recovery and Renewal Leadership Board providing both groups with a stronger link to community planning.

Fife Council has been accepted on to the Equally Safe Employer Accreditation Programme and is working towards gaining a bronze award, with this work being led by Human Resources. This eighteen-month programme started in March 2022, with substantial preparatory work being undertaken in terms of updating policies and guidance.

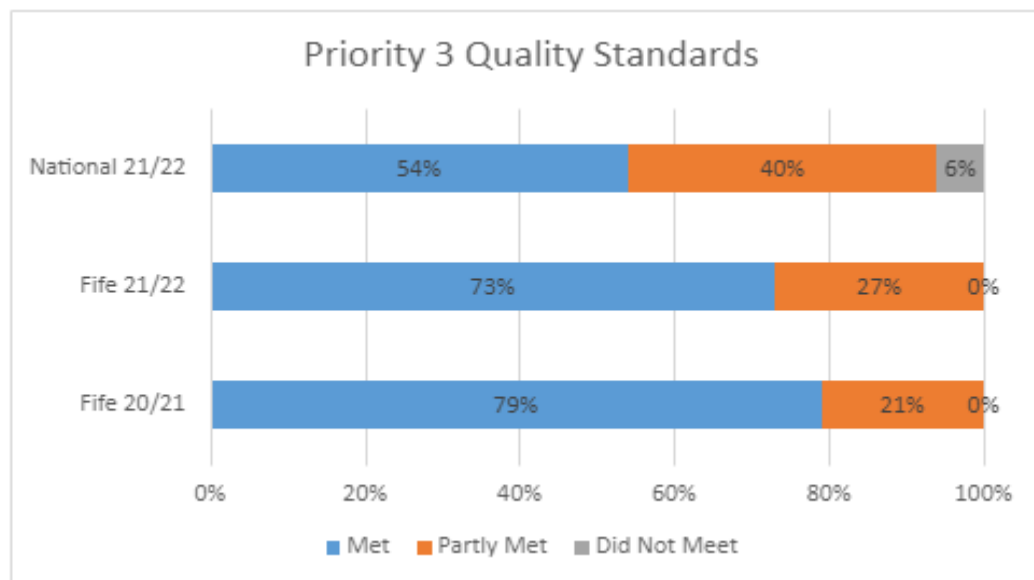
NHS Fife and Fife Council routinely undertake Equality Impact Assessments to review activity and outcomes from an Equality and Human Rights perspective. EQIA process assesses impact of gender inequality and issues of violence towards woman as a core question in relation to proposed changes in services. For further information on the detail of EQIAs completed please see <https://www.nhsfife.org/about-us/equality-and-human-rights/>

Next Steps

- FVAWP will contribute to the work of Fife Council to undertake the *Equally Safe at Work* Bronze Accreditation. It is anticipated that this will support further review, development, and implementation of women's workplace equality and policies supporting VAW&G within Fife Council.
- FVAWP will build on initial liaisons with Community Planning Managers to highlight the need to take a gendered approach and to specifically consider the needs of women and children with lived experience of violence against women in community planning.
- Explore ways to share the views of those with lived experience across the partnership and local planning.
- FVAWP Priority 3 has been looking to enhance support for those with additional vulnerabilities and this is now included within our new 2023-25 Action Plan.
- FVAWP to build stronger links with local equality groups through Fife Centre for Equalities.

Equally Safe Priority 3. Interventions are early and effective, preventing violence and maximising safety and wellbeing of women, children and young people

- Justice responses are robust, swift, consistent, and co-ordinated
- Women, children and young people access relevant, effective and integrated services
- Service providers competently identify violence against women and girls and respond effectively to women, children and young people affected



Specialist Service Delivery

Many FVAWP partner organisations deliver therapeutic support to victims and survivors of domestic abuse, sexual violence and childhood sexual abuse.

[Fife Women's Aid](#)

[Shakti Women's Aid](#)

[CEDAR+](#)

[Fife Rape and Sexual Assault Centre \(FRASAC\)](#)

[Kingdom Abuse Survivors Project \(KASP\)](#)

[Safe Space](#)

[NHS GBV Nursing Team](#)

Referrals continued to be very unpredictable adding to the challenges for those delivering services. As organisations attempted to resume services as Covid restrictions were lifted, they were hampered by high levels of covid affecting both staff and service users. Data on Referrals to these support organisations can be found in the 'demand for services section on page 19.

Service delivery:

Services and organisations continue to deliver services through a variety of mediums following on from creative changes in service delivery during Covid restrictions. Women, children and young people have more choices about how to access support and what that will look like. As always support is trauma informed, person-centred, meeting the person where they are at, at any point in time. Agencies currently offer a mixture of in-person face-to-face support and virtual support, recognising the potential benefits of both, and individual

preference of service users. This support can be one-to-one or through group work opportunities.

Covid 19 restrictions continued to impact on women and children living with domestic abuse and other forms of violence against women, creating an environment whereby risks were heightened within local communities. Lockdown disrupted normal coping strategies adding to the challenges faced by many survivors. While restrictions started to lift during this year, partner organisations across statutory and third sectors have continued to work incredibly hard and flexibly to support victims and survivors. Services provided support in a range of ways depending on covid restrictions and individual service user circumstances.

New Methods of Service Delivery:

Agencies adapted to rapidly changing situations, offering help and support in a range of ways. Partners learnt new ways of working – enhancing the services on offer. Going forward many agencies are looking to offer a mixture of face to face and virtual support, recognising the potential benefits of both and individual preference of service users. Some service users preferred online support finding it helped reduce social anxiety, removed the need for public transport, and eased childcare. Others expressed the need for their support to be face-to-face.

Groupwork:

Since Covid restrictions have lifted some agencies have made a return to in-person group work including CEDAR+ for both CEDAR and EYDAR programmes, and Fife Women's Aid who secured funding for a Group Worker post.

Fife Women's Aid reported that taster sessions for groups were held over the summer, both face-to-face and online, with attendance at the online sessions being higher. Women have indicated there are less barriers to this form of participation but feedback for face-to-face groups was also very positive.

KASP offer groupwork to women including 'Preparation for Counselling' which helps to 'hold' women who may be on the waiting list, ensuring they are still able to access some form of therapeutic support, and another programme focusing on anxiety, where those who are already involved with counselling can also refer in.

Safe Space delivers a range groups to people aged 16 years and over who have been sexually abused in childhood. These in-person groupwork programmes include the 'Emotional Resource' course, Art Therapy group, Art Journalling (where clients can express themselves without having to verbalise their feelings), and 'Parents and Guardians Support' 6-week course, as well as the Trauma Centred Trauma Sensitive Yoga on Zoom.

Service User Feedback:

Services continue to seek constant evaluation and feedback from service users to allow them to assess if the service is having an impact and service users are satisfied with the service they receive.

Below are some examples of some feedback received over the year:

Fife Women's Aid

"Without the support I would not be here – my worker was great, and validated my fears. She didn't ignore my worries – she told me my rights and options. I wasn't able to go out before but now I see light at the end of the tunnel"

“My worker sat right next to me in court and reassured my nerves. She explained everything that was happening”

Fife Rape and Sexual Assault Centre

“FRASAC has saved me, the impact this service has had on my life and mental health in a positive way is unbelievable, the help, the understanding, the confidence it has given me and just opened my eyes to what was happening in my life. I cannot thank you and this service enough an absolute asset to anyone!!!”

“To be able to have someone listen and understand how I feel. I feel I am in a better position in my life than I have ever been. Feel safer being out on my own. More confident communicating my thoughts and feelings. I can laugh and joke and not feel guilty. Able to use the techniques learned to help cope with flashbacks.”

Kingdom Abuse Survivor’s Project

“Biggest thing is Trust – I trust you! I’ve had loads of psychiatrists (mainly men) and I just couldn’t talk to them, I didn’t trust them, and they made me more anxious. You help me see through people stop being used by them and help me to believe in myself and see ways out of situations... you calm me down every time I talk to you. Thank you”

Safe Space

“This group is changing my life for the better. I can’t thank everyone enough for their help and support. I recommend more of those groups to help people who have had a lot of trauma.”

Cedar

“Cedar helped me to move forwards with the way I felt about everything that happened. I became much more confident about myself and being a mother. Dealing with conflict became manageable.”

“My children feel more comfortable in talking to me about things that have happened. I can listen without negative reactions.”

‘EYDAR has been great for me and my children, I know that even the youngest members of my family could have and would have been affected by our experiences which has helped me understand the needs of each of my children more. It was also nice for us to spend time together in a safe, calm space with families who had similar experiences.’

Waiting Lists:

Overall, partners continue to monitor waiting lists and work to reduce waiting times.

The table below shows a snapshot in time for waiting lists for services:

Organisation / Service	No. on waiting list	Approx waiting times
FWA – Refuge	30	113 days
FWA – Women’s Support	80	170 days
FWA – Adults Counselling	32	271 days
FWA – CYP Support	23	Not given
FWA – CYP Counselling	14	Not given

CEDAR +	42	6-9 months (due to groups running during term times)
FRASAC – Core Service	20	19 days
FRASAC – CYP	11	19 days
Safe Space	33	Average waiting time between assessment and 1-1 counselling is 2 months
KASP	90	Assessment – 21 days, Service 8-9 months

Contact with those on waiting lists to provide alternative support while waiting for their service remains evident across the organisations. Additional funds were released by the Scottish Government to Fife Women’s Aid, Fife Rape and Sexual Assault Centre and Kingdom Abuse Survivor’s Project to specifically address waiting lists during and in the aftermath of Covid. These funds allowed additional service provision throughout 22/23, however, some of this is due to come to an end which will leave a gap for some services during 23/24.

Services are creative in how they tackle waiting lists. Some offer time-limited early intervention work to support survivors in the interim with immediate support needs, often with practical support or short-term emotional support to ‘hold’ them (or in some instances this is enough to support them on their journey to recovery). Some services offer group work whilst service users remain on the waiting list, or as their chosen support route, and all services have regular phone contact to continue to assess risk and needs, provide emotional support, and with signposting and referrals to other agencies where required.

Closure of Saje Scotland

Unfortunately, during this period Saje Scotland announced that the organisation was unable to secure funds to continue operation. FVAWP supported the organisation to appeal for support, but unfortunately funding could not be sourced and Saje closed on 31st August 2022.

Partnership Working

Sexual assault response co-ordination service and Fife Suite (forensic examination for adult victims of rape and sexual assault) NHS Fife and partners including Police and FRASAC, have worked tirelessly to develop processes for self-referral within Fife, allowing victims to have a forensic examination (within a critical timeframe) without having to make decisions about reporting the assault to the Police. On 1st April 2022, the national Sexual assault response co-ordination service (SARCS) went live. This provides a national pathway for linking victims of rape and/or sexual assault into local healthcare support. Their website also provides a large amount of helpful information.

Fife Housing Partnership

High quality accommodation options are available to some women and children affected by VAWG, but the range of options available is insufficient to meet all women and children’s needs due to high demand of those experiencing VAWG in Fife. Housing continues to work with FVAWP and the specialist services supporting with refuge accommodation to address needs as effectively as possible with the resources available.

The Domestic Abuse Intervention Fund continues to run and support women with practical issues in settling into accommodation e.g. storage and removal costs.

Quote from service user:

“The Domestic Abuse Intervention Fund put my belongings into storage while I was waiting on a new home. My children were so happy to see all their personal items when we finally got our new home and it saved me so much money not having to replace them.”

Housing Options Pathway continues using a Case Management approach. One consistent Case Manager has proven to be very successful with positive feedback from women. Fife Housing Register partners have been looking at how to support women who have been rehoused to sustain tenancies, including Tenancy Assistance and Housing Support resources which have been identified.

Housing First 25+ is a new collaborative project which started at the end of 2022, and is being delivered by Fife Women’s Aid, Bethany Trust, and Turning Point Scotland and are funded by Fife Council Housing Services.

Housing First follows 7 core principles -

- People have the right to a home – by providing a secure tenancy, in an area where they want to live and will feel safe.
- Flexible support is provided for as long as is needed – no time frame, remains open even when engagement is low.
- Housing and support are separate – the Housing First Practitioner will support with any issue that arises, working in partnership with other services. Advocating on behalf of the service user.
- Individuals have choice and control – the young person is provided as much choice and control as possible, from what support they will receive to location and furnishings of their new home.
- An active engagement approach is used
- The service is based on people’s strengths, goals and aspirations
- A harm reduction approach is used

At the time of writing there were 7 people in tenancies on Housing First 25+ programme.

Links continue with the Private Landlords Forum to highlight supports that are out there for Private Sector Tenants experiencing domestic abuse.

Fife Council Housing Service was very involved in pushing legislative changes included in Domestic Abuse (Protection) (Scotland) Act and is currently ensuring we are meeting recommendations through ‘Policies not Promises’ and working to identify and address any gaps.

The ‘Safe, Secure, and Supported at Home’ service is a joint partnership with Fife Council Safer Communities and Matrix, Police Scotland in Fife, Housing, and Fife Women’s Aid Befriending Service. It offers support from police, housing, and the befriending service for those who have experienced domestic abuse and also offers a free home security visit to people who have suffered domestic violence and are now separated from the perpetrator, and following a risk assessment, can supply safety equipment to help keep them safe in their own properties.

During the period 2022/23 there have been 520 referrals to Fife Cares for home security assessments resulting in 411 visits being completed across the whole of Fife, which equates to about 79% of all referrals resulting in home security visits. The average response time across these referrals was 2.9 days for first contact to be made with the client. Matrix fitted the safety equipment including door viewers, security chains, patio locks, letterbox jammers and lock plates, security lighting, etc.

Fife Women's Aid's Befriending Service supported 28 women as part of the SSS@H project. This helps to reduce isolation, increase confidence and self-esteem and help integrate women back into their communities where they can safely thrive.

Police Scotland (Fife division) supported women with the use of safety alarms and mobile phones for those who did not have access thus reducing isolation, encourage support networks, and increasing safety measures.

Fife Council Housing, through the Prevention of Homelessness fund supported 126 families with storage, removals, flooring, furnishings, and travel costs.

Funding and Resources

The issue of funding has been discussed throughout the year. Some specialist services received additional national funds to address and reduce waiting lists.

As always, the ongoing challenge is the short-term nature of funding with most specialist services involved in funding applications including to the Delivering Equally Safe Fund. Services welcomed the opportunity to contribute to the Independent Review of Strategic Funding and Commissioning of VAWG services.

Learning and Development

FVAWP delivered training throughout 2022-23 as part of the Multi-agency Training Framework. This was accessed by partners across statutory and third sectors with a wide range of staff attending. FVAWP Training Programme can be accessed through FVAWP webpages.

Training was delivered through a variety of platforms including e-learning, webinars blended learning, and 'in-person' options. With the help of our partners, more courses were adapted to the webinar format including 'Domestic Abuse and the Protection of Children', 'MARAC', and 'Engaging Safely with Male Perpetrators of Domestic Abuse'. There were benefits of delivering training over a variety of platforms, as analysed from evaluations, and it is hoped to continue to offer a training programme with a blended approach to suit all learners.

Review, development, and additions of new training continues and this year, training about Intimate Image Abuse and a series of Commercial Sexual Exploitation courses have been added to the programme.

During the year numerous and varied learning opportunities were offered across a variety of different platforms, including single-agency training, with the courses offered completed by over 1000 participants. The high standard of training could not be delivered without support of partner organisations.

A high level of satisfaction in the training was maintained, with attendees identifying:

- an increase in understanding of the issues
- improved knowledge of good practice
- increase in knowledge of services and resources

All courses evaluated extremely well. Feedback on some of the courses from participants includes:

MARAC:

"I gained an insight into how MARAC works, from the initial referral to all agencies coming together to discuss and action a person-centred approach to forming the Plan of Safety for the person(s) involved." "Delivered well and very clearly. Good opportunities to ask questions too."

Domestic Abuse and Protection of Children:

"Greater understanding of the work that is put in to help the survivor/victim and the affects domestic abuse has on the woman and children. Also happy and interested to hear that the perps are being enlightened and given the information/tools to change the affects of their abuse on both the victim and the children."

The Impact of Domestic Abuse in the Early Years:

"Insight into the effect of ACE's on child development and more information regarding CEDAR and EYDAR services.

Really enjoyed the way the seminar was run (videos, group work, interactive activities)"

Intimate Image Abuse:

"An understanding of what intimate image abuse is, who it affects and the different types of abuse. It was presented in a way that made it clear and easy to understand." "Information about support that will be useful to staff and the people we support"

Engaging Safely with Male Perpetrators of Domestic Abuse:

"I feel it changed my 'I don't work with male Perpetrators' attitude. I feel this information will help me even more to not only to perhaps engage with them one day in this post or another but to help with the victims, if I'm scared/cautious/apprehensive about a Perpetrators then how do they feel. I would say it has given me confidence to trust my instincts even more and also reaffirm that services are there to help also."

Identifying Stalking Behaviours:

"Increased awareness of stalking behaviours and the types of stalking, improved insight regarding how better to work with perpetrators and victims of such behaviour and greater confidence in doing so. It has also clarified who and where I can go for additional information, support, etc if required."

Working With Adult Survivors of Childhood Sexual Abuse:

"I have gained a better insight into the valuable work done for survivors of sexual abuse in being heard and understood. I am less apprehensive about saying the wrong thing and valued the analogy of being client led and knowing what was in the cupboard without having to empty everything out."

Under Pressure:

"Good opportunity to hear research and stats. Reinforced my approach to such issues"

Commercial Sexual Exploitation Overview:

"A better understanding of CSE" "More information and signposting to support"

Commercial Exploitation and Money:

"further understanding of the horrifying issues surrounding women in this industry"

Commercial Exploitation and the Law:

"Some information I didn't know and a few useful contacts"

“More insight on Commercial Sexual Exploitation and Scottish Legislation”

Commercial Sexual Exploitation and Safety:

“found training very informative highlighted an issue I never knew much about”

“Very beneficial and delivered well. Will recommend to other team members”

Commercial Exploitation and Housing:

“This seminar allowed me the opportunity to reflect on my own current practice and how I may react if someone were to disclose involvement in CSE – something I have yet to come across. I feel more informed about the difficulties women in particular face in gaining/sustaining tenancies/housing, particularly with regards to CSE.”

Commercial Exploitation and Mental health:

“The impact on women’s mental health if they are a sex worker, and other risks associated with it. Lack of services specifically for sex workers.”

“Staff running training where knowledgeable, slides where great and good information, great having quotes from women’s made you think more about what they have been through and the effect it has on them”

Commercial Sexual Exploitation and Sexual Health:

“Insight into non discriminatory practice, language. Stats around impact on women’s sexual health and knock on effect of mental health”

“The training was excellent, really good questions in the side rooms to discuss. I had not considered the impact of language on individuals or being “under the influence” when attending a clinic (coping strategy) could make them feel excluded from an important service. Great seminar, full of good learning points and time for discussion.”

Commercial Exploitation and Exiting:

“The topic was ‘eye opening’ and gave a greater insight into the issues that some women are experiencing. I gained more understanding surrounding the barriers that prevent women from changing their lifestyle.”

“Very happy with the seminar and the way it was delivered.”

FVAWP promotes e-learning courses developed by partner agencies, some of which are a prerequisite to attending level 2 webinar inputs (see [webpages](#) for training programme)

These include

- Domestic Abuse Awareness Raising Tool (DAART)
- Sexual Violence Awareness Training
- Becoming Trauma Informed
- Introduction to Child Sexual Exploitation
- Awareness of Forced Marriage
- Recognising and Preventing Female Genital Mutilation (FGM)
- Developing Your Trauma Skilled Practice

An additional 15 participants took part in 2 partner-led internal and external training seminars; these included specialist Foster Carer training provided by Kingdom Abuse Survivors Project and Fife Rape and Sexual Assault Centre.

KASP also delivered training to Homestart which was attended by 12 participants.

Last year FVAWP partnered with Scottish Women’s Aid, Fife Council Housing, and Safer Communities to pilot *Equally Safe in Practice* (ESiP) training, rolling out mandatory training to Housing and Safer Communities staff comprising of three modules:

- ESiP Together for Gender Equality
- ESiP Understanding Domestic Abuse
- ESiP Understanding Sexual Violence

Over 500 staff completed the first module and attended sessions facilitated by trainers to discuss and consolidate their learning about gender equality. Of those who had not attended gender or VAW training previously, all felt that the training had increased their understanding of:

- What gender is and why it is important
- The harmful impact of gender stereotypes on individuals and society
- What we lose in an unequal society
- The link between women's inequality and violence against women
- Actions I can take to make a positive difference.

65 staff completed the ESiP Understanding Domestic Abuse module

56 staff completed the ESiP Understanding Sexual Violence module

Fife Council were one of three councils to deliver an input about the implementation of this pilot training programme at a national launch event, highlighting good practice, and opportunities for the future.

The NHS Fife GBV team is planning on starting to deliver '**Introduction to GBV**' training to all NHS staff to raise the profile of the service as well as giving staff some guidance on signs and confidence to either ask or how to respond if someone discloses to them.

FVAWP delivered Rape Crisis – Equally Safe in Colleges GBV First Responder Level 3 training to 13 faculty staff at St Andrews University. Feedback included:

"Refresh from past trainings, helpful info on new legislation and criminal procedures"

"Reminders of contacts in the event of external support being required. Good discussion on the subject of GBV."

Safe and Together

FVAWP continued delivering **Safe and Together** Core training through a blended approach (using Safe and Together Institute Virtual Training Academy and Fife trainers consolidating the learning through webinars) targeting mainly social work staff in Children & Families and Criminal Justice services, as well as Family Support Services, and some of the MARAC partners including Fife Women's Aid, NHS, and Housing. A further 102 staff completed the 4-day Core training, bringing the total number of staff trained in the Safe and Together model in Fife to 339. The focus of the course content is:

- Keeping children safe and together with the non-abusing parent
- Partnering with the non-offending parent as the default position
- Intervening with perpetrators to reduce risk of harm to the child

Examples of feedback from participants on Safe and Together training:

"Very thought provoking training"

"Fantastic training resource, would like to see all Children and Families workers trained in this"

"Very knowledgeable trainers who helped massively to support me to put this into practice"

MARAC

MARAC Fife – (multi-agency risk assessment conferencing) is a process for the highest risk domestic abuse cases. Its aims are to safeguard adult victims; make links with other public protection arrangements in relation to children, perpetrators, and vulnerable adults; protect agency staff and address the behaviour of the perpetrator.

Throughout 2022-23 MARAC discussions were held fortnightly, most remotely, but with a shift in the later part of the year to have a blended approach and some 'in-person' meetings.

Of the 712 referrals to MARAC Fife

- **50%** were discussed by partners at MARAC and independent MARAC advocacy offered by Fife Women's Aid or KASP
- **28%** were referred to MARAC independent advocacy for further risk assessment, safety planning and victim support
- **22%** of referrals were returned to the referring agency to support without MARAC co-ordination but with feedback and signposting
- **74%** of the total referrals into MARAC were from the Police, the lowest proportion ever of the total, indicating a more diverse mix of referrers.

Of the 330 cases discussed, 321 were female aged between 16 and 77, and 9 were male. Over half of the MARAC cases involved stalking, high levels of violence and coercive control. The impact on victims is profound in terms of trauma and wellbeing. Children are significantly impacted with domestic abuse identified as an adverse childhood experience (ACE). **693 children** were in the **330 MARAC case discussions**, usually the children of the victim or perpetrator but also step or half siblings, grandchildren, or otherwise at risk.

Substance misuse is not a cause nor an excuse for domestic abuse, however, can increase risk when the victim and/or the perpetrator are misusing alcohol or drugs. Of MARAC victims last year, 16% had identified alcohol ab/use and 13% drugs ab/use concerns. Of MARAC perpetrators 40% had an issue with alcohol and 38% with drugs. Joint work with Fife Alcohol and Drug Partnership continues, with the aim of improving support for women with dependencies and they have secured funding to offer Safe and Together training to all ADP commissioned services.

In 31% of cases a weapon had been used. 7% of MARAC victims were minority ethnic.

MARAC reduces repeat victimisation within a context of complex and often escalating abuse where sharing information and partnership working is essential. Importantly, victims feel supported by the MARAC advocates and other partners. MARAC ensures partner agencies understand (and set tasks to reduce) the level of risk posed to adult victims and third parties including children. MARAC Advocates ensure all partners are aware of the victim's perspective and that tasking in the Risk Management Plan address their needs.

Most of the recommendations from the previous year's MARAC Fife review have now been implemented, however, there is still ongoing work with focused short life working groups exploring the following issue, and how we can improve on this in Fife:

- focus on victim non-engagement and advocacy for less well-represented victims in the MARAC cohort

The full recommendations and details can be viewed in the MARAC Annual Report 2022/23 upon request to fvawp@fife.gov.uk

Next Steps for 2023/24

- Work with partners to Review support for women and children with additional vulnerabilities ensuring VAW&G services are accessible to them
 - Develop professional understanding of Commercial Sexual Exploitation and the needs of women selling or exchanging sex
 - Develop and deliver action plan based on Scottish Drug Forum Community Research recommendations
 - Review relevant recommendations from MARAC short-life working group including developing a pilot model for supporting male victims of domestic abuse referred to MARAC
 - Work with Fife Centre for Equalities and others to engage with equality groups in Fife including travelling community, refugees and other minority groups
 - Work with public protection committees to enhance support for vulnerable women and children
 - Work with Children and Young People's Wellbeing group which sits under Children's Services Partnership

- Increase understanding of a survivor's journey through systems and services in Fife with a view to supporting earlier intervention and a whole system approach to supporting women, children and young people experiencing VAWG.

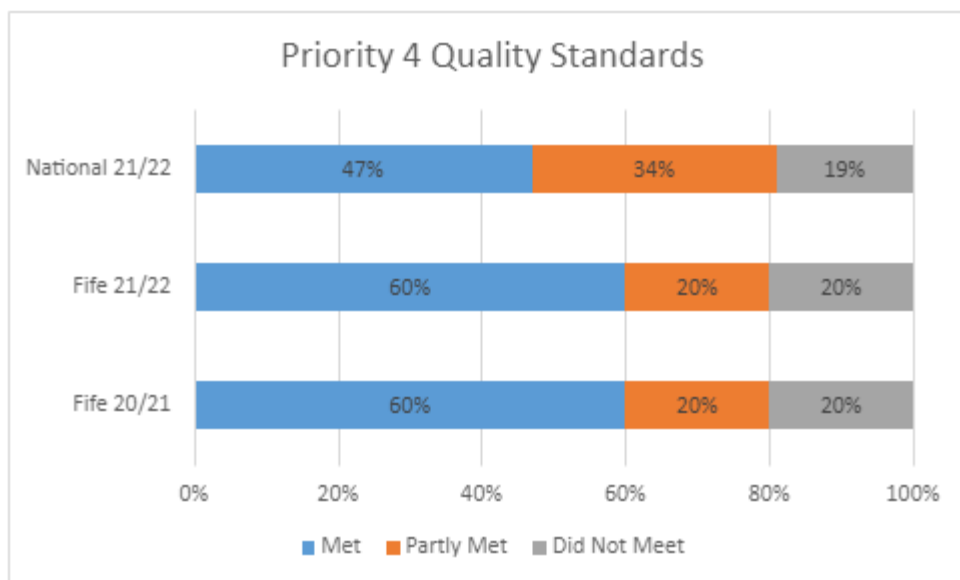
- Continue rolling out Safe and Together training to a wider range of partners and embed this learning with the use of Practitioner Forums

- Develop Domestic Abuse Champions in each Social Work Children and Families team

Equally Safe Priority 4

Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

- Justice responses are robust, swift, consistent and co-ordinated
- Men who carry out violence against women and girls are identified early and held to account by the criminal and civil justice system
- Relevant links are made between the experience of women children and young people in the criminal and civil justice system



FVAWP promotes engaging with male perpetrators of domestic abuse to hold them to account for their behaviours in terms of adult victims, children and third parties. FVAWP promoted this approach not only through accredited training, but broader guidance and multi-agency training.

Justice Social Work (JSW) colleagues along with FVAWP's L&D Officer supported the development and facilitation of a multi-agency seminar "**Engaging Safely with Male Perpetrators of Domestic Abuse**" which is now included in the FVAWP training programme and is open to all staff. Teams of priority are being targeted to ensure they have access to this training, including midwifery and health visiting staff. Over 2022/23 51 staff participated in this training, with staff from various different work areas including Social Work Children and Families, Justice Services SW, NHS, ADP, the voluntary sector, amongst others.. Evaluation feedback advised that following the training staff felt more confident in having conversations with perpetrators in a way that kept both them and domestic abuse victims safe, and staff know more about the work and support available to support perpetrators to make changes, and also where to signpost to for both victims and perpetrators.

Safe and Together training promotes effective engagement and interventions with perpetrators to support family functioning and safety. This is mandatory for Social Work Children and Families, Justice Services staff, and Family Support staff, and is also offered to multi-agency staff through FVAWP's training programme. Over 2022/23 two blocks of Safe and Together training were offered (8 sessions in total), with 45 participants in total, and a further 2 one-hour overview sessions were delivered to 8 participants. Evaluation feedback advised that participants found the training thought provoking, relevant to their roles and

fields of practice, and they felt more confident in supporting victims and addressing perpetrators pattern of behaviour, whilst keeping the child safe at the centre. Trainees felt that the training supported them to re-focus their assessments on the perpetrators behaviour and how this affects family functioning, whilst partnering with the survivor to support them to realistically safety plan for themselves and their children, despite the actions of the perpetrator.

There is effective sharing of information across processes in Fife to protect victims including MATAAC¹ and DSDAS². Over 2022/23 472 DSDAS applications were received, and 300 disclosures were delivered by Police Scotland within Fife.

Despite Covid restrictions lifting there has still been a significant impact on the functioning of criminal justice system, particularly the Courts where they are still managing backlogs. CJSW have resumed normal services and continue to manage and monitor cases.

Fife Rape and Sexual Assault Centre and Fife Women's Aid continue to provide court support to victims required to attend Court alongside Victim Support Witness Service. During 2022/23 228 victims received court support from FWA and FRASAC.

All perpetrator groups recommenced in Fife after the Covid restrictions eased in January 2022. Fife ran one MFMC group for men who commit sexual offences, and two Caledonian Programmes for men who commit domestic abuse offences. In addition, 1:1 work was carried out with men who were unable to attend groupwork. At the end of March 2023 Fife had 83 men on the Caledonian Programme, 34 on group, 43 working through pre-programme work, and 6 who have successfully completed the group and are on the Maintenance stage of the programme. Fife also had 25 men on MFMC Orders. 14 of these men were working through pre-programme work, and 6 were on MFMC groups.

The Caledonian Women's Service continued to support the partners, ex-partners and victims of the men assessed for and subject to Caledonian CPO's. They offered support to around 150 women at all times, however some women chose not to engage. The Caledonian Women's Workers service take part in the initial Caledonian assessments, offer support to victims during assessment, and during the 2 year CPO if it is imposed. If a CPO is not imposed the women are offered up to 4 sessions of support, or referred on if appropriate. The service is led by the wants and needs of the women at all times.

¹ Multi-Agency Tasking and Co-ordination - a police led process to share information about perpetrators who present the highest risk to victims, many have abused multiple partners

² Disclosure Scotland Domestic Abuse Scheme, a process where police can make a disclosure to the partner of a perpetrator of domestic abuse about their previous domestic abuse history (sometimes known as Claire's Law)

Next steps

- As part of FVAWP's new Action Plan 2023-25 we are beginning to explore how non-court mandated programmes could be implemented and will start by researching what current provisions are in other local authority areas as good practice examples
- ADP have secured funding to offer Safe and Together training to all commissioned services, with plans to deliver this over the coming years.
- We have currently identified a contact from the COPFS service to join the FVAWP Priority 4 group and will continue to strengthen these links.
- FVAWP will look to enhance opportunities to gather and share women and children's experiences of the justice system, especially around child witnesses.

Practitioners Network

A FVAWP Practitioners' Network has met four times throughout the year on Teams to keep professionals connected, share good practice, discuss service user feedback, review delivery of services, share prevention campaigns and training opportunities.

22 nd June	16 attendees
13 th September	14 attendees
21 st December	19 attendees
14 th March	16 attendees

These networks are an opportunity for agencies to update colleagues on the services they provide and how to access them. During this period, informational inputs were delivered regarding:

- Fife SARCS
- Enhanced Bail Supervision – Criminal Justice Social Work
- University of St Andrews GBV Programme and support for students
- NSPCC Schools Service
- Kirkcaldy Kingdom Abuse Survivors (KASP)
- Fife Law Centre
- Fife Council Community Social Work
- Children Experiencing Domestic Abuse Recovery (CEDAR) and Early Years Domestic Abuse Recovery (EYDAR)
- Social Security Scotland.

The network received updates on the FVAWP Training Programme, including a focussed input around Commercial Sexual Exploitation and Safe and Together training.

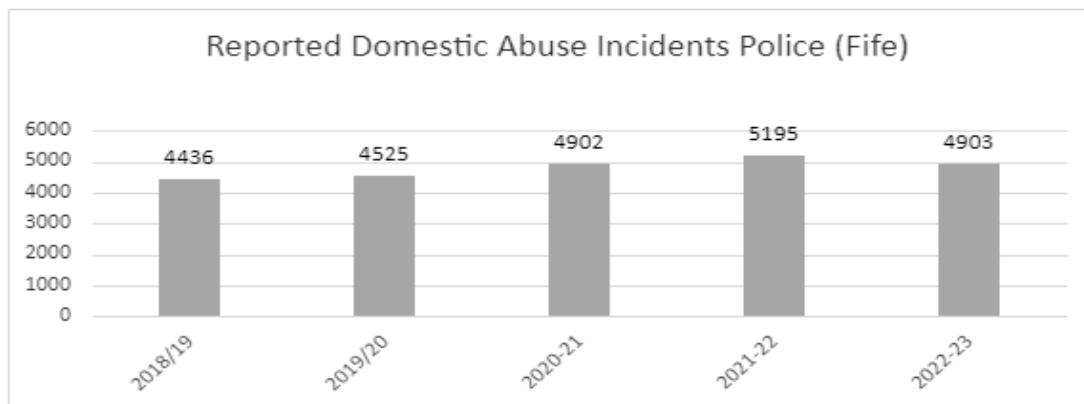
Discussions were also held on topics relating to Staff Wellbeing and Workplace support, Plans for 16 Days of Activism Against Gender Based Violence 2022, achievements and hopes for the future within FVAWP and online misogyny and reports of the rise of incel groups.

It is hoped in the future to move back to holding in-person meetings and seminars to update and refresh practitioner's knowledge and skills.

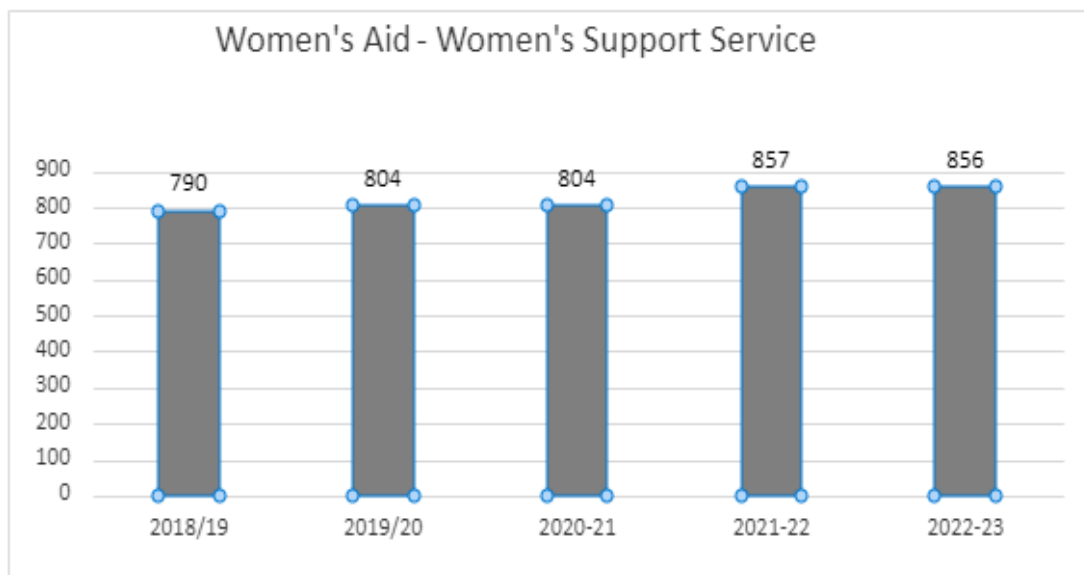
Demand for Services – Partners Data returns 2022/23

Domestic Abuse

Police Scotland (Fife Division) recorded **4903** incidents of domestic abuse. 42% were identified as crimes involving 3440 charges. Number of reports to the Procurator Fiscal was not available at time of writing. There has been a decrease in reported domestic abuse incidents this year, following a year on year increase over the last 4 years, as the graph below shows.

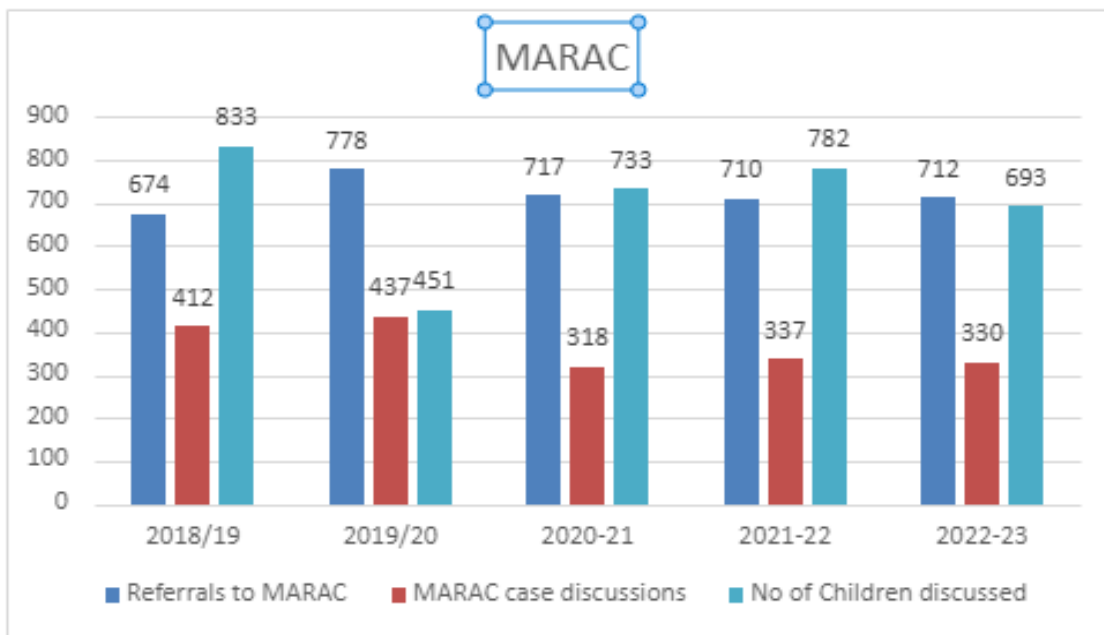


Fife Women's Aid received **1206** referrals a reduction of 8% from the previous year to their services for women aged 16+ years, including women's support service, refuge, MARAC, counselling, court support, befriending and family support. 856 of these referrals were to the women's support service, which is 1 referral less than last year. 414 children (0-15 years) were supported by FWA children and young people's service a decrease of 10%. There were 144 refuge requests which represents a decrease of 26% on the previous year.

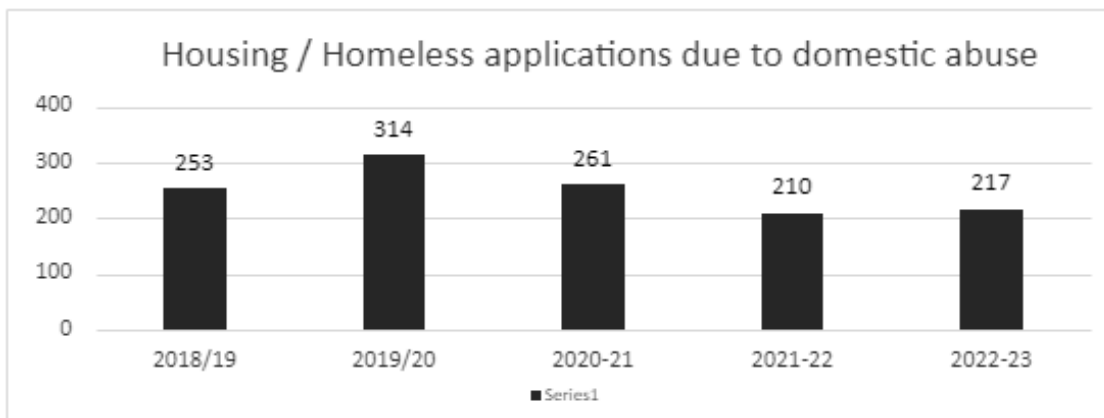


Shakti Women's Aid received 61 new referrals, 93% of which identified domestic abuse as the primary focus of the referral. Three referrals identified forced marriage as the reason for referral, and one referral identified female genital mutilation.

Multi Agency Risk Assessment Conference (MARAC) Fife received 712 high risk domestic abuse referrals, which is on par with the numbers for last year. Virtual multi-agency meetings continued with enhanced screening processes. The number of case discussions was 330 including 693 babies / children. More detailed information about MARAC can be found within the MARAC Annual Report 2022/23 (Can be requested from fvawp@fife.gov.uk)

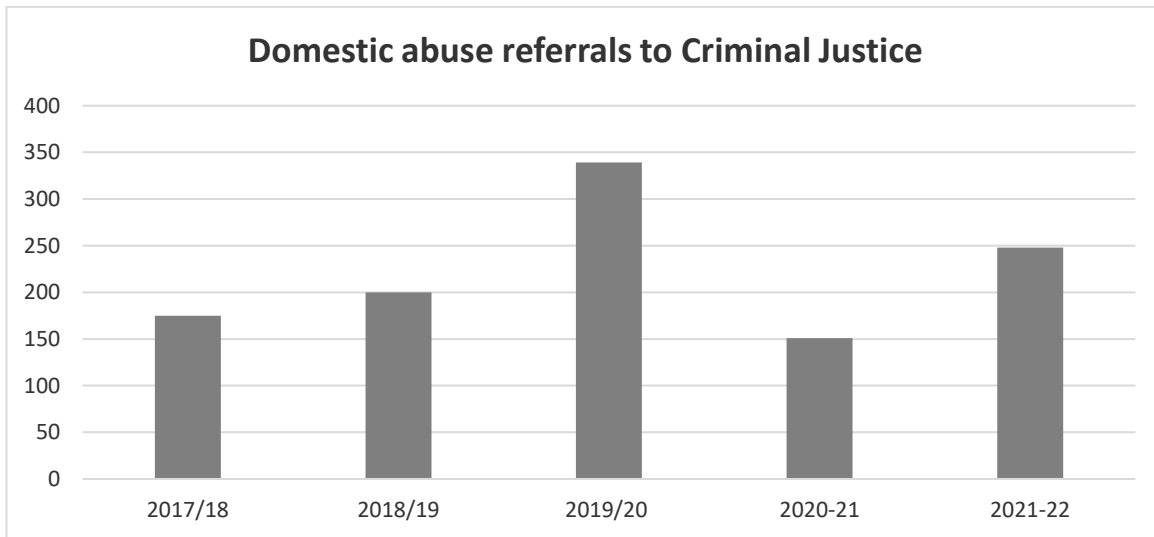


Housing - The number of applications for homeless accommodation as a result of domestic abuse / violence against women increased by 3% compared to last year's figures. Housing Service has been working to reduce crisis homelessness and a number of measures have been put in place to support those with experience of domestic abuse. The numbers offered tenancies where there is known domestic abuse has remained very similar to last year at 217.

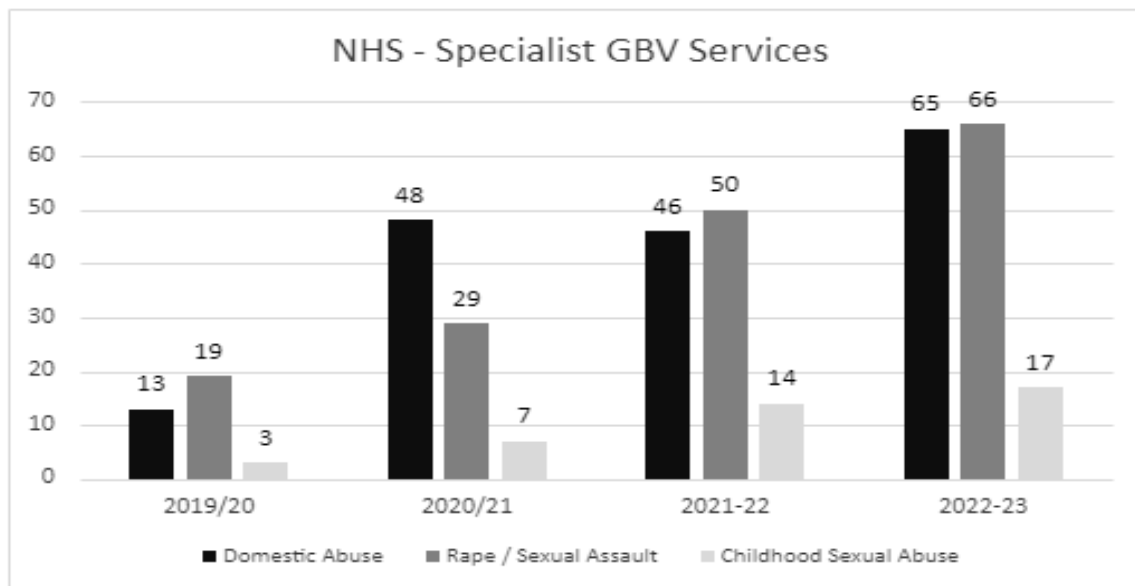


Criminal Justice

The back log from Covid continued to impact on the Courts system. Following referrals to criminal justice social work for perpetrators of domestic abuse (assault / serious assault / breach of the peace), 41 men started the Caledonian programme during 2022/23. Although no men completed group in 2021/22, Justice Services worked hard to catch up following the aftermath of Covid to ensure all men from the previous year's groups completed the programme (two extensions were requested, and the others all completed the groupwork programme within the original 2 year timeframe). At the end of March 2023 Fife had 83 men on the Caledonian Programme, 34 on group, 43 working through pre-programme work, and 6 who have successfully completed the group and are on the Maintenance stage of the programme. In addition 1:1 work was carried out with men who were unable to attend groupwork. 176 women were offered support from the women's service over the course of the year, although some chose not to engage with the service.



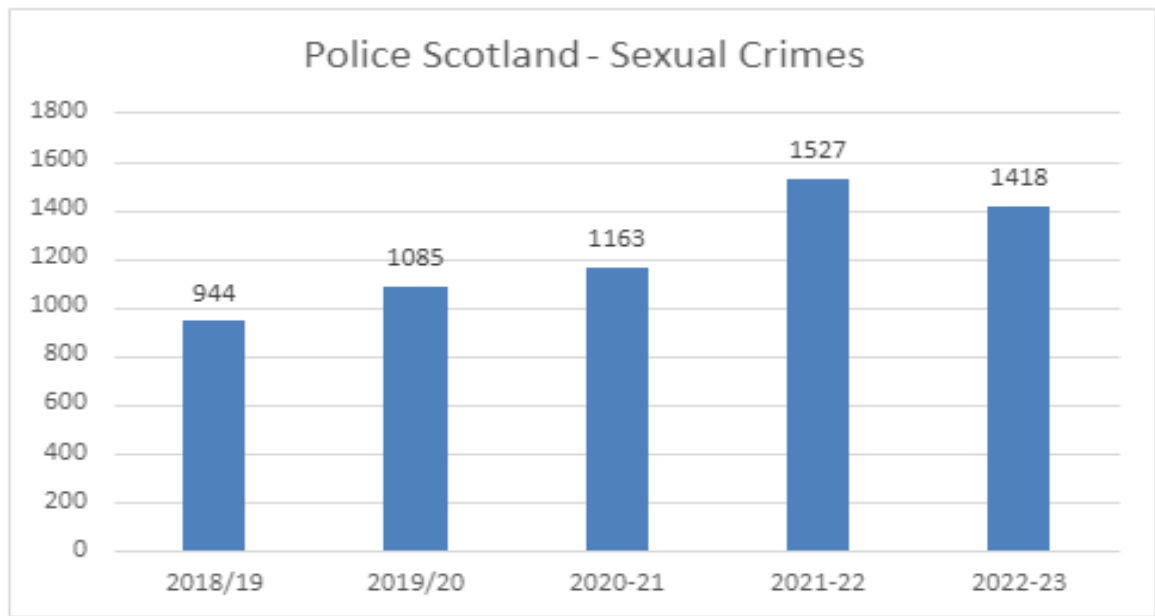
NHS - Specialist NHS Gender Based Violence Service provided support as across a range of areas as follows.



The Gender Based Violence Nurse Advisory Service saw an increase in the number of rape and sexual assault disclosures (32%) and childhood sexual abuse (21%). The team offers safety, support and stabilisation for victims and survivors of abuse. The Fife Suite for forensic examinations based in Queen Margaret Hospital offers greater health focus. In April 2022, the national sexual assault response co-ordination service (SARCS) was launched, with national publicity about the service, which may account for the rise. For further information see NHS Fife's GBV annual report (link in appendix 5).

Sexual Violence / Abuse

Police Scotland (Fife Division) recorded **1417** crimes of “indecentcy”³. “Crimes of indecentcy” describe a wide range of sexual offending as described in the foot note below including sexual assault and rape. This represents a decrease of 7%. Police Scotland has local and national units which proactively target and investigate high risk offenders. These crimes include current and historic offending including in a domestic context. Police Scotland has had a number of campaigns to encourage reporting and support victims to disclose. Good partnership working between the Police and local support agencies, means that victims and survivors receiving recovery and therapeutic work can be better supported by partner agencies to report to the police.



³ Rape/ Having Intercourse with an Older Child, Sexual Assault by Penetration, Engaging in penetrative sexual activity with or towards an older child, Sexual Assault, Engaging in sexual activity with or towards an older child, Sexual Coercion, Causing a Young Child/Older Child to Participate in a Sexual Activity, Coercing/ Causing a Person/Young Child/Older Child to be Present During a Sexual Activity, Coercing /Causing a Person/Young Child/Older Child to Look at a Sexual Image, Communicating Indecently, Causing a Person to See or Hear an Indecent Communication, Sexual Exposure, Voyeurism, Administering a Substance for Sexual Purposes, Engaging while an Older Child in Sexual Conduct with or Towards Another Older Child, Engaging while an Older Child in Consensual Sexual Conduct with Another Older Child, Sexual Abuse of Trust (Children), Sexual Abuse of Trust of a Mentally Disordered Person

Third Sector Sexual Abuse Agencies received the following number of referrals

- **FRASAC** (Fife Rape and Sexual Assault Centre) received **556** new referrals, an increase of 57% on the previous year and the highest level recorded by the partnership. They supported a total of 835 individuals throughout the year, a 54% increase on the number supported last year.
- **KASP** (Kingdom Abuse Survivor's Project) received **282** new referrals, an decrease of 5% on the previous year. They supported a total of 301 survivors throughout the year.
- **Safe Space** received **76** new referrals, an increase of 43% on the previous year. They supported 150 survivors in the course of the year.

These three third sector partners have provided **7526** hours of support to survivors to help them cope with their experiences of abuse and violence during the last year. This represented an increase of 21% for KASP and 38% for FRASAC.

Criminal Justice Social Work

During 2022/23 Justice Social Work Services in Fife had 25 men on 'Moving Forward Making Changes' Orders. 14 of these men were working through pre-programme work, and 6 were on MFMC groups, which is a programme focussing on reducing risk of further sexual offending. This remains lower compared to pre-Covid with the disruption to Courts and justice services

Appendix 1 Fife Violence Against Women Partnership Action Plan 2019-22

The action plan was amended in December 2020, recognising the significant impact of Covid on those affected by violence against women. In recognition of the particular risks for women and children the Scottish Government, CoSLA, Public Health Scotland and the Improvement Service published Covid-19 Supplementary VAW Guidance in June 2020 and an updated version in September 2020. This Guidance recognises:

The Guidance identifies a range of specific increased risks:

- During periods of lockdown and other social restrictions
- During recovery and renewal planning
- As partners build back better

The guidance also identifies 25 actions that local partners should consider to mitigate against those risks. The action plan now incorporates actions addressing 1 & 2 above
 SG 1 to 10 - during periods of lockdown and other social restrictions,
 SG 11 to 20 - during recovery and renewal planning.
 Some link closely to actions already in our action plan, others are additional.

Equally Safe Priority 1 - Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls

Planned Activity	Key actions	Progress
1.1 Work in partnership with schools, colleges and university to raise awareness of all forms of VAWG, aligning to Scottish Government led strategies and pilot projects. Ensure a strong focus on prevention including: <ul style="list-style-type: none"> • raising awareness of positive healthy relationships • supporting children and young people to identify 'unhealthy relationships' at an early stage. 	Develop a primary prevention strategy to raise awareness of gender-based violence and support the delivery of inputs across schools aligned to Curriculum for Excellence. <ul style="list-style-type: none"> • Early years • Primary schools • Secondary schools 	Complete
	University of St Andrews to work with partners to raise awareness of VAWG focusing on prevention including Mentors in Violence Programme FVAWP to support this prevention work, recognising the key role of specialist services.	Ongoing
1.2 Work in partnership with youth work groups to ensure a consistent approach to raising awareness and tackling tolerance of VAWG	Identify priority groups of children and young people to learn about healthy relationships and those who need additional support to cope with the impact of Covid and VAW	Ongoing
1.3 Engage with the local community to raise awareness of Violence Against Women, the causes and consequences and the role they can play in tackling it	Link with national prevention campaigns such as 16 days FVAWP to promote services and where to get help (see priority 3, action 8 and priority 2, action 19)	Ongoing

Equally Safe Priority 2 - Women and girls thrive as equal citizens: socially, culturally, economically and politically

Planned Activity	Key actions	Progress
2.1 Highlight Equally Safe within local Equalities Strategies	Work with the Senior Equalities Group (SEG) to promote the quality standards and additional actions highlighted in the <u>Covid-19 Supplementary VAW Guidance</u> that link to ES priority 2	Ongoing
2.2 Fife Council to engage with the Equally Safe Employer Accreditation Programme	<p>Fife Council to work with FVAWP to achieve Bronze Accreditation where the framework addresses:</p> <ul style="list-style-type: none"> • Leadership • Data • Flexible working • Occupational Segregation • Workplace culture • Violence against women <p>Share learning with FVAWP partners Fife Council and Partners to highlight VAW policies in context of Covid-19, recognising the impact Covid-19 has had on staff working from home and additional risks. Promote Domestic Abuse Awareness Raising Training (<u>DAART</u>) to managers and staff across the Partnership</p>	Ongoing
2.3 (SG19) Regularly consult with women, children and young people with lived experience of VAWG and ensure that the recovery systems and services put in place locally recognise and respond to their specific needs, including WCYP with protected characteristics and/ or complex needs (previously FVAWP 2.3 and 2.4)	<p>Consult with women, children and young people with lived experience of VAW including those in contact with:</p> <ul style="list-style-type: none"> • VAW specialist services, • Fife Women’s Tent and • Equality Collective <p>and use this information to inform service design</p> <p>FVAWP and individual partners to liaise with local equality groups and identify opportunities for collaborative working including Fife Equalities Forum.</p>	Ongoing
2.4 (SG1) Ensure Equality and Human Rights Impact Assessments are undertaken when developing any new policies/ responses to COVID-19, to reduce any unintended negative consequences to WCYP experiencing VAWG and ensure they meet the specific needs of people with protected characteristics	<p>EqlAs undertaken in line with the public sector equality duty.</p> <p>SEG to highlight impact of Covid-19 on women children and young people experiencing VAWG and share Supplementary guidance.</p>	Complete
2.5 (SG11). Undertake local strategic needs assessments to understand the impact the pandemic has had on women, children and young people experiencing	Share and discuss supplementary guidance with Community Managers to support local partnership recovery and renewal plans	Ongoing

Planned Activity	Key actions	Progress
VAWG and ensure this learning is used to shape local recovery and renewal plans		
2.6 (SG12). Ensure specific risks to women and children affected by VAWG are included in relevant integrated risk registers being developed by relevant Chief Officer Groups (COGs) to support wider recovery and renewal planning	VAW data to be shared with COPSG Share and highlight Supplementary Guidance with COPSG. Highlight Supplementary Guidance to those redrafting Plan 4 Fife	Complete
2.7 (SG20) Ensure that the inequality of outcomes that women have experienced during the pandemic are recognised and addressed in local recovery and renewal strategies, as well as in specific strategies relating to employability and economic recovery and poverty and welfare	Revised Equality and Diversity Scheme to reflect impact of Covid -19 including identifying inequality of outcome and disadvantage on women, children and young people. Share and highlight Supplementary Guidance with: <ul style="list-style-type: none"> • Opportunities Fife Partnership • Community Managers • Communities and Wellbeing Partnership • Child Poverty Group 	Complete

Equally Safe Priority 3 - Interventions are early and effective, preventing violence and maximising safety and wellbeing of women, children and young people

Planned Activity	Key actions	Progress
<p>3.1 Improve funding arrangements for VAW services to ensure high quality, sustainable services are available locally for women and children affected by all forms of VAWG</p> <p>3.1a Consider how to support and enhance capacity of specialist services. Wherever possible, this will include ensuring that any local funding and contractual expectations are flexible to support service delivery and the changing needs of WCYP (SG6)</p>	<p>Continue to consider resources at FVAWP Executive meetings, working together within funding constraints</p>	<p>Ongoing</p>
<p>3.1b Develop a strategy for effective multi-agency communication & data sharing to capture both quantitative and qualitative evidence on the impact of COVID-19 on women, children and young people (SG 5)</p>	<p>Quarterly quantitative and qualitative data is collected from partners to evidence impact of Covid</p>	<p>Complete</p>
<p>3.1c Work in partnership with specialist VAWG services and universal services to identify anticipated levels of demand for crisis, recovery and other support in the coming year, and ensure resources are available to meet these. (SG17)</p> <p>3.1d Explore opportunities to lever additional resources to support systems and services to respond to increased levels of demand. (SG18)</p>	<p>Regular reports to FVAWP Executive to include:</p> <ol style="list-style-type: none"> 1. Trends 2. Waiting Lists 3. Alternative delivery methods 	<p>Ongoing</p>
<p>3.2 Develop new pathways with psychological services for women and children affected by violence against women</p> <p>3.2a Ensure local workforces have capacity and capability to provide trauma-informed support and services for all WCYP who require it (SG15)</p>	<p>Develop care pathways to meet national standards for forensic examination for sexual assault</p> <p>Work with Fife Trauma Network and Psychological Services to ensure appropriate supports for survivors of violence against women</p> <p>NES trauma e-learning to be included in FVAWP training programme</p>	<p>Complete</p>
<p>3.3 Work towards national standards for forensic examination for sexual assault</p>	<p>Continue to develop services and health pathways for adult survivors of sexual assault with regular review and incorporating the views of victims / survivors.</p>	<p>Complete</p>

Planned Activity	Key actions	Progress
3.4 Review support for women and children with additional vulnerabilities including: <ul style="list-style-type: none"> • trauma (complete) • substance misuse • mental health (complete) • military community • learning disability 	FVAWP (including MARAC leads) to work with Trauma network	Complete
	<ul style="list-style-type: none"> • Alcohol and Drug Partnership (ADP) 	Ongoing
	<ul style="list-style-type: none"> • MOD 	Ongoing
	to ensure appropriate services are accessible and meet service users' needs.	
3.5 Review and maintain support & recovery services available for children affected by VAWG 3.5a Work in partnership with specialist VAWG services to ensure that robust pathways are in place to identify children and young people experiencing domestic abuse and other forms of VAWG and that they are able to access spaces at ELC and Education Hubs where possible, during periods when schools and nurseries are closed (SG4) 3.5b Work in partnership with specialist VAWG services to ensure the needs of children experiencing domestic abuse are prioritised as part of recovery strategies being developed by Children Services and Education teams (SG14)	<ul style="list-style-type: none"> • Young people's sexual abuse support services 12+ years at FRASAC • Seafield Project • Child and Adolescent Mental Health Services (CAMHS) • Fife Women's Aid Children and Young people's services • CEDAR+ (Children Experiencing Domestic Abuse Recovery including Early Years MARAC to identify and refer children and young people. <p>Health, Social Work and Education work in partnership to identify children at risk (including all children on the child protection register)</p> <p>Develop mechanism for specialist services to refer to Education Hubs</p> <p>Share and discuss supplementary guidance with Community Managers for consideration at Multi-Disciplinary Teams</p> <p>Share with Education Managers</p>	Ongoing
3.6 Continue to review and deliver training opportunities, responding to FVAWP priorities	Develop a FVAWP multi-agency training framework identifying e-learning and virtual training opportunities.	Complete
	FVAWP training programme to: <ul style="list-style-type: none"> • promote Safe & Together principles • highlight the impact of VAW on trauma • highlight stalking and coercive control Rollout Safe and Together core training to Social Work (Children and Families and Criminal Justice)	Ongoing
3.7 NHS to review training and routine enquiry within healthcare settings	Develop an improvement plan to increase the use of routine enquiry in the priority areas as set out in CEL	Ongoing
3.8 Review options to provide quality, safe, secure and accessible accommodation that meets the needs of	Fife Housing Partnership (FHP) Project to deliver on <i>Improving the Way We Work</i> action plan:	Ongoing

Planned Activity	Key actions	Progress
<p>women, children and young people affected by VAWG</p> <p>3.8a Develop a COVID-19 domestic abuse housing policy based on good practice guidance (SG3)</p>	<ul style="list-style-type: none"> Develop multi-agency case working model for women who wish to retain settled accommodation <p>Each landlord to develop their own tenancy management policy based on revised Fife Housing Register Domestic Abuse and Sexual Violence Protocol</p>	
	<ul style="list-style-type: none"> Develop a Prevention of Homelessness Fund to support women to access and retain settled accommodation 	Complete
	<ul style="list-style-type: none"> Continue to develop the Housing Options Pathway for women experiencing domestic abuse 	Complete
<p>3.9 MARAC – multi-agency risk assessment conferencing</p> <p>3.9a Ensure MARACs continue to function to identify and enable safety plans to be put in place for WCYP at greatest risk of harm (SG2)</p>	<p>Develop and work to the 10 principles of an effective MARAC.</p> <p>Continue MARAC with revised processes to reflect Covid restrictions</p> <p>Undertake review / audit of MARAC</p>	Complete
<p>3.10 Continue to deliver Safe Secure and Supported at Home (SS&S@H) services</p>	<p>Identify resources to continue project beyond November 2019. Co-ordinate delivery of:</p> <ul style="list-style-type: none"> Befriending Home security advice and equipment Police alarms Housing advice and support 	Complete
<p>3.11 Cross reference learning from local and national case reviews relating to both children and adults relating to violence against women and children (including child sexual exploitation)</p>	<p>Learning from case reviews to be shared with FVAWP partners</p>	Ongoing
<p>3.12 Encourage community planning partners to work together to ensure a consistent approach to meeting the needs of WCYP, particularly in adult protection, child protection and criminal justice responses (SG 7)</p>	<p>COPSG to co-ordinate public protection responses including VAW, adult protection, child protection and MAPPA.</p>	Complete
<p>3.13 Use social media and other communication channels to highlight local services & support available to WCYP and ensure different sectors of the workforce know the role they can play in reducing risks. The use of accessible communication should be promoted wherever possible to ensure that women and children with visual or sensory disabilities, learning difficulties, language barriers or other communication support needs are not excluded (SG 8)</p>	<p>FVAWP to work with Fife Council Communications Team and FVAWP partners to highlight local services & support, and staff know the role they can play in reducing risks. Sharing information to those supporting service users with additional vulnerabilities</p> <p>Update FVAWP Webpages</p>	Complete

Planned Activity	Key actions	Progress
3.14 Adopt a whole-systems, child-centred approach to working with families experiencing domestic abuse & ensure children are involved in decision making where appropriate (SG13)	Core business.	Complete (ongoing)

Equally Safe Priority 4

Men desist from all forms of violence against women and girls and perpetrators of such violence receive a robust and effective response.

Planned Activity	Key actions	Progress
4.1 Identify staff that need training in identifying and engaging with perpetrators (including health visitors & midwives)	Use the Safe and Together model to underpin training to support staff in their role. Develop and deliver-multi-agency training to support staff in identifying and responding to perpetrators of domestic abuse appropriately.	Complete
4.2 Develop appropriate interventions to engage with, challenge and support change in the behaviour of perpetrators of VAW 4.2a (SG9) Update risk assessment & management plans for convicted perpetrators & ensure close monitoring of high-risk perpetrators. Where possible, and this can be done safely, intervene directly with perpetrators face-to-face or virtually to support them to change negative behaviours. If not possible, consider other ways of safely engaging to monitor behaviour 4.2b (SG10) Ensure that criminal justice partners have relevant details of index offences relating to VAWG and information around protective orders (e.g. NHOs) preventing contact with WCYP 4.2c (SG16). Ensure perpetrators are held to account through robust use of criminal justice process and resumption of programmed interventions, including use of flexible newly accredited 1:1 delivery methods, if groupwork support remains impractical.	Convicted perpetrators and high-risk offenders are monitored through MAPPA, engagement with offenders and MATAAC Safety planning and robust management of offenders Work with Procurator Fiscal's office to ensure information is shared with criminal justice partners. Deliver the Caledonian Groupwork Programme, if restrictions demand this can take place on a one-to-one basis. Additional one to one work with perpetrators of domestic abuse will also be undertaken. Deliver Moving Forward Making Changes (MFMC) programme (one to one basis) or another appropriate accredited programme Unpaid work and other activity including domestic abuse work	Ongoing
4.3 Multi-agency Tasking and Co-ordination (MATAAC) groups identify high risk domestic abuse perpetrators and hold them to account	Regular MATAAC meetings are held with partners, linking with <ul style="list-style-type: none"> • DSDAS (Disclosure Scheme Domestic Abuse Scotland) - • MARAC 	Complete

Appendix 2. Children and Young People's (CYP) Prevention Inputs from FVAWP partners 2022/23

Organisation	Establishment	Delivery	Content	Age	Number
NSPCC	31 primary schools	Online resources supporting In-person (education)	NSPCC: Speak Out Stay Safe	P1-7	5900
Police Scotland	Madras College	In-person	You, Me, Together	S3	7
Got Consent Group	University of St. Andrews	Online	Leadership Workshops	17+	45
Got Consent Group	University of St. Andrews	Online	Online Consent Module	17+	4726

FRASAC's Prevention worker delivered 166 workshops to a total of 2,117 secondary school pupils and college students throughout the year in 11 different settings (please see breakdowns below):

Organisation	Delivery	Content	No. of workshops delivered
FRASAC	In-person	Rape Crisis: Consent	73
FRASAC	In-person	What Is Sexual Violence	54
FRASAC	In-person	Sexualisation	11
FRASAC	In-person	Social media modules	28

Breakdown of participants delivered to (2117 young people in total)	Head count
Girls & Young women	1009
Boys & Young men	1052
Young people who identify as gender queer/fluid or non-binary gender	56
Year Groups of those 2117 young people:	
S1-S2	978
S3-S4	1079
S5-S6	36
No. of young people in youth settings	24

Schools delivered in:	Youth Setting delivered in:
Dunfermline High School	Fife College
Queen Anne High School	
Woodmill High School	
Lochgelly High School	
Balwearie High School	
Kirkcaldy High School	
Viewforth High School	
Levenmouth Academy	
Glenrothes High School	
Glenrothes Pupil Support	

Appendix 3. FVAWP Training 2022/23

The following national e-learning modules are promoted in our programme but it is not possible to monitor how many Fife staff have completed:

- Sexual Violence Basic Awareness
- Introduction to Child Sexual Exploitation
- Awareness of Forced Marriage
- Recognising and Preventing FGM
- Developing Your Trauma Skilled Practice

FVAWP Training 2022/23 (e-learning completed but not evaluated)	Attendees
Domestic Abuse (DAART)	102
Becoming Trauma Informed	993
Human Trafficking	59
FVAWP Training 2022/23 (Webinars & Blended Learning)	Attendees
Safe and Together (Core Training - blending learning)	43
Safe and Together – 1 hour Overview	8
Equally Safe in Practice – Together for Gender Equality	66
Equally Safe in Practice - Understanding Sexual Violence	96
Equally Safe in Practice – Understanding Domestic Abuse	107
Table continues on next page	

FVAWP Training 2022/23 (Webinars and in-person sessions attended and evaluated)	Attendees	Satisfaction (%)	Improved Understanding (%)	Highlight good practice? (%)	Increase knowledge of services/resources?(%)
Support Adult Survivors of Childhood Sexual Abuse	12	100	100	100	100
Identifying and Working with Stalking Behaviours	28	100	100	100	100
Domestic Abuse and Protection of Children	13	100	100	100	100
MARAC	58	100	100	100	100
Engaging Safely with Male Perpetrators of Domestic Abuse	51	100	100	100	98
Under Pressure	17	100	100	95	95
The Impact of Domestic Abuse in the Early Years	22	100	100	100	96
Intimate Image Abuse	25	100	100	100	100
Commercial Sexual Exploitation - Overview	5	100	100	100	100
Commercial Sexual Exploitation – The Law	10	100	100	80	100
Commercial Sexual Exploitation - Money	4	100	100	100	100
Commercial Sexual Exploitation - Safety	7	100	100	100	100
Total Attendees (including from above tables)	1,726	100%	100%	98%	99%

Appendix 4 Abbreviations used in report

ADP	Alcohol and Drug Partnership
CAMHS	Child and Adolescent Mental Health Service
Cedar+	Children Experiencing Domestic Abuse Recovery
CEL	Chief Executive Letter
CJSW	Criminal Justice Social Work
COG	Chief Officers Group
COPSG	Chief Officers Public Safety Group
CoSLA	Convention of Scottish Local Authorities.
CWW	Caledonian Women's Workers
CYP	Children and Young People
DAART	Domestic Abuse Awareness Raising Training
DSDAS	Disclosure Scotland Domestic Abuse Scheme
ELC	Early Learning Centre
EqIA	Equality Impact Assessment
FGM	Female Genital Mutilation
FHP	Fife Housing Partnership
FRASAC	Fife Rape and Sexual Assault Centre
FVAWP	Fife Violence Against Women Partnership
FWA	Fife Women's Aid
GBV	Gender Based Violence
JSW	Justice Social Work (previously Criminal Justice Social Work Services)
KASP	Kingdom Abuse Survivors Project
MAPPA	Multi Agency Public Protection Agency
MARAC	Multi Agency Risk Assessment Conferencing
MATAC	Multi Agency Tasking
MFMC	Moving Forward Making Changes
MOD	Ministry of Defence
MVP	Mentoring Violence Programme
NES	NHS Education for Scotland
NHO	Non-Harassment Order
NSPCC	National Society for the Protection of Cruelty to Children
SACRO	Scottish Association for the Care and Resettlement of Offenders (UK)
SG	Scottish Government
SEG	Senior Equalities Group
SSS@H	Safe, Secure and Supported @ Home
VAW/VAWG	Violence Against Women/Violence Against Women and Girls
WCYP	Women, Children and Young People

Appendix 5 Additional Reports and Information

The following documents can be found online at the [Fife Violence Against Women Partnership webpage](#):

- Mentors in Violence Prevention Annual Report 2021/22
- Fife Safer Communities Annual Report 2022/23
- NHS GBV Team Annual Report 2022/23

The following documents can be found online at the [Fife Violence Against Women Partnership Public Awareness webpage](#):

- 16 Days Programme 2022
- 16 Days Campaign 2022 Debrief Report

Gender Based Violence Nurse Advisory Service



Annual Report

April 2022 – March 2023

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Introduction

The Gender Based Violence Nurse Advisory Service (GBVNAS) annual report presents information on the progress and developments of the service over the previous year as part of the joint Scottish Government and Convention of Scottish Local Authorities (COSLA) strategy to prevent and eradicate violence against women and girls in Scotland (Equally Safe, 2018).

Gender Based Violence is a major public health, equality and human rights concern (PHS 2020). It covers a spectrum of violence and abuse committed primarily, but not exclusively, against women by men. This includes, but is not limited to:

- Domestic abuse;
- Coercive abuse;
- Rape and sexual assault;
- Childhood sexual abuse;
- Stalking and harassment;
- Financial control;
- Commercial sexual exploitation;
- Harmful practices - such as female genital mutilation, forced marriage and so-called 'honour' based violence.

Scotland's Equally Safe Strategy is our national commitment to delivering upon United Nations Sustainable Development Goal 5; Gender Equality.

Gender Based Violence and Health in Fife

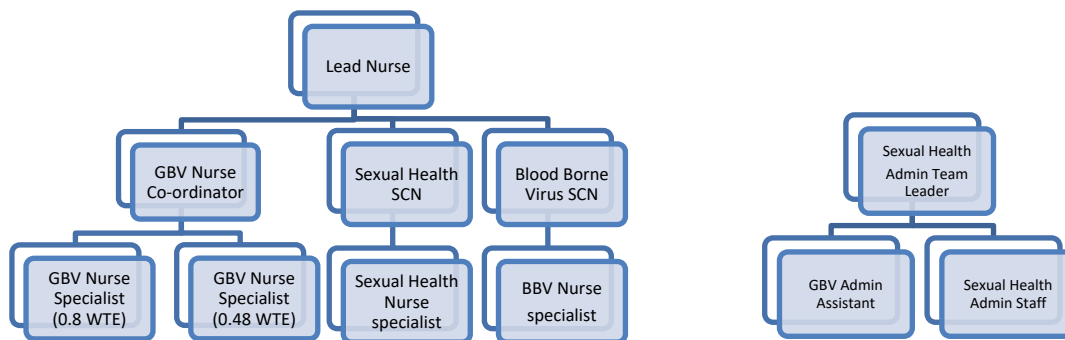
The GBVNAS is a key stakeholder and collaborator in the Fife Violence Against Women Partnership (FVAWP). We work in partnership to deliver the four priorities of Equally Safe across Fife, with the GBVNAS taking responsibility for operational delivery in health. This report reflects relevant outputs from this work in the healthcare context.

Staffing and organisational structure

The GBVNAS sits within the wider Sexual Health service in primary and preventative care. Figure 1 illustrates the position of the following posts which comprise the GBVNAS:

- Gender Based Violence Nurse Co-ordinator
- Gender Based Violence Nurse Specialist x 2
- Gender Based Violence Admin Assistant

Figure 1



Service Priorities

The GBVNAS delivers on the four key priorities of Equally Safe in health through a comprehensive programme of work.

Priority one: Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls

- Developing, co-ordinating and delivering a comprehensive programme training for staff at all levels within NHS Fife and the local Health and Social Care Partnerships;
- Promotion of and participation in local and national campaigns to end violence against women and girls i.e. 16 Days of Activism through use of social media, distribution of posters/leaflets and attendance at stalls and events

Priority two: Women and girls thrive as equal citizens – socially, culturally, economically and politically

- Participation in local and national GBV and SARC strategic networks, ensuring we are linked into all relevant agendas that will increase understanding of violence against women and girls
- Increasing awareness of gender based violence, self referral to SARCs and where to go for help within NHS Fife, local Health and Social Care Partnerships and the wider community through use of social media, distribution of materials and attendance at local community hubs

Priority three: Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people

- Specialist early intervention, support and co-ordination of care for any person over the age of 12 affected by any form of gender based violence
- Local implementation of the NHS National Forensic Examination Standards and management of the NHS Fife Sexual Assault Response Coordination (SARC) facility (located at Queen Margaret Hospital, Dunfermline)
- Participation in the local Multi-Agencies Risk Assessment Coordination meetings (MARAC) for high risk domestic abuse cases as representatives for health

Priority four: Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response

- Collaboration and partnership working with Police, Social Work, Criminal Justice, Local Authorities and other relevant public bodies and agencies; promoting a multi-agency model of practice

Clinical Outputs

Following referrals into the GBVNAS, specialist nurses undertake psychosocial, trauma informed assessments and safety/risk assessments are made. Service users are offered a minimum of 12-weeks weeks of support, during which time nurses provide practical support, psycho-education, anxiety management and co-ordination of onward referrals to NHS or 3rd sector services.

The GBVNAS provision of clinical services operates along three distinct care pathways (Appendix 1):

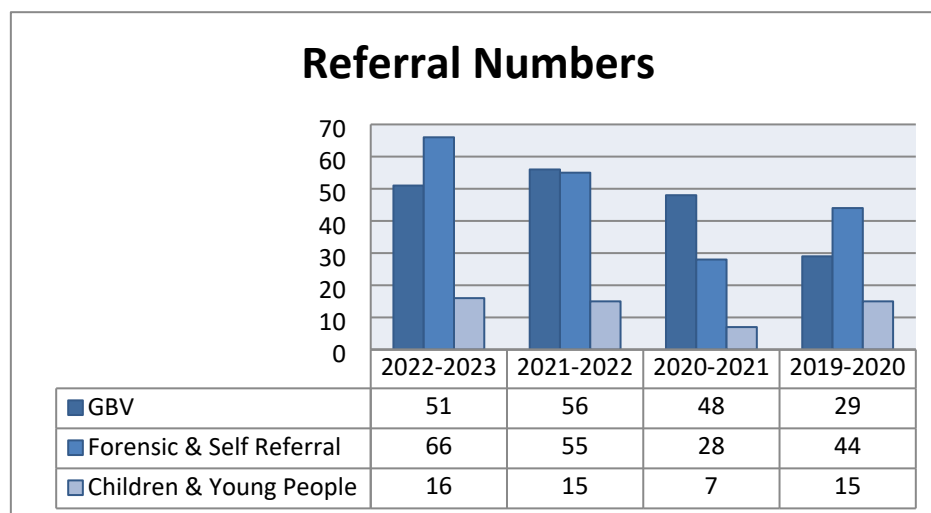
- The GBV Care Pathway
- The Forensic Care Pathway
- The Children & Young People’s Care Pathway

These pathways were designed and developed in relation to Priority 3 of the Equally Safe Strategy (2018) to ensure that “Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women and young children” with particular attention to the following points:

- Women, children and young people access relevant, effective and integrated services
- Service providers competently identify violence against women and girls and respond effectively to women, children and young people affected

Data Overview

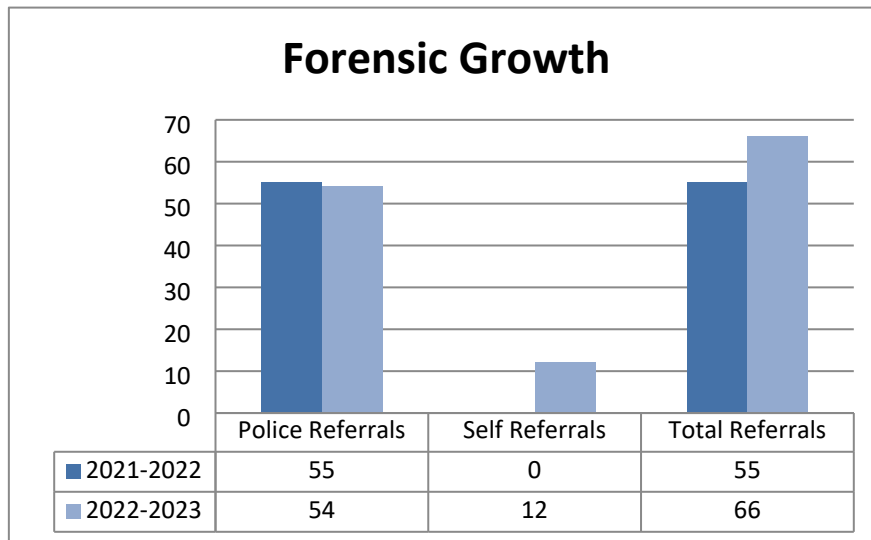
Figure 2



In 2022-23 there were 118 referrals into the GBVNAS, an increase of 6% since 2021-22 and 55% since 20-21. These numbers reflect both a return to pre-pandemic levels, which is consistent with the most recent national crime datasets (COPFS, 2022), and year on year growth. Whilst figures in each

referral category remain relatively steady compared with the previous year, there has been a notable rise in forensic referrals into the GBV service for support after Rape and Sexual Assault which were 20% higher than the previous year.

Figure 3



This growth is explained by the introduction of self-referral to forensic examinations. In April 2022, self-referral was introduced to allow people access to an NHS forensic examination without having to make a police report - ensuring timely capture of forensic evidence and enabling survivors to make a decision about reporting a crime if or when they feel able to do so.

In the year 22-23, the number of police referrals into the GBV service remained steady compared with the previous year (55 in 21-22 and 54 in 22-23). Self-referrals therefore account for the 20% rise in survivors seeking specialist care and support. Although these numbers only account for the number of people referred into the GBV service and not the total number of self-referrals for examination, they are a strong indicator that self-referral has enabled more people to access an examination and follow on support.

In addition, just under 30% of self-referrals went on to make a police report in the first year. As we keep forensic evidence for up to 26 months, all self-referrals to date still fall within the window of eligibility and may yet go on to make a report. However, early indications again demonstrate the success of the self-referral model and the role of the GBV nursing service in supporting people through the decision making process.

We do not yet have national data to compare these trends.

Intervention data

This section provides a snapshot of the type and volume of interventions provided by the GBVNAS in 2022-23. It is not an exhaustive list, since much of the support provided is not recorded or targets driven and ranges from support to register for services and attend appointments to liaising with other professionals and risk identification, management and safeguarding interventions.

- 100% of all referrals received contact to offer an appointment within 2 working days
- 100% of forensic self-referrals received contact to offer an appointment within 1 working day
- Just over 40% of people referred into the GBVNAS were referred onto at least one 3rd sector support service and 26% were referred onto 2 or more.
- 58% of people referred into the GBVNAS following rape or sexual assault were referred for follow-up sexual health screening, the rest declined further input.
- For just over 50% of people referred into the GBVNAS, we were their primary source of support and no onward referral was required or accepted.
- Typically, as many 1/3rd of survivors of rape and sexual assault are at risk of developing PTSD and early, specialist support is key to prevention. Throughout the 12 weeks of support offered by the GBVNAS we continually assess for symptoms of PTSD and suicidal ideation so that we can escalate appropriately. In 2022-23, just 1 person was referred into an NHS mental health service. Whilst at least 3 other individuals were already under the care of a CNP or Psychiatrist, the low number of referrals into mental health services reflects the impact of the GBVNAS in improving outcomes and successfully reducing strain across the system through effective early interventions.

Feedback

Gathering feedback is a particular challenge for the GBVNAS, partly due to the nature of the topic and the need for sensitivity and partly due to the primary function of the service of operating as a co-ordinator. This means we are not the final support service and there are therefore multiple services requesting feedback from each individual accessing our service, from the initial forensic exam in cases of sexual assault to 3rd sector counselling and support services.

Each individual is offered the opportunity to provide anonymous and independently moderated feedback on Care Opinion upon discharge from the GBVNAS. They are assured of confidentiality and that there is no obligation. Whilst our feedback numbers are low, this is replicated across other similar services and is being discussed and reviewed at national level within both forensic and GBV networks.

Below is an example of recently received feedback about our service that highlights the vital function of the GBVNAS and the difference it makes.

" Support from GBV "

About: Fife Community Services / Gender Based Violence Service

Posted by *Llaa67* (as a service user), 4 weeks ago

I worked with Leanne at the gender based violence team in Fife. She helped me so much through some of my darkest times. She was one of the only professionals I felt listened to by.



There were no waiting lists either when i was desperate for help and everyone else turned me away, she was there. She helped with practical things like helping me get registered with a doctor and coming with me to my mental health appointment as well as speaking with me about what was going on and a whole range of other things she supported me with.

I don't think i would be here today if it wasn't for her. This has been the most helpful NHS service I've experienced, nothing else comes close support wise.

Equalities Monitoring

The GBVNAS records the following equalities data:

- Sex
- Age
- SIMD

We do not currently record data on gender identity or sexuality. This is constantly reviewed with our partners in 3rd sector LGBT+ organisations as data can be helpful in monitoring whether or not people from these communities are proportionately represented in the GBVNAS data. However, this information is currently excluded from routine data collection in line with the Data Minimisation and Purpose Limitation principles under article 5 of GDPR which state personal data shall be:

- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes ('purpose limitation');
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation')

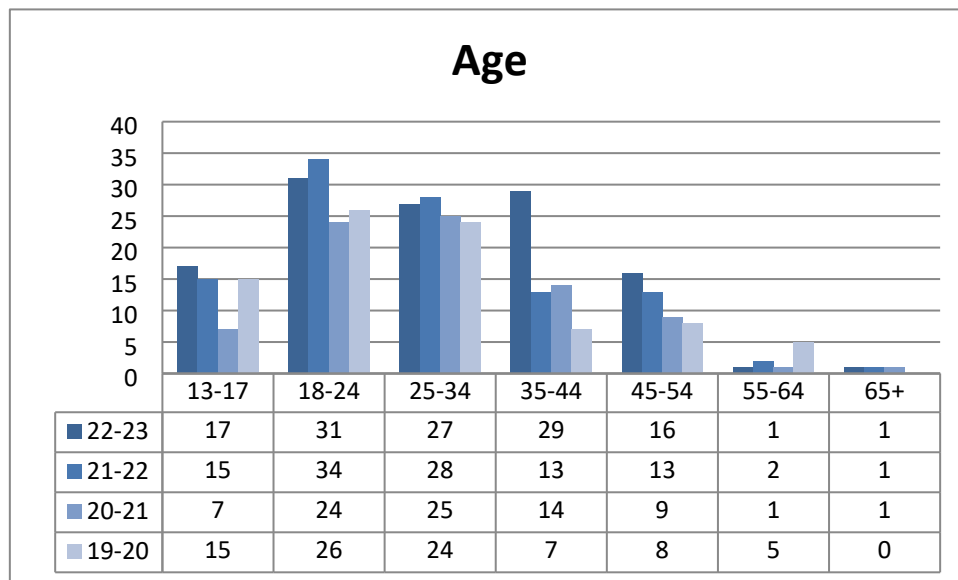
The GBVNAS will continue to work with LGBT+ organisations and local communities to improve access to and awareness of our service and make relevant referrals where a disclosure is made and a referral is consented to.

We do not record data on disabilities and this is currently under review, in partnership with 3rd sector disability organisations.

Below is a summary of the data we record:

Age

Figure 4



National datasets consistently demonstrate that GBV most commonly affects people, usually women, between the ages of 18 and 44. GBVNAS data is reflective of these trends with 66% of all referrals over the past year falling within this age range. A WHO multi-country study found that GBV is the biggest contributor to death, disease and disability in women aged 18-44.

Notably, whilst referral numbers remain steady across most age ranges there has been an increase of 108% in the age range 35-44. It is not known what would account for the growth in this area and it is not definitively explained by national data, other GBVNAS data or any of our promotional activities.

Ultimately, the GBVNAS is successfully reaching the ages most affected by GBV and those most at risk of serious harm.

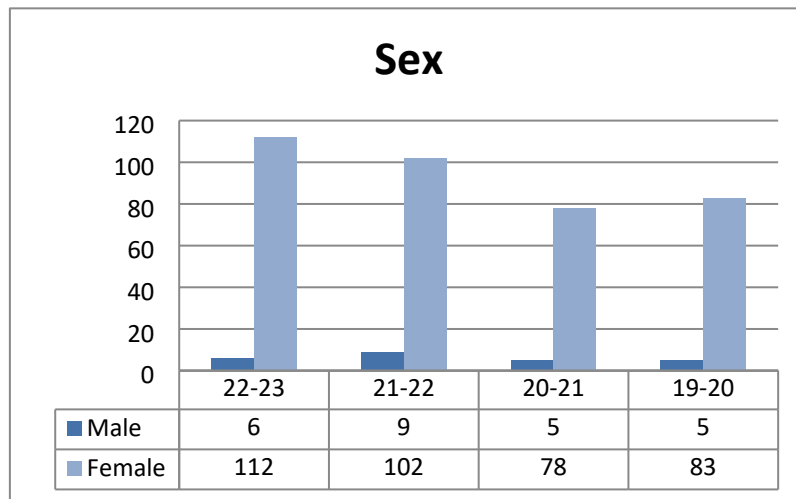
Sex

Referrals into the GBVNAS are overwhelmingly for female people with referral numbers for men remaining persistently low. Although the GBVNAS priorities are largely mapped against the national priorities of Equally Safe (2018), there is recognition in Fife that men are also affected by Domestic Abuse and Sexual Violence and that there are often inadequate support options.

Although efforts are ongoing to engage men, including connecting with Andy’s Man Club and sharing promotional materials with them and supporting the work of FVAWP raising awareness in football

clubs, the GBVNAS is one of only two support services in Fife that support male survivors of abuse alongside the Kingdom Abuse Survivors Project (KASP).

Figure 5

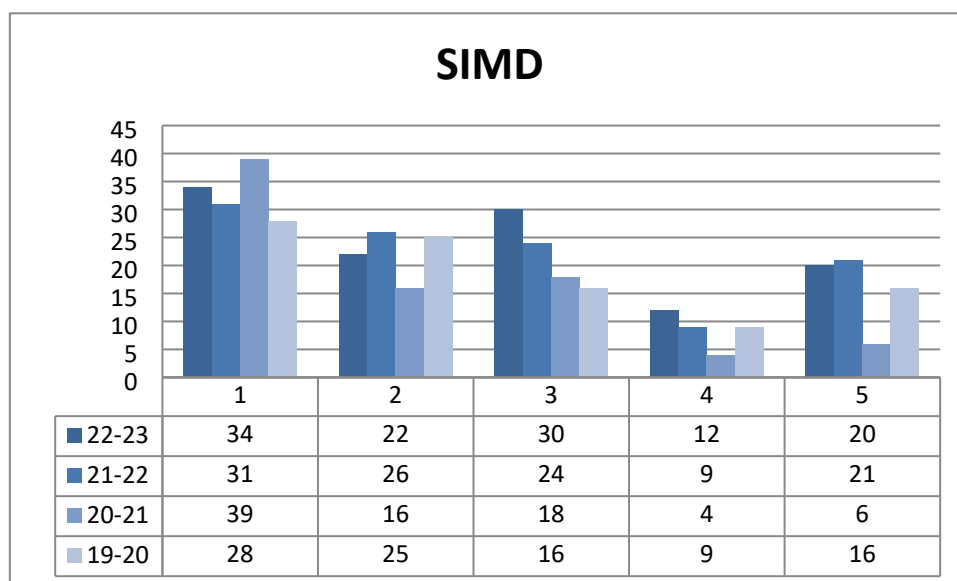


SIMD

Nationally and globally, rates of gender based violence tend to be highest in areas of increased deprivation. Accordingly, datasets should show the greatest numbers concentrated around the lowest SIMD scores. Whilst this is generally true of GBVNAS data, each year SIMD 5 is over-represented in these figures.

Closer examination of the data consistently reveals that our figures are skewed due to the number of referrals from St. Andrews University. Working closely with the university, who are members of the Fife Violence Against Women Partnership (FVAWP), we promote the availability of the GBVNAS service and SARCS to students and ensure both early intervention and prevention remains key priorities.

Figure 6



Children & Young People

The GBVNAS supports children and young people (CYP) between the ages of 12 – 17. CYP are offered the same service as adults, however the GBVNAS has specifically developed and adapted CYP pathway (appendix 1) in order to meet the unique needs of children and young people and clearly outlines the plan for their care following referral for all types of abuse. This pathway is concerned with priority three of Equally Safe (2018) to ensure that “Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.” with particular attention to the following points:

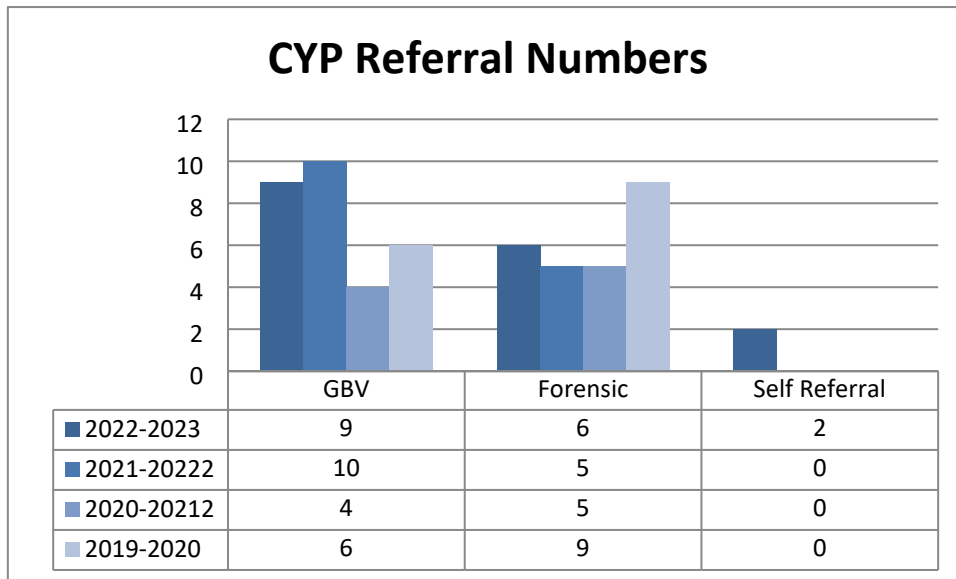
- To educate children and young people to understand safe, healthy and positive relationships;
- That they are safe, respected and equal in communities;
- That they have access to relevant, effective and integrated services which are competent in identifying violence and respond effectively to those affected.

For those children or young people under the age of 16 who require a joint investigation interview (JLI) with police and social work and a joint medical examination with a paediatrician and a forensic medical examiner, they are accommodated within paediatric services at the Victoria Hospital and information regarding these cases will be captured and reported on by children’s services.

The number of CYP referrals into the GBVNAS remains steady compared with the previous year via the GBV pathway. However, there has been an increase of 60% in forensic referrals which is largely explained by the introduction to self-referral for forensic examinations. All young people over the age of 16 are able to self-refer for a forensic examination in Scotland and the GBVNAS subsequently received referrals for 2 young people in this category this year. This accounts for 2/3 of the additional forensic referrals and is a strong indicator that self-referral has enabled more young people to access an examination and follow on support.

As with previous years, referral routes remain predominately via paediatrics and sexual health.

Figure 7



Data regarding CYP referral numbers are routinely shared and discussed with our partners in the Fife Violence Against Women Partnership (FVAWP) as part of our shared commitments under priority 3 of Equally Safe (2018) and informs the key priorities laid out in the FVAWP action plan.

Equally safe at School (2018) indicated that rates of gender based violence affecting young people are high and increasing year on year, with Rape Crisis Scotland reporting that at least 37% of the total number of sexual crimes recorded in 2021-2022 by Police Scotland related to a victim under the age of 18. As such, we anticipate that referral numbers will continue to rise and prevention is a key area of focus in the GBV and FVAWP action plans going forward.

Multi-Agency Risk Assessment Conference (MARAC)

GBVNAS participation in MARAC falls under Priorities One, Three and Four of Equally Safe (2018): “Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls”; “Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people”; “Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response”.

MARAC is a local, twice-monthly, meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or death as a result of domestic abuse. The GBVNAS appoints a specialist GBV nurse as health representative for each MARAC.

The core responsibilities of the GBVNAS in relation to MARAC are to:

- Appoint a specialist GBV nurse as health representative for each MARAC
- Notify key health services about each case. For adults, this will be their GP and for children under the age of 5 this will be their health visitor. In addition other services such as mental health and maternity will be advised where necessary.
- Request and share only the most relevant health information from key health services relating to risk (or contributing factors).
- Participate in MARAC meetings to provide professional advice on health related risks to the safety and wellbeing of victims and children and identify relevant tasks for Risk Management Plans.
- Disseminate Risk Management Plans to relevant health services.
- Overseeing completion of risk management tasks assigned to health services.

In addition, the GBVNAS is also responsible for

- Ensuring health services are trained to identify domestic abuse, screen for risk using the DASH risk assessment and make a referral to MARAC (see Section X).
- Consulting with health professionals and advising on MARAC referrals, additional safeguarding matters and confidentiality issues.

All relevant data on MARAC, including health data, is located within the Fife Violence Against Women Partnership (FVAWP) annual report.

Learning & Development

Overview

In any setting where there are signs that suggest a patient or colleague could be experiencing GBV, it is the responsibility of NHS staff, and managers, to recognise these, and respond by providing the person with the opportunity to disclose GBV. The GBVNAS prioritises training of Fife Health and Social Care Partnership staff under Priorities One and Three of Equally Safe (2018): “Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls”; “Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people”.

This year the GBVNAS has continued to expand the training programme for staff across the Fife Health and Social Care Partnership. The current training programme includes:

- Routine Enquiry of Abuse (REA) Training
 - REA was introduced by Scottish Government (CEL 41) to ensure there are opportunities for people most affected by abuse, presenting in settings where there is evidence of greater numbers likely to be affected by abuse, to disclose and access support and safeguarding. These priority settings are Maternity, Sexual health, Accident, Minor Injuries and Emergency, Community, Addictions, and Mental Health services.
- Introduction to Gender Based Violence Training
 - This training was introduced after April 23 to expand upon REA and provide equal opportunities for disclosure, safeguarding and support to people affected by GBV across all settings
- Bespoke Training
 - This training is typically requested and delivered to meet specific needs, including the innovative training designed for COVID-19 vaccinators at the height of the pandemic

Due to the introduction of 2 new staff members in the GBVNAS, including the team lead, training capacity has been restricted this year and was delivered by one GBV Nurse Specialist. Increasing training and promotion of our new programme is an area of focus for the GBVNAS in the coming year.

Data

- Routine Enquiry of Abuse (REA) training
 - Building on last year's successes with Health Visitors and Substance Misuse Services, this year has focussed largely on Midwifery Services offering a total of 6 training inputs to a total of 96 midwives, student midwives and maternity staff.
 - Maternity REA training is delivered as part of the monthly staff development update sessions, with GBV offered a standing slot on alternating months. These inputs will continue for the foreseeable future.
 - DASH risk assessment training provided to 23 Health Visitors over 2 sessions
- Introduction to Gender Based Violence (GBV) training
 - The training was developed in early 2023 and first delivered in June 2023, therefore data on this training will be included in next years' report
- Bespoke Training
 - SARCS awareness session delivered at a local conference for GP practice staff, highlighting the self-referral pathway and support options in Fife – we were not provided with numbers but estimate at least 50 attendees
 - SARCS awareness event held for FVAWP members in September, attended by representatives from all partner agencies – we were not provided with numbers but estimate around 50 attendees
 - Annual GBV Awareness Training provided to over 350 Medical Students at St Andrews University
 - Annual GBV Awareness Training provided to over 400 Nursing Students at Dundee University

Evaluation

Below is a selection of feedback received for training inputs, demonstrating increased confidence, interest and awareness in the subject from future and current practitioners following training.

“I feel like I understand a lot more about where to access support. I'll definitely pass this information on to some of the others and [clients] about self-referring” – Verbal feedback on SARC Awareness

“I find it really daunting [asking about abuse] so I tend to rush the question or avoid it if I'm honest but this [training] has been really helpful” – Verbal feedback from Midwife on REA

“Really informative and interesting, I'd love to learn more about this” – Written feedback from Dundee University Nursing Student

The Fife Suite

Background

NHS Fife was one of the first health boards to develop a dedicated, purpose built NHS forensic examination suite for victims of rape and sexual assault. Prior to this, examinations took place in police custody which our partners in FRASAC and their service users described as traumatic. It was named “The Fife Suite” by FRASAC to be innocuous sounding for those who use it and it sits, self-contained and attracting no particular attention, in Phase 1 of Queen Margaret Hospital, Dunfermline.

Examinations in The Fife Suite, whether self or police referral, are available 24/7 and typically take place with a Forensic Medical Examiner and a Forensic Nurse. Forensic Nurses are principally employed by NHS Lothian and, under the peripatetic model, cover SARCS in NHS Lothian, NHS Fife, NHS Borders and NHS Forth Valley. Increasingly, Forensic Nurse Examiners – with the assistance of Forensic Nurses – are providing examinations under a Test Of Change project to provide more female examiners.

The outcome of the project is pending review by the Lord Advocate. There are currently no Forensic Nurse Examiners employed by NHS Fife, none in NHS Borders, 1 in NHS Forth Valley and 1 in NHS Lothian. The Scottish Government are looking to recruit more each year, however the GBVNAS is currently learning from NHS Forth Valley and NHS Lothian and awaiting the decision of the Lord Advocate before nominating staff within the health board.

Overview

It is the responsibility of the GBVNAS to ensure:

- Monitoring, ordering and supply of stock for forensic examinations.
- Weekly Decontamination (in addition to decontamination completed by Forensic Nurses before & after every examination).
- Quarterly Environmental Monitoring to provide assurance to Scottish Government and NHS Fife of no/low contamination of evidence risk during examinations.
- Secure storage of forensic DNA and documentary evidence for self-referral cases.
- Secure transfer of evidence if requested, following a police report.
- Secure destruction of evidence after 26 months or sooner if requested.
- Daily monitoring of fridges storing forensic DNA evidence.
- Improvement, upkeep and sanitation checks.

NHS Lothian holds data on all police & self-referrals into The Fife Suite. Data on GBV follow up is provided in the Clinical Outputs section (Page 7)

Promotion and prevention

The GBVNAS has participated in a number of events and campaigns this year. This aspect of the GBVNAS work plan delivers on Priorities One, Two and Four of Equally Safe (2018): “Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls”; “Women and girls thrive as equal citizens – socially, culturally, economically and politically”; “Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response”.

Over the past year we have participated in the following:

- Held stalls with posters, flyers, contact cards and other promotional materials on Fife College Campuses during Fresher’s Week to raise awareness of the GBVNAS
- Held stalls with posters, flyers, contact cards and other promotional materials on Fife College Campuses during displays of the exhibit “What Were You Wearing?” to raise awareness of the GBVNAS and SARCS
- Held a stall with posters, flyers, contact cards and other promotional materials in Victoria Hospital, Kirkcaldy during the annual “16 Days of Activism to End Violence Against Women and Girls” campaign
- Creating content for and participating in #16DaysOfActivism on social media channels including Twitter, Facebook and Blink
- Sharing SARCS social media awareness raising campaign #TurnToSARCS including a video featuring one of our GBV nurse specialists on social media channels including Twitter, Facebook and Blink
- Distributed SARCS and GBV posters and leaflets to be displayed in NHS services and GP practices
- Distributed SARCS posters and leaflets to pharmacies across Fife
- Encouraged men working in the Fife Health and Social Care Partnership to sign the white ribbon pledge to “never commit, excuse or remain silent about male violence against women” and shared this on social media channels including Twitter, Facebook and Blink
- Promoted self-referral to SARCS on waiting room screens in the emergency department of Victoria Hospital, Kirkcaldy

This has resulted in the distribution of over 500 posters, leaflets, contact cards and other promotional materials due to high levels of footfall at event stalls and sharing of materials across relevant services where we have confirmed they are being displayed. The impact is increased awareness of the GBVNAS, self-referral to SARCS and the ongoing commitment of Fife HSCP to Equally Safe.

Forward Planning

In the year ahead, the GBVNAS has defined the following areas as priorities for development within the GBVNAS work plan:

1. Ongoing review of equalities monitoring to ensure we are striking the correct balance between appropriate storage of data, sensitive enquiries and the principles of GDPR.
2. Ongoing commitment to expanding training across Fife Health and Social Care Partnership by developing the skillset of new team members and promoting training opportunities as part of the newly developed training programme.
3. Development of a GBV Link Nurse role and training programme, to further increase engagement with existing training opportunities in priority services, promote increased awareness of the GBVNAS and improving shared responsibility amongst all health and social care practitioners in recognising and responding to gender based violence.
4. Ongoing review of feedback methodologies and ensuring we are striking the correct balance between providing survivors with the opportunity to give feedback in the most comfortable way for them and ensuring we are sensitive to the difficulties of providing feedback of this nature.
5. Begin monitoring data analytics for social media campaigns for evaluation and inclusion in future reports.
6. Increase collaboration with the Health Development Team, a sister service within Sexual Health Fife, to increase the reach and volume of promotional activities and promotion of training.
7. Investment in GBVNAS staff training to diversify the work plan to include work with underserved communities i.e. sex workers and travelling communities and to include high quality training on topics like Female Genital Mutilation and Human Trafficking.

Conclusion

Public services have a vital role in delivering services to ensure the safety and wellbeing of women and children affected by violence and abuse, and collaborative working between both public and third sector organisations (Equally Safe, 2018).

The GBVNAS covers a broad and diverse portfolio of work in order to deliver on the priorities of Equally Safe, from prevention and promotional work right through to follow up care and support for survivors. It is the largest service of its kind in Scotland, staffed by a high performing team of dynamic specialist staff who are leading and influencing nursing practice in this area at a national level.

The GBVNAS data shows that the people who use this service are significantly less likely to develop PTSD symptoms than the average, demonstrating the essential work taking place to improve health across the lifespan of survivors, reduced impact of unaddressed trauma on families and communities and ultimately reduced strain and associated costs across the Health and Social Care Partnership. This is a service adding significant value at every level.

The GBVNAS is a source of pride for Fife HSCP and Scottish Government and its success is enabled by adequate staffing, resourcing and investment in staff development in a novel area of healthcare. As referrals into the GBVNAS grow, increased investment in the GBVNAS workforce will ensure its continued high performance, delivery of priority work and positive outcomes for survivors in Fife.

The GBVNAS continues to innovate, with a vision for the year ahead including enhancement of existing work and building on current performance whilst also including fresh new ideas to ensure it not only remains the leading service for GBV Healthcare in Scotland but provides high quality, trauma specialist care.

Appendices

Appendix 1 – Referral Pathways

Gender Based Violence (GBV) Care Pathway

Assessment and Care

The Gender Based Violence Nurse Advisory Service (GBVNAS) offers all patients referred into the service a time limited intervention for a 12 week period. Patients are provided crisis support and their health, wellbeing, safety and social care needs are assessed in this time. The GBV care pathway is for all patients aged 18 and over who have experienced domestic abuse, sexual violence (that does not meet forensic care pathway criteria), stalking, harassment and honour based violence.

Immediate response

Before Contact:

1. Ensure consent has been obtained for assessment on the referral form
2. Confirm consent via SMS to patient

During Contact:

Do not encourage the patient to debrief about the abuse

1. Explain what the service is and does to ensure informed consent
2. Assess the need for and provide relevant psychological first aid where indicated:
 - a. Care for immediate needs
 - b. Protect from immediate and ongoing risk/threats (assess for MARAC)
 - c. Comfort and console
 - d. Provide support for practical needs
 - e. Provide information on coping
 - f. Connect with social support
 - g. Inform about normal psychological responses
3. Assess for and respond to suicidality/self harm
4. Discuss referral to sexual health if sexual violence is disclosed
5. Discuss requirements for individual adjustments and cultural needs
6. Offer ongoing support for 12 week period; make aware of nurse availability and contact information
7. Co-ordinate access and referrals to additional resources and services as required
8. Screen for and respond to psychological indicators of PTSD
 - a. PTSD; discuss and refer to mental health services
 - b. Non PTSD; discuss and offer referral to counselling

4 week review

1. Review the safety and wellbeing needs of the patient
2. Continue to provide psychological first aid as required
3. Co-ordinate access and referrals to additional resources and services as required

Do not encourage the patient to debrief about the abuse

8 week review

1. Review the safety and wellbeing needs of the patient
2. Continue to provide psychological first aid as required
3. Co-ordinate access and referrals to additional resources and services as required

Do not encourage the patient to debrief about the abuse

12 week review

1. Final assessment of safety and needs
2. Co-ordinate access and referrals to additional resources and services as required
3. Discharge

Do not encourage the patient to debrief about the abuse

After 12 weeks

- Any patient who requires ongoing support after 12 weeks must be discussed and a care plan agreed at the first available GBVNAS case discussions meeting.

Indicators of PTSD

- Persistent Dissociation
- Rumination
- Persistent self-blame
- Disorganised memories
- Maladaptive coping strategies
- Symptoms of depression
- Severity of symptoms

Forensic Care Pathway

Assessment and Care

The Gender Based Violence Nurse Advisory Service (GBVNAS) offers all patients referred into the service a time limited intervention in the 12 week period following a rape or sexual assault. Patients are provided crisis support and their health, wellbeing, safety and social care needs are assessed during this time. For children and young people aged 12-17, please see the Children and Young People (CYP) Care Pathway.

Immediate response

Before contact:

3. Ensure consent has been obtained for assessment on the referral form
4. Confirm consent via SMS to patient

During contact:

Do not encourage the patient to debrief about the incident

1. Explain what the service is and does to ensure informed consent
2. Provide psychological first aid:
 - a. Care for immediate needs
 - b. Protect from immediate and ongoing risk/threats (assess for MARAC)
 - c. Comfort and console
 - d. Provide support for practical needs
 - e. Provide information on coping
 - f. Connect with social support
 - g. Inform about normal psychological responses
3. Assess for and respond to suicidality/self harm
4. Discuss referral to sexual health
5. Discuss requirements for individual adjustments and cultural needs
6. Offer ongoing support for 12 week period; make aware of nurse availability and contact information
7. Co-ordinate access and referrals to additional resources and services as required

First 4 weeks

1. Anticipate highest need for support during this time
2. Continue to assess safety and needs of the patient
3. Continue to provide psychological first aid as required
4. Screen for and respond to psychological indicators of PTSD
 - a. PTSD; discuss and refer to mental health services
 - b. Non PTSD; discuss and offer referral to counselling

Do not encourage the patient to debrief about the incident

8 week review

4. Continue to assess safety and wellbeing needs of the patient
5. Continue to provide psychological first aid as required
6. Continue to provide flexible support during this period
7. Co-ordinate access and referrals to additional resources and services as required

Do not encourage the patient to debrief about the incident

12 week review

4. Final assessment of safety and wellbeing needs
5. Co-ordinate access and referrals to additional resources and services as required
6. Discharge

Do not encourage the patient to debrief about the incident

After 12 weeks

- Any patient who requires ongoing support after 12 weeks must be discussed and a care plan agreed at the first available GBVNAS case discussions meeting.

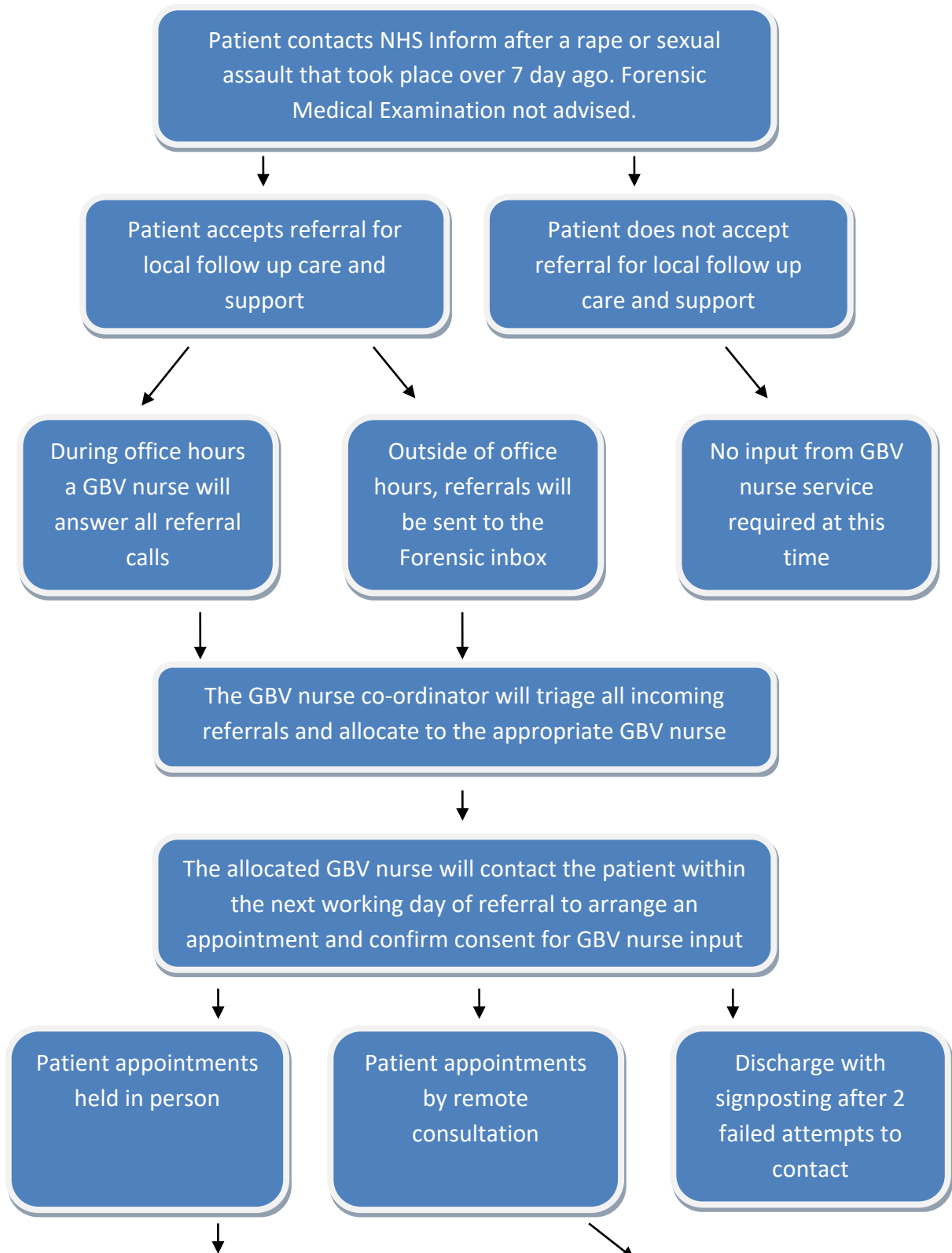
Indicators of PTSD

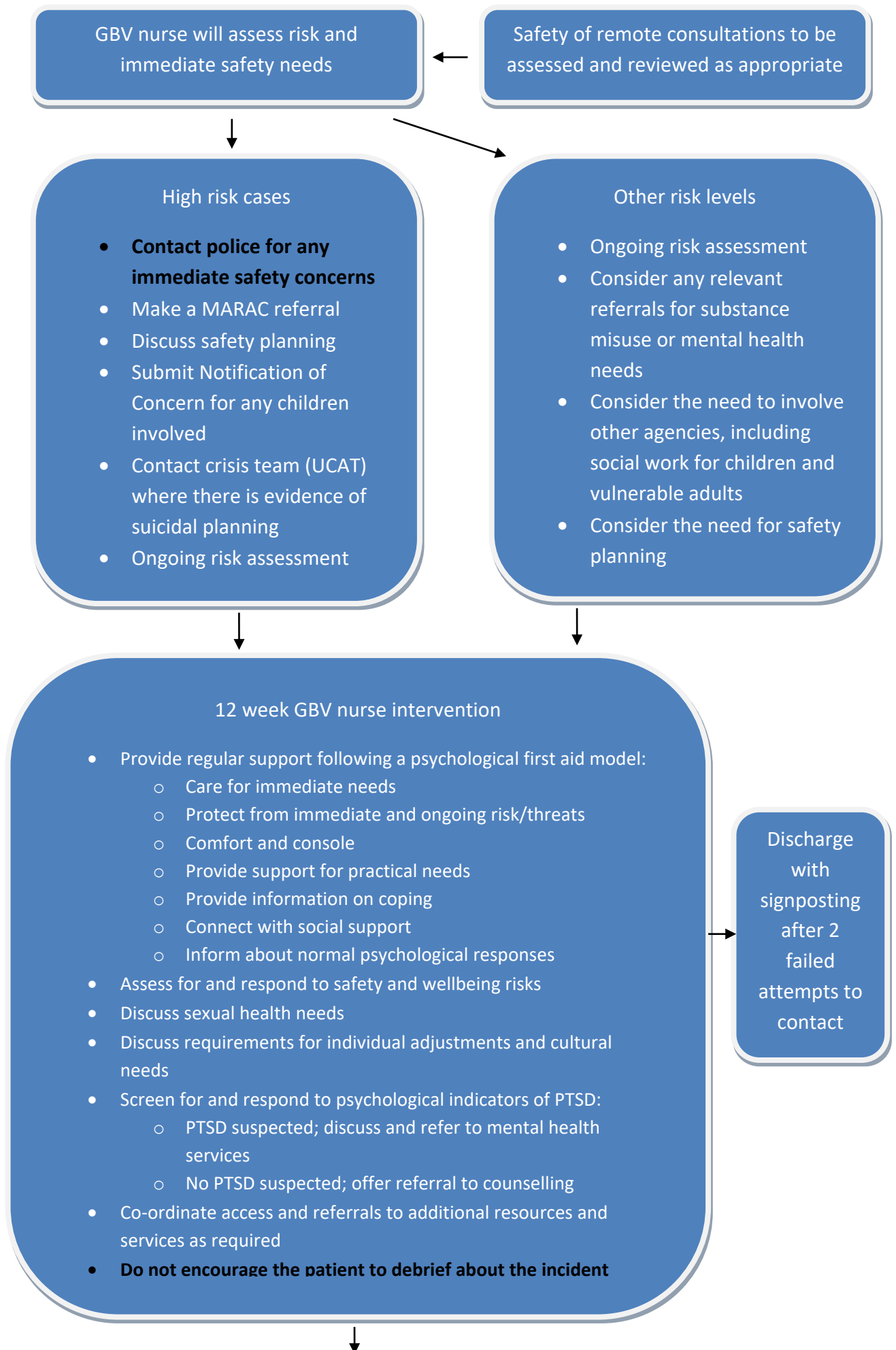
- Persistent Dissociation
- Rumination
- Persistent self-blame
- Disorganised memories
- Maladaptive coping strategies
- Symptoms of depression
- Severity of symptoms

NHS Fife GBV Nursing Service

Self-Referral Pathway

(Over 16s; post 7 days)





Record all notes after patient contact in NASH

Note:

Indicators of PTSD

- Persistent Dissociation
- Rumination
- Persistent self-blame
- Disorganised memories
- Maladaptive coping strategies
- Symptoms of depression
- Severity of symptoms

Children and Young People (CYP) Care Pathway

Assessment and Care

The Gender Based Violence Nurse Advisory Service (GBVNAS) offers all children and young people aged 12-17 a time limited intervention for a 12 week period. Patients are provided crisis support and their health, wellbeing, safety and social care needs are assessed in this time. The CYP care pathway is for all children and young people who have experienced domestic abuse, sexual violence (that does not meet forensic care pathway criteria), stalking, harassment and honour based violence.

Immediate response:

1. **Call Child Protection Office on 01592 648114**
2. Ensure NOCC has been completed and a VPD has been raised.
3. Ascertain what is within the VPD and acknowledge information accordingly
4. Discuss any required details with designated Child Protection Nurse

Before Contact:

5. Ensure consent has been obtained for assessment on the referral form
6. Confirm the most appropriate contact if not the patient i.e. parent, carer or guardian
 - a. Confirm consent to GBVNAS involvement:
 - i. SMS to Patient if appropriate **OR**
 - ii. Telephone call to parent or carer if appropriate **OR**
 - iii. Telephone call to other guardian if appropriate
7. Ascertain involvement of other services i.e. CAMHS, Social Services

During Contact:

Do not encourage the patient to debrief about the abuse

1. Explain what the service is and does to ensure informed consent
2. Assess the need for and provide relevant psychological first aid if the patient is the most appropriate contact:
 - a. Care for immediate needs
 - b. Protect from immediate and ongoing risk/threats (social work)
 - c. Comfort and console
 - d. Provide support for practical needs
 - e. Provide information on coping
 - f. Connect with social support
 - g. Inform about normal psychological responses
3. **OR** provide parent, carer or other guardian with resources to support psychological wellbeing and assess immediate/ongoing safety
4. Assess for and respond to suicidality
5. **Always** refer to social work via a Notification of Concern about a Child (NOCC)

6. Discuss referral to sexual health if sexual violence is disclosed
7. Discuss requirements for individual adjustments and cultural needs
8. Make aware of nurse availability and contact information
9. Co-ordinate access and referrals to additional resources and services as required
10. Consider referral to CAMHS or FRASAC for ongoing psychological support or counselling

4 week review

8. Review the safety and wellbeing needs of the patient
9. Continue to provide psychological first aid as required
10. Co-ordinate access and referrals to additional resources and services as required

Do not encourage the patient to debrief about the abuse

8 week review

4. Review the safety and wellbeing needs of the patient
5. Continue to provide psychological first aid as required
6. Co-ordinate access and referrals to additional resources and services as required

Do not encourage the patient to debrief about the abuse

12 week review

7. Final assessment of safety and needs
8. Co-ordinate access and referrals to additional resources and services as required
9. Discharge

Do not encourage the patient to debrief about the abuse

After 12 weeks

- Any patient who requires ongoing support after 12 weeks must be discussed and a care plan agreed at the first available GBVNAS case discussions meeting.

Meeting:	Public Health and Wellbeing Committee
Meeting date:	4 March 2024
Title:	Sexual Health and Blood Borne Virus Update 2023
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Mark Steven, Interim Clinical Services Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Effective

2 Report summary

2.1 Situation

This report is being submitted to provide information and assurance to the committee on activity aimed at improving sexual health and wellbeing and reducing blood borne viruses in Fife. It refers to the national Sexual Health and BBV (SH&BBV) frameworks in place since 2015 and the recently published national SH & BBV Action plan

2.2 Background

The report should be read in the context of the national Sexual Health and BBV (SH&BBV) frameworks and outcomes in place since 2015, the recently published SH & BBV Action plan (November 2023) the 2022 HIS Standards for Sexual Health.

2.3 Assessment

This report shows further progress in the recovery of sexual health and bb services in Fife against a backdrop of significant rise in demand and emerging public health challenges such as Mpox and Gonorrhoea case rises.

The publication of the Sexual Health and BBV action plan, HIS standards for Sexual health and local and national responses to the Women's Health Plan indicate a changing strategic landscape set against a challenging fiscal environment.

The information in the update report demonstrates the impact of a range of agencies and partnerships involved in service delivery and development on improving health outcomes in Fife.

It highlights the need to continue to rebuild and reset the strategic and operational partnerships needed to meet the Sexual Health Standards and Women's Health plan priorities and achieve our 2025 and 2030 goals in relation to Elimination of Hepatitis C and Zero transmission of HIV respectively.

Some highlights from the report are;

- Year on year Increases in uptake of Free Condoms by post
- Stable recovery of Long-Acting Reversible Contraception in 22/23
- Increased uptake of Pre-Exposure Prophylaxis for HIV
- Establishment of partnerships and information sharing on immunisation offers to prevent disease in Gay Bisexual and other men who have sex with men (GBMSM)
- Challenges in Hepatitis C case finding
- Increased demand for HIV treatment and care
- Rising sexually transmitted infections
- Innovations and development of services for young people
- A significant drop in the rate of teenage pregnancy in Fife up to 2021

2.3.1 Quality, Patient and Value-Based Health & Care

The paper described activities during 2023 and provides some analysis of responses to key outcomes and standards. This includes a broad range of services provided including: Prevention and early intervention; Demand and Access, HIV, Hepatitis, Sexually Transmitted Infections, Vasectomy and Young People.

2.3.2 Workforce

No impact on workforce from this paper however we would highlight the great work of the multi-disciplinary and multi-agency teams who work together to support people in relation to sexual health and blood born virus from prevention to treatment.

2.3.3 Financial

No changes are proposed in this paper that would affect financial management as the service will continue to be delivered within the budget available.

2.3.4 Risk Assessment / Management

No specific risk in relation to this paper.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

No specific risk in relation to this paper however it would be noted that areas of this report describes work in support of equality and diversity and addressing health inequalities.

2.3.6 Climate Emergency & Sustainability Impact

No impact in relation to this paper.

2.3.7 Communication, involvement, engagement and consultation

Information in the report was gathered from a range of sources including partner organisations. No new proposals or recommendations.

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.

- SLT – Fife Health & Social Care Partnership
- EDG – NHS Fife.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** on the delivery and activity of sexual health and blood born virus services aimed at improving sexual health and wellbeing and reducing blood borne viruses in Fife aligned to ambition in both the population health and wellbeing strategy, The Health and Social Care Strategic Plan and National Strategic Plans.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 Sexual Health and Blood Borne Virus Update 2023

Report Contact

Mark Steven

Interim Clinical Services Management

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**Sexual Health & Blood Borne Viruses
in Fife
Update Report 2023**

Sexual Health and Blood Borne Viruses in Fife Update Report 2023

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2. FOREWORD

This report aims to provide an update on the key priorities and actions covered by the Scottish Government Sexual Health and BBV (SHBBV) Action Plan ⁽¹⁾ which was published on November 28th 2023. In this transitional year the range of activity described is testament to the resilience and hard work of staff, volunteers, and carers in ensuring services have reset and rebuilt from the challenges of covid. In the coming years we will be challenged to continue to rebuild the local governance, accountability and delivery partnerships needed to achieve the outcomes of the action plan and meet the expectations and aspirations expressed in Fife's HSPC Strategic Plan 2022 -2025 and Public Health and Wellbeing Strategy.

Mark Steven, Interim Clinical Services Manager, Sexual Health, BBV and Gender Based Violence Service.

2.1 Introduction

This report is written against a background of significant operational recovery in the specialist sexual health and blood borne virus service, national changes in the way health protection functions are organised as well as post pandemic public health concerns affecting sexual health and wellbeing in Fife including the Mpox outbreak, a spike in Gonorrhoea cases, increased demand for Pre exposure prophylaxis (PrEP) increased numbers of people living with HIV receiving care in Fife, and challenges in Hepatitis C case finding. The specialist team is also providing ongoing support to national programmes in collaboration with Public Health Scotland and local Public Health including the Cervical Exclusion and Hepatis B lookback programmes.

This report aims to provide the Public Health and Wellbeing Committee with an update on the key areas of focus including summaries of relevant strategic priorities, frameworks and action plans, demand and access data and an assessment of progress and challenges in this area of work.

3.CONTEXT

3.1 National Context

3.1.1 The Sexual Health & Blood Borne Virus Action Plan 2023 to 2026 re asserts previous frameworks 5 high level outcomes and the basis for the current action plan.

The outcomes are:

Fewer newly acquired blood borne virus and sexually transmitted infections, fewer unintended pregnancies.

- ii. A reduction in the health inequalities gap in sexual health and blood borne viruses.
- iii. People affected by blood borne viruses lead longer, healthier lives, with a good quality of life.
- iv. Sexual relationships are free from coercion and harm.

v. A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

The action plan focuses on the broader aim of improving sexual health and wellbeing and identifies areas that need specific attention over the next three years. It sets priorities as governance and accountability, data and technology and NHS board collaboration. Associated actions in the plan are detailed in Appendix 1.

The SH&BBV Action Plan articulates links to crosscutting national strategies and standards including the Women's Health Plan, Medication Assisted Treatment standards, HIS standards for Sexual Health, Parenting and Pregnancy in Young People Strategy (including Relationships, Sexual Health and Parenting Education) HCV Elimination Strategy and the forthcoming HIV Transmission Strategy. It challenges Health Board areas to think about the ownership and influencing of sexual health and wellbeing and reducing blood borne viruses beyond the role of specialist services and across the whole system.

3.2 Local Strategic Context

3.2.1 Fife's Population Health and Wellbeing Strategy 2023-28 sets out 4 priorities:

1. Improve health and wellbeing
2. Improve the quality of health and care services
3. Improve staff experience and wellbeing
4. Deliver value and sustainability

3.2.2 Fife HSCP Strategic Plan

The development and delivery of specialist sexual health and BBV services is driven by the Improving Health and Wellbeing priority and the Strategic Priorities articulated in Fife HSCP Strategic Plan 2022 -2025. These are:

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

3.2.3 Local SH & BBV strategic groups including the Fife SH & BBV Executive Group and BBV Prevention and Testing Treatment and Care Groups were suspended in 2020 and have not yet been reestablished.

3.3 Operational Context

3.3.1 Sexual Health Fife sits within the Primary and Preventative Care Division of Fife Health and Social Care Partnership. Sexual Health Fife covers all aspects of contraception, sexually transmitted infections, prevention and treatment of Hepatitis B & C, and HIV, and has a role in preventing and responding to gender-based violence (GBV) through its Gender Based Violence Nurse Advisory Service.

3.3.2 Routine sexual health care and BBV testing can be provided in primary care and community pharmacies settings for example, access to long-acting reversible contraception (LARC) in GP practices or emergency hormonal and bridging contraception, Progestogen Only Pills (POP) and Injecting Equipment Paraphernalia in Community Pharmacies. Secondary care services have a key role in testing for BBVs and STIs and treatment of acute illness for example in relation to chronic Hepatitis and HIV related morbidity, gynaecological and urology and in the treatment of complex STIs for example Neurosyphilis. Fife Laboratory Services play a crucial role in testing for blood borne viruses, STI's and more recently in post vasectomy semen analysis. The effect of the significant rise in demand for STI, BBV and vasectomy services is felt equally in patient facing and laboratory services.

3.4 Locality Focus

The breakdown of patient's localities recorded in NASH has remained relatively static over 2022 and 2023 and is consistent with the population share for the demographic who access Sexual Health services. More detailed inhouse locality analysis linked to specific conditions show a greater proportion of people accessing sexual health and blood borne virus services for some localities. This included supporting cervical screening in areas with lower capacity in Primary Care, Hepatitis C which is closely linked to excluded and underserved populations and HIV linked to areas where populations are increasing though increased housebuilding and inward migration.

Locality	2022	2023
Dunfermline & South West Fife	27%	28%
Kirkcaldy	22%	23%
Cowdenbeath	14%	16%
Glenrothes	12%	12%
Levenmouth	8%	9.00%
North East Fife	8%	12%

In response to feedback on last year's report sexual health took a number of actions as part of continuous service improvement which included:

- Assessment of clinical activity in Levenmouth and North East Fife
- Ring fencing of appointments in Randolph Wemyss Memorial Hospital for residents of the local which resulted in an increase of uptake from 58% to 64% of all attendees being local residents
- Establishment of additional clinical sessions in these localities
- Establishment of a young person's clinic in RWMH, operational from 5th February 2024
- Scoping of additional accommodation.
- Prioritisation of service involvement in Levenmouth HSCP Locality group.

4. PREVENTION AND EARLY INTERVENTION

4.1 Preventing BBVs STI and unintended pregnancy

4.1.1 Free Condoms Fife

There are currently 176 outlets signed up to Free Condoms Fife (FCF) scheme across the Health and Social Care Partnership and Voluntary sector including 31 GP Practices and 72 community pharmacies. The scheme is a partnership between Sexual Health Fife Inequalities team and Fife Health Promotion Department. The addition of community pharmacies to the scheme in 2023 significantly increased universal access to the scheme and equity across localities in Fife.

A FCF postal condom scheme was introduced in 2020 because of COVID restrictions in the existing outlets and in response to the Conundrum research⁽⁴⁾ which detailed a reduction in use of contraception among young people. Improvements in access and promotion methods such as posters and the introduction of a QR code since the scheme's inception has led to significant increase in use as illustrated in Table 1.

Table 1

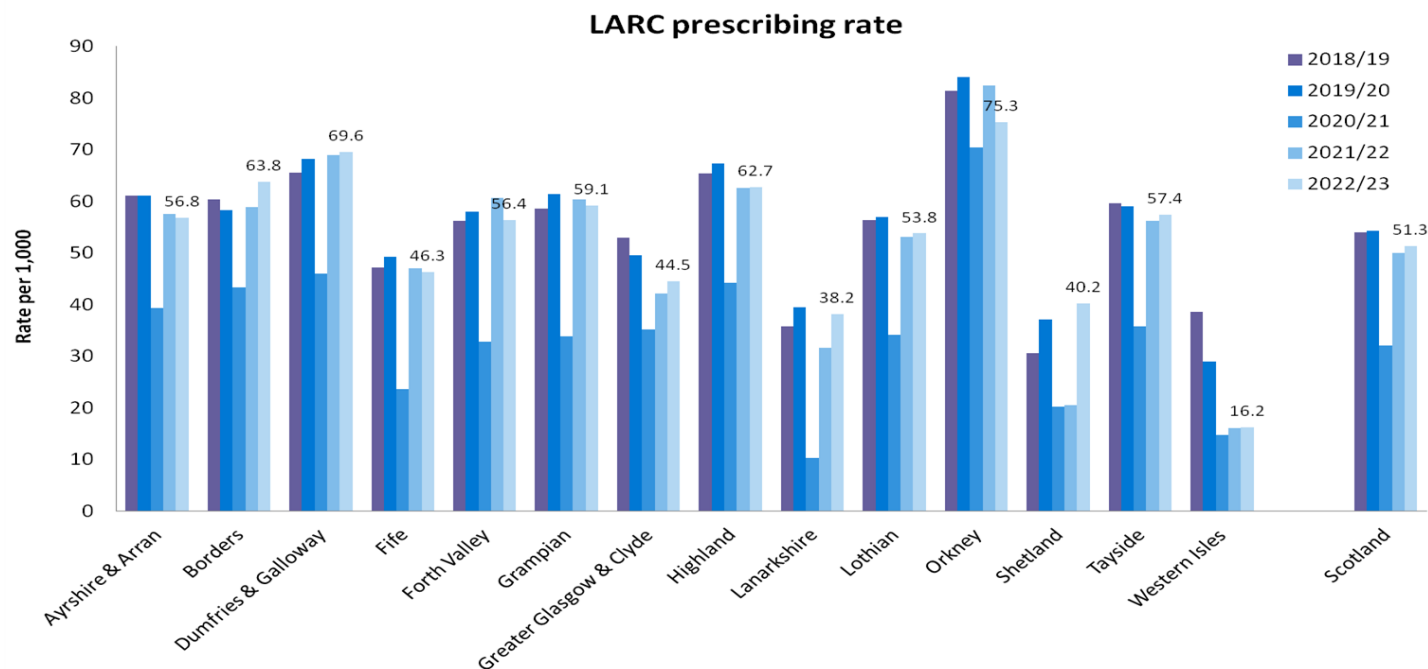
Postal condom orders received for the period April to October by year.

Year	Orders
2021	528
2022	746
2023	1538

4.1.2 Long-Acting Reversible Contraception (LARC)

Public Health Scotland data published in September 2023⁽⁵⁾ (Table 2) shows continued recovery in LARC provision in Fife from the low in 2020/21 in General Practice and Sexual Health Settings. The overall rate of 46.3 was lower than the Scottish average of 51.3 in the 2022/23 reporting period.

Table 2



LARC includes: contraceptive implant, IUD & IUS.
 Rate per 1,000 women aged 15-49.
 Source: Prescribing Information System (PIS) & NaSH.

Rates of LARC prescribing in Primary Care increased from 17.8 per 1000 in 2021/22 to 18.3 per 1000 in 2022/23⁽⁵⁾ with the Scottish average rising to 24.3. Rates in Sexual Health fell from 29.3 in 2021/22 to 27.9 which remains above the Scottish average of 27 per 1,000 for sexual health services.

4.1.3 Pre-Exposure Prophylaxis (PrEP)

Pre-exposure prophylaxis for HIV has been available through NHS sexual health clinics in Scotland to those at high risk of acquiring HIV in Scotland since 2017. Medication in tablet form is made available to individuals who meet the criteria and assessment to use either as daily or event-based dosing. Clinical Guidance for PrEP was updated in 2022 to increase access and integrate prescribing of this medication into business as usual for Sexual Health Services. Most people who have accessed Sexual Health Fife for PrEP since it became available identified as gay or bisexual men. The average age of PrEP recipients has remained static across the past 3 years at 36 years of age.

Table 3 show the increase in PrEP prescribing and the number of individuals supported to access service in the last three years.

Table 3

Number Of	Year		
	2021	2022	2023
PrEP Prescriptions	388	561	658
Unique Patients	146	218	258

The average age of PrEP recipients has remained static across the past 3 years at 36 years of age.

4.1.4 Vaccine Preventable Diseases

Hepatitis A & B, Human Papilloma Virus

Sexual Health and BBV services have a role in the administration of vaccines for Hepatitis A & B, HPV at risk populations to complement the access available via Primary Care and Community Immunisation programmes. The uptake of vaccination for Hepatitis A & B and Human Papilloma Virus among gay and bisexual men attending Sexual Health Fife is illustrated in tables 4 and 5.

Table 4

Individuals prescribed Hep A & Hep B vaccine recorded in NASH.

Year			Grand Total
2021	2022	2023	
58	73	72	203

Table 5

Individuals under 45 who were prescribed an HPV vaccine recorded in NASH

Year			Grand Total
2021	2022	2023	
60	93	67	220

Since recording started in July 2017 Sexual Health Fife have delivered 889 HPV Vaccines to 628 GBMSM Patients. it's likely some eligible patient's will have received the HPV vaccine elsewhere and this has not been recorded in NaSH. The percentage of eligible patients vaccinated for HPV was 21% in 2021 (384) *, 33% in 2022 (444) and 24% (478) in 2023.

*(Total number of eligible patients each year in brackets)

Mpox

UK health services have been responding to an outbreak of Mpox since May 2022. The majority of cases occurred in adults known to be gay, bisexual, or other men who have sex with men (GBMSM) and who reported travel within 21 days of symptom onset. Sexual Health Services were tasked with the delivery of a targeted pre-exposure vaccination programme. 145 first doses were delivered to at risk of exposure and 48 second doses we delivered to at risk of exposure. In July 2023 the guidance on the delivery of the vaccine changed to an “opportunistic offer” model in 2023 in response to the low case numbers in Scotland.

4.1.5 Increasing Access to Sexually Transmitted Infection (STI) testing

Self-Sampling Kits (known as Postal Testing Kits) for STI's were introduced by Sexual Health Fife as a business continuity response to COVID. The were particularly aimed and people who were worried they had contracted an STI but did not have any symptoms. Table 6 shows the requests for this service from 2021 through to 2023.

Table 6

Year		
2021	2022	2023
4985	5207	4050

The number of PTK's being sent out has reduced by -22% from 2022 to 2023 however the actual number of patients tested for STI's has increased by 1% due to more screening being done face to face as indicated in Table 8.

A three-month data snapshot was taken in 2023 which showed the average percentage of returned PTK's is 80% and a positivity rate for returned PTK's of 5%.

4.1.6 Third Sector Sexual Health and BBV Prevention

Three third sector organisations are commissioned by Fife HSCP to deliver service briefs related to sexual health and BBV prevention. Terence Higgins Trust deliver a Health Inequalities (LGBTI+) service brief focused on health promotion and access to BBV and STI testing. This also includes the Get Rubbered Postal Condom Scheme aimed at GBMSM in Fife. An online HIV and STI testing service run by THT is available to Fife residents. The most recent figures show 581 HIV & STI tests were ordered 2022/23 financial year. This has increased in the current year to date to over 1000 tests ordered. Whilst the number of positive tests is low this service does provide essential reassurance to people who want to know their status in a convenient and confidential way.

Table 7

HIV self-tests	April 21 – March 22	April 22-March 23	April 23-Feb 24
	287	300	517
STI home tests	April 21 – March 22	April 22-March 23	April 23-Feb 24
	N/A	281	593

We Are with You (WAWY) deliver the Health Inequalities (People who inject drugs) service brief which focuses on provision of BBV testing to at risk populations in Fife. A key indicator is the number of dried blood spot tests (for HIV and Hepatitis B and C) carried out by the service. From April to December 2023, they carried out 104 tests and found 8 cases of Hepatitis C which is a 7.69% positivity rate. This activity accounted for 87% of all DBSTs carried out in Fife by partner agencies and all the positive Hep C cases found via this method.

Restoration provides a BBV funded support service for people being treated for Hepatitis C and HIV. Their last annual report showed increasing caseloads and complexity particularly in the HIV cohort. In the 2022 to 2023 annual report restoration provide intensive support to 66 people, which exceeded their target output by 36. 61 people reported a reduction in social isolation and 42 reported reduced digital exclusion through the services practical support. Restoration worked in partnership with the GBV and Inequalities team, THT and the Hive, Kirkcaldy to develop peer support activities for people living with HIV in Fife.

4.1.7 Injecting Equipment Provision

Fife has 22 IEP outlets and recorded the 3rd Highest number of attendances at IEP during the three years from 2020/21, 2021/22 and 2022/23 ⁽³⁾. WAWY provide an Alcohol and Drugs Partnership funded specialist harm reduction service in Fife which includes Injecting Equipment Provision (IEP). This complements the community pharmacy-based IEP scheme which is an essential tool in the prevention of blood borne viruses such as Hepatitis C and HIV.

4.1.7 Gender Based Violence

Activity in relation to the gender-based violence is outlined in the Gender Based Violence Nurse Advisory Service Annual and Fife Violence Against Women Annual Reports for 2022-2023. Some highlights are:

- Fife's successful implementation of self-referral after rape and sexual assault (Sexual Assault Response Coordination Service or SARC).
- In the year 22-23, referrals into the GBV service for support after Rape and Sexual Assault were 20% higher than the previous year. In April 2022, self-referral was introduced to allow people access to an NHS forensic examination without having to make a police report - ensuring timely capture of forensic evidence and enabling survivors to make a decision about reporting a crime if or when they feel able to do so.
- Self-referrals to the GBNAS represent a 20% rise in survivors seeking specialist care and support. Although these numbers only account for the number of people referred into the GBV service and not the total number of self-referrals for examination, they are a strong indicator that self-referral has enabled more people to access and examination and follow on support.

5. DEMAND and ACCESS

This remains an area of focus for the service in line with Health Improvement Scotland Sexual Health Standard 4 (Accesses to Sexual Health Care) *"All individuals have equitable and consistent access to healthcare"*.

Increased demand has been felt across all areas except for Hepatitis C case finding and treatment. The context of the situation with Hepatitis C in Fife is explored in section 7. Average waiting times for appointments for sexual health showed signs of recovery in 2021 but increased in 2022 and 2023 due to increased demand, COVID related effects, additional public health challenges such as Mpox, increased number and complexity of disease presentation in people with Gonorrhoea and Syphilis.

5.1 Access

Specialist Sexual Health and BBV services are available in St Andrews Cupar, Anstruther. Leven, Kennoway, Buckhaven, Glenrothes, Kirkcaldy, Lochgelly, Cowdenbeath and Dunfermline as well as via outreach, telephone and virtual clinic activity.

The sexual health appointments line and online booking are the main ways for people to access sexual health services in Fife. Referrals are also received from a variety of partners including General Practitioners, Obstetrics and Gynaecology and School Nursing Teams. Calls to the appointment line increased from 31,223 in 2022 to 34,641 in 2023. 914 appointments were booked using the online booking system which was introduced during 2023. An improvement process was implemented over 2022 and 2023 to add additional clinics were to the online booking system. The initial focus for this was improving access to appointments for LARC with an aim of rolling out online booking to young people's clinics.

The opening hours of the appointment line were extended in October 2023. This extension and recruitment to frontline call handlers vacancies have mitigated some of the additional demand on service access and resulted in a reduction in abandoned calls of 5% when comparing August and December 2023 (20% to 15%).

Appointments and clinical activity in Sexual Health & HIV, including vaccination, are recorded in the NASH (National Sexual Health) system. Hepatitis C and vasectomy activity is recorded in Trakcare. Waiting lists are not in operation for any part of the service except for vasectomy and psychosexual counselling, although self and service referrals are assessed and prioritised according to clinical need.

5.2. Overall Service activity and Waiting Times

In service analysis of NASH data in Tables 8 and 9 show the number of appointments and attendances returned to pre pandemic levels in 2023. Table 8 shows in person appointments have increased over the period which may account for the small percentage rise in DNAs over the period (from 8% in 2021 to 10% in 2023). The mix of virtual/telephone and face to face appointments demonstrates that new ways of working have effectively supported business continuity over recent years.

Table 8

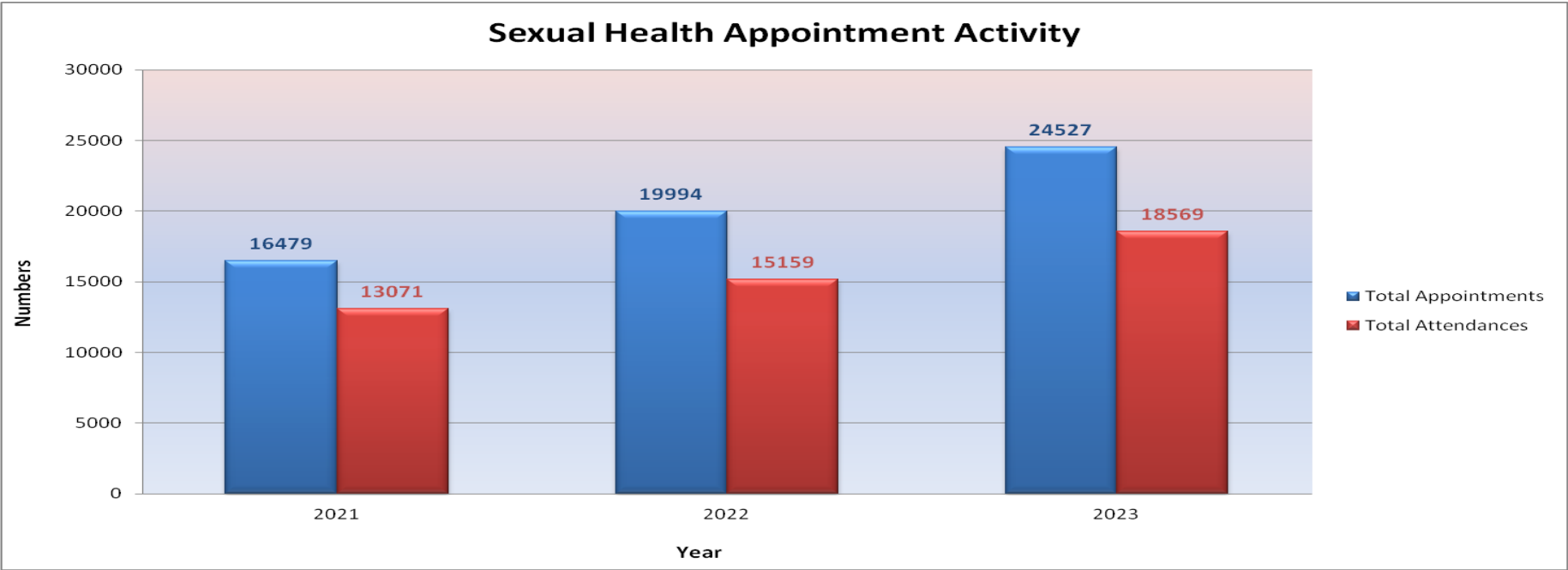


Table 9

Appointment Method	Year		
	2021	2022	2023
Face to Face	46%	58%	66%
Telephone	12%	16%	16%
Virtual	4%	16%	18%
*Unknown	37%	10%	0.21%

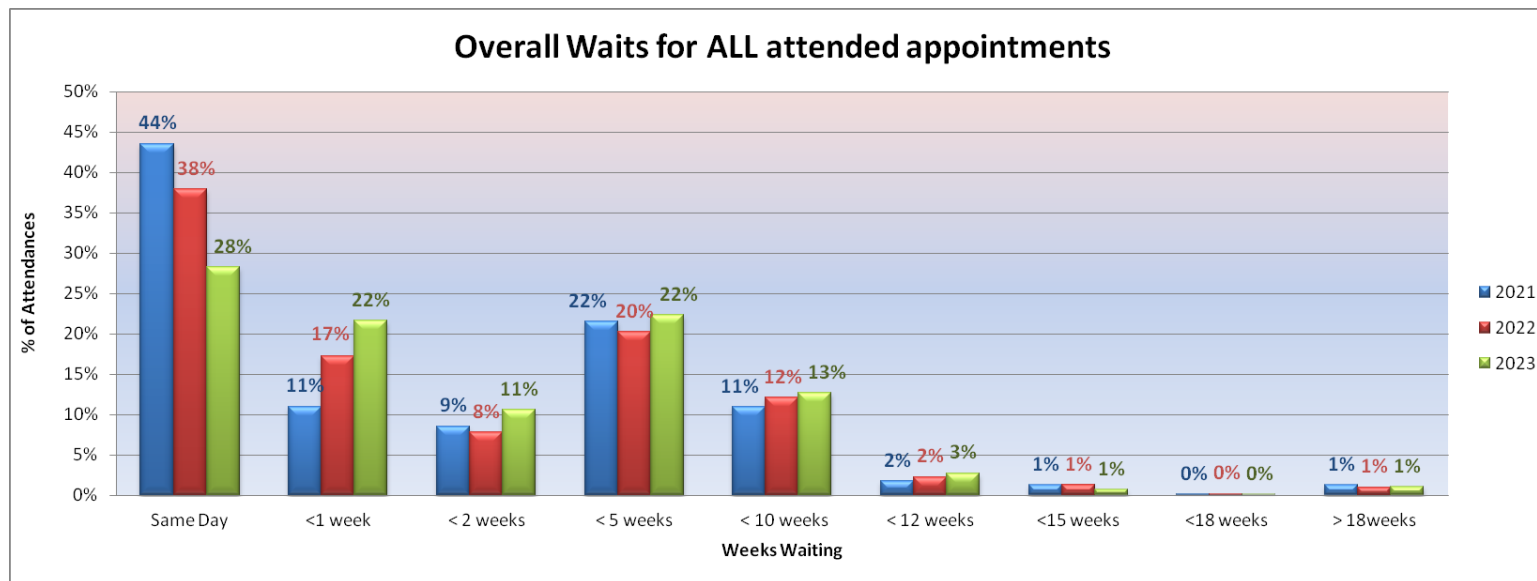
* Appointment Method didn't become a mandatory Field until 2023

Table 10 shows the average overall waits for appointments in NASH. Whilst this shows some increases in waiting times over the acceptable ranges and in line with relevant standards, for example the 5-week target for LARC. Table 11 provides a more detailed breakdown of waits.

Table 10

Reason for Appointment	Year		
	2021	2022	2023
HIV review	31	29	27
HIV Test	27	24	26
LARC - Coil Procedures	23	27	33
LARC - Implant Procedures	28	28	26
PrEP Assessment	12	14	21
PrEP Follow up	44	54	54
Smear	26	31	32
STI Screening - No Symptoms	1	2	7
STI Screening - Symptoms	4	7	9
STI Treatment	8	6	4

Table 11

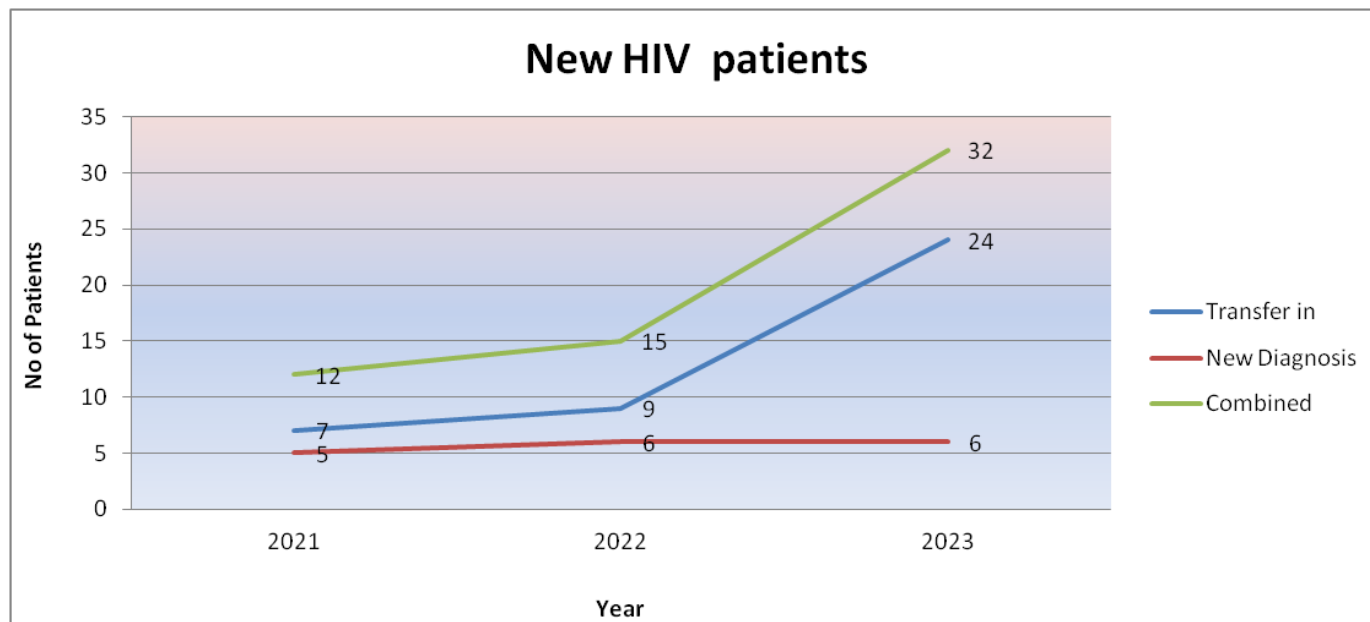


6. HIV

6.1 HIV remains a global and local public health concern. Scotland is signed up to the World Health Organisation Zero transmissions by 2030. Modern HIV medicines can result in an undetectable viral load and therefore make the virus untransmissible. HIV care in Fife is delivered by a consultant led multi-disciplinary team (MDT) in outpatient clinics in St Andrews, Kirkcaldy and Dunfermline, by outreach and where necessary in reach to acute settings to support in patient care and safe discharge. The MDT consists of medical, nursing, pharmacy, psychology, dietetic staff and third sector psycho-social support provided by Restoration.

6.2 On going care is currently provided to 207 individuals. The number of people receiving care from the Fife HIV team has increased over the last three years. As illustrated in Table 12 new diagnoses have remained stable. People transferring care into Fife account for a more pronounced rise in treatment cohort since 2022.

Table 12



6.3 Late Diagnosis of HIV

Late diagnosis is defined as a confirmed diagnosis of HIV in a person with a CD4 count of less than 350. Late diagnosis of HIV means people may present for care with multiple morbidities that can prolong treatment or make treatment ineffective resulting in death. It also means that there have been more opportunities for onward transmission of HIV than if an earlier diagnosis had been made. The clinical effect of late diagnosis can range from no clinical to severe illness and death. There were 5 late diagnoses in 2022 and 8 in 2023. Work is underway to raise awareness of late diagnosis including understanding current risk factors, indicator conditions and testing regimes as part of the forthcoming zero transmission strategy.

30 cases of late diagnosis were recorded in NASH. This covers all years of diagnosis and represents 14% of those who received care in Fife were diagnosed late. This is likely to be an underestimate due to the missing data from earlier records. (Recording of late diagnoses is now a mandatory field new HIV module within NASH).

7. HEPATITIS C TREATMENT and CARE

7.1 Treatment numbers and targets

The Scottish government sets annual targets for Hepatitis C treatment as a driver for the elimination of Hepatitis C by 2024. Pre COVID-NHS Fife met or exceeded its annual treatment targets. Formal treatment targets were paused until the current financial year to take account of the deployment of large number of the national and local BBV workforce to COVID response duties.

168 people were treated between 2021 and 2023 as illustrated in Table 13. The latest estimate of prevalence of Hepatitis C in Scotland was used to set the 2023/24 financial year targets for boards. Fife is estimated to have a 5.7% share (285 individuals) of the 5000 people in Scotland who have chronic HCV but have not yet been treated. The current financial year target was set at 142 treatment initiations. This is likely to remain the target for the 2024/2025 financial year to reach the point where Hepatitis C is eliminated as a public health concern in Fife.

Table 13

Treatment Numbers	Year		
	2021	2022	2023
Achieved	55	51	62

7.2 Treatment challenges and innovations

On the current trajectory Fife may meet or slightly exceed the treatment numbers achieved last year. This will be some way short of the Scottish Government target for 2023/24.

Factors influencing this include:

- The significant rise in the target from the pre COVID year (115) set by the Scottish Government without additional resources being allocated.
- The small team specialist BBV nurses responding to the significant rise in HIV patients transferring into Fife.
- Resource intensive case finding in the at-risk populations. (Referrals are predominately self-generated by the team and third sector partners using case finding and contact tracing approaches.
- Challenges in scaling up BBV testing in line with MAT standard 4.

Intelligent liver function tests (ILFT) were introduced in Primary and Secondary Care in late 2022. This had generated additional referrals in older age groups who may have had historical risk episodes such as pre 1992 blood transfusions or short-term injecting drug use.

The service received funding from Fife Charities for a mobile unit which is enhancing the reach and effectiveness of the Hepatitis C outreach model.

7.3 Activity

2,084 attendances relating to Hepatitis were recorded on Trak between 2021 and 2023 calendar years. These were predominately related to Hepatitis C activity which involves the assessment, treatment and discharge of patients over a 12 week period.

Attendances increased from 666 in 2022 to 752 in 2023. DNA rates for clinic-based appointments have historically been high in this patient populations.

8. SEXUALLY TRANSMITTED INFECTIONS

Core Sexually transmitted infections tested for are Gonorrhoea (GC), Chlamydia and Syphilis. Table 14, 15 and 16 demonstrate a return to pre pandemic levels in the last year. They highlight a rise in the percentage of positive results for GC and Syphilis which is consistent with the national situation. The Public Health alert issues in late 2022 in relation to gonorrhoea and subsequent rises in cases caused significant pressure on Sexual Health and laboratory services. A national safer sex campaign was developed in response to rising cases. National data suggest the peak in gonorrhoea cases is levelling off. [STI Safer Sex Campaign \(prgloo.com\)](http://prgloo.com)

Table 14 & 15

Year	Total Tests	Total% +VE tests	GC as % of all tests	GC as % of all positives	Chlamydia as % of all tests	Chlamydia as % of all positives
2021	15,479	4%	39%	28%	40%	52%
2022	26,353	5%	39%	42%	36%	46%
2023	33,655	4%	35%	50%	33%	38%

Table 16

Year	Total Tests	Total% +VE tests	Syphilis as % of all tests	Syphilis as % of all positives
2021	15,479	4%	39%	28%
2022	26,353	5%	39%	42%
2023	33,655	4%	35%	50%

9. VASECTOMY

Sexual Health Fife took on responsibly for vasectomy procedures under local anaesthetic from 2020 with support from colleagues in NHS Fife Urology. This service start was delayed and paused at various stages of the pandemic. The number of appointments and attendances in the last three years is detailed in Table 17. This includes telephone counselling and assessment appointments.

Table 17

Year	Appointments	Attendances (%)
2021	575	509 (88%)
2022	1052	892 (85%)
2023	901	789 (88%)

Over 400 outpatient procedures have been carried out as outpatients since the service was restarted in late 2022. Waiting list for pre surgery counselling and procedures remain challenging although they are line with the situation across all board areas. Local initiatives have been undertaken to reduce waiting lists and increase capacity.

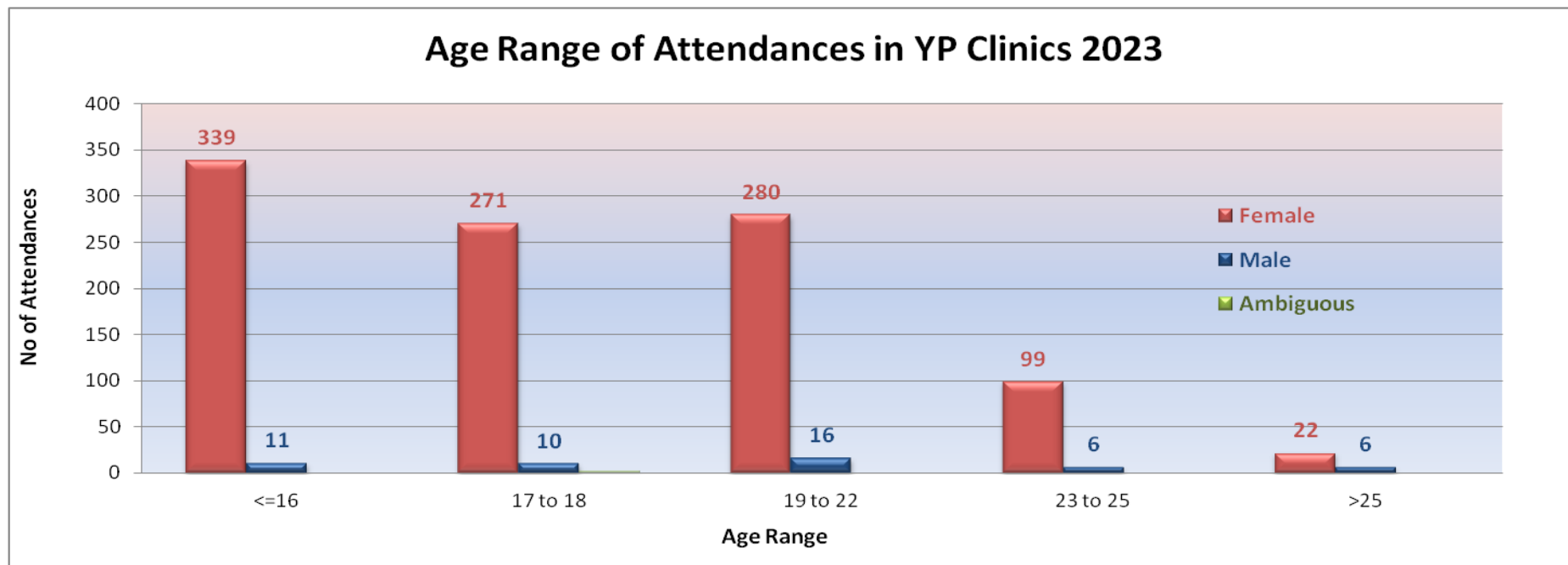
10. YOUNG PEOPLE

10.1 Attendance at young people's clinics increased from 476 in 2022 to 1061 in 2023. This represents a 55% year on year increase. Table 18 give a more details breakdown of attendances at the specialist young people's clinics. This highlights a significant proportion of attendees are young women under 18 and that young men are not currently attending these clinics in the numbers we would expect. Recent surveys and focus group sessions with young people in Fife indicated that YP would like a drop in option alongside online booking for appointments. Work is underway to launch a young person drop-in service in Kirkcaldy in March 2024. This service will provide a more holistic approach to YP sexual health, focussing on health promotion and sexual wellbeing as well as sexual health.

This is in keeping with the HIS standard 7 recommendations. Patient satisfaction surveys will be used to evaluate this service and if deemed to be of high user satisfaction, this model will be rolled out in other Sexual health sites in Fife. Plans are also underway to increase the number of appointments that are available for online booking in YP clinics as per YP wishes according to survey findings.

Reflecting findings from survey work and focus groups, a patient journey video was produced to ensure YP had clear signposting on our clinic locations in Kirkcaldy. The video will be hosted on our website and also included in appointment text reminders. Plans are underway to produce similar videos for all our SH sites as well as YP specific promotional material for our SH services to reduce stigma associated with attending SH clinics.

Table 18



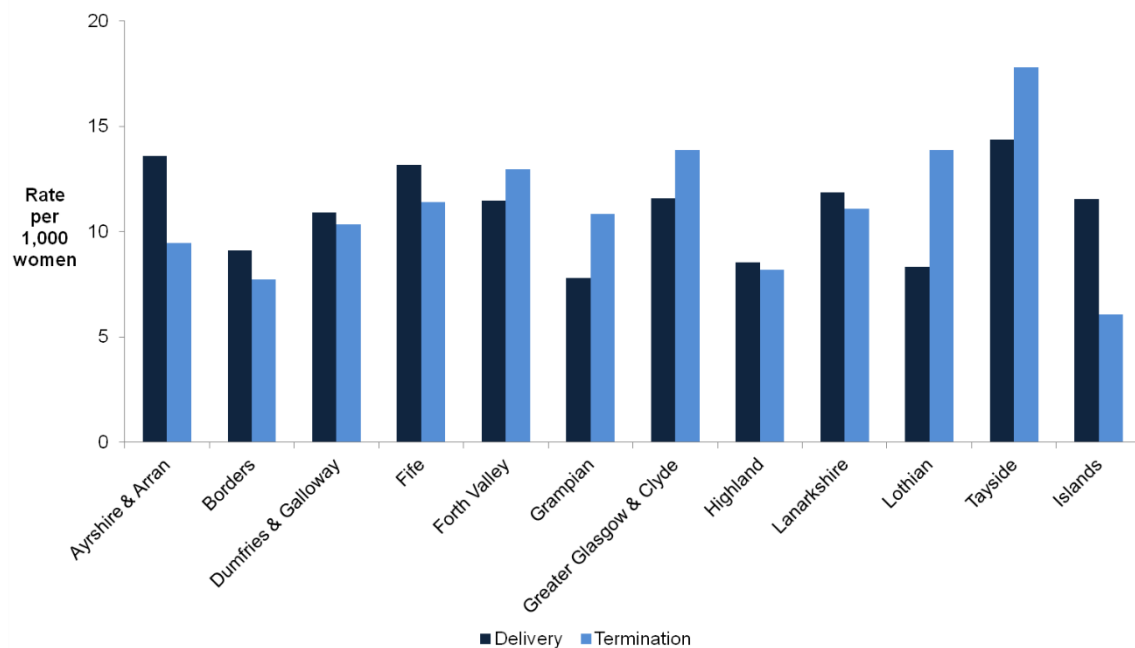
10.2 Findings from the 2023 Health and Wellbeing survey are being used to inform strategy and practice in relation to children and young people. A Children in Fife subgroup on Sexual Health and Wellbeing and Substance use has been formed. Among its priorities are promoting Relationships Sexual Health and Parenting education and access to sexual health information and advice.

10.3 Teenage pregnancy

All NHS Board areas have seen a reduction in teenage pregnancy rates over the last decade. The most recent Public Health Scotland report on Teenage Pregnancy (year of conception ending 31st December 2021) highlighted NHS Fife area as having the largest overall reduction from 48.4 per 1,000 women in 2012 to 24.6 in 2021. (6) Some progress has been noted throughout Scotland in the narrowing of the gap in teenage pregnancies in more deprived communities.

53.6 % of teenage pregnancies in Fife resulted in delivery. This equates to 13.2 per 1000 teenage pregnancies which is higher than the Scottish rate of 10.9. The Fife termination rate in 2021 was 11.4 which is lower than the Scottish rate of 12.3.

Teenage pregnancy by outcome and NHS Board of residence, 2021



Includes all pregnancies in women aged under 20. The rate is calculated using the female population aged 15-19. Source: NRS birth registrations & Termination of Pregnancy Submissions Scotland system, Public Health Scotland.

It's beyond the scope of this report to assess the reasons for this change but the range of public health and prevention measures in place and the behavioural, demographic and cultural changes affecting young people in Fife is worthy of further investigation.

11. SUMMARY

This report provides an overview of some of the key areas of focus within Sexual Health and Blood Borne Virus Action Plan from a Fife perspective. It also gives an insight into some of the operational activity and challenges in this field.

It highlights significant recovery in activity and the need to review and implement plans for the elimination of Hepatitis C and HIV transmission, reducing sexually transmitted infections and unwanted pregnancies while responding to the emerging public health challenges.

The publication of the national SH & BBV Action Plan in late 2023 emphasised governance and data as key element of work. These are priorities that need to be replicated in Fife as we build the local strategic frameworks and establish effective data analysis partnerships to understand and respond to Sexual Health and & BBV related disease and improve to sexual health and wellbeing for all.

12. REFERENCES AND RELATED DOCUMENTS

[\(1\) Sexual health and blood borne virus action plan: 2023 to 2026 - gov.scot \(www.gov.scot\)](#)

[\(2\) The annual reports of Fife Violence against Women Partnership and The Gender based Violence Nurse advisory service were published recently.](#)

[\(3\) https://publichealthscotland.scot/media/22056/2023-09-19-iep-tables.xlsx](https://publichealthscotland.scot/media/22056/2023-09-19-iep-tables.xlsx)

[\(4\) Microsoft Word - CONUNDRUM Final Report_SPHSU.docx \(sexualhealthtayside.org\)](#)

[\(5\) https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2023/](https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2023/)

[\(6\) Teenage pregnancies - Year of conception, ending 31 December 2021 - Teenage pregnancies - Publications - Public Health Scotland](#)
[Related documents](#)

[DRAFT FVAWP Annual Report 2022-2023 \(fife.gov.uk\). GBV link required](#)

[Pregnancy and Parenthood in Young People Strategy - gov.scot \(www.gov.scot\)](#)

[Living well working well and flourishing in Fife \(nhsfife.org\)](#)

[Pillar interventions - Ending HIV transmission in Scotland by 2030 - gov.scot \(www.gov.scot\)](#)

[SH&BBV Action plan Summary of Actions ADD HYPERLINK](#)

[MAT STANDARD 4](#)

[Standard 4 Harm Reduction - Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](#)

EQUALITY AND HUMAN RIGHTS STEERING GROUP

(Meeting on 1 February 2024)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Steering Group that met on 1 February 2024. Discussion points within this meeting are: BSL/Interpreter Awareness Session, Trans Policy, BSL Local Plan, UNCRC presentation.

CONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STEERING GROUP HELD ON 1ST FEBRUARY AT 2 PM 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:

Anne McKinnon	Quality Improvement Midwife Advisor	AM
Bill Coyne	Violence and Aggression Advisor	BC
Brian McKenna	Human Resources Manager	BM
Elric Honoré	Chief Executive, Fife Centre for Equalities	EH
Gordon Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IB
Janette Keenan	Director of Nursing	JK
John Smith	Porter Manager	JS
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Lorna Watson	Consultant in Public Health Medicine	LW
Mhairi Gilmour	Research and Development Officer	MG
Paul Bishop	Head of Estates	PB
Torfinn Thorbjornsen	Head of Information Management	TT
Yvonne Batehup	Support Services Manager, Catering Services	YB

In Attendance:

Mandy McCreadie, In-house BSL Interpreter, NHS Fife
 Heather Kirkbride, Senior Administrator Equality and Human Rights Team (Minutes)

Apologies:

Alan White	Clinical Services Manager, Medical Learning Disabilities
Aileen Lawrie	Director of Midwifery
Angela Swift	Clinical Service Manager Addiction Services
Catherine Gilvear	Fife HSCP Quality, Clinical & Care Governance Lead
Heather Bett	Senior Manager, Children's Services Projects
Jamie Doyle	Head of Nursing (Corporate Acute)
Jo-Anne Valentine	Public Health Manager (Health Improvement)
Karen Whatton	Lead Nurse – Care Home Assurance and Support
Kimberley Steel	Consultant in Palliative Care
Louise Noble	Staff Side Representative
Matt Valenti	Information Governance & Security Lead
Nicola White	Interim FNP & Deputy Service Manager Lead Nurse School Nursing
Rebecca Saunders	Child Protection Team Learning and Development Coordinator
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead
Samantha Honeyman	Estates Information Services Officer
Sinead Braiden	None Executive Board Member
Siobhan Mcilory	Head of Person-Centred Care
Zahida Ramzan	Policy Co-ordinator, Fife Council

1. BSL/INTERPRETER AWARENESS SESSION

JK mentioned that the BSL the patient story video was well received at the recent NHS Fife Board meeting.

MM gave a presentation to the group on BSL/Interpreter Awareness.



Interpreter
Awareness Presenta

IB shared figures which compared costs so far of new model compared with costs if the same provisions had been provided through previous model of external providers. The in-house interpreter has been much busier than anticipated and is so far well received.

IB explained fees for Week 1 of new model came to estimated £1,369 but if previous model was applied, costs could have been approx. £2,000. In addition to potential cost savings, previous model's external providers would not have been able to meet the demand, specifically for short notice, emergency and inpatient scenarios, to the extent of the in-house model.

2. TRANS POLICY

IB requested feedback, comments and approval from the group on the 'NHS Fife Wide Trans, Non-binary and Gender Non-conforming Patient's Policy'.

MG provided feedback on use of language, particularly use of 'security' in 4.3 'In-patient Accommodation'. IB to review and make amendments accordingly. Discussion followed around confidentiality of trans patients on wards, e.g. a trans man on a male bay may get asked questions that can be overheard, such as 'when was the date of your last period', which may result in accidental subsequent disclosure of Trans Status to patients in neighbouring beds.

JK stated that feedback from the NHS Fife communications team was to keep the policy as succinct as possible therefore appendices have been removed and will be contained in one supporting document accessible through Stafflink.

EH queried NHS Fife's stance in relation to intersex patients. IB stated that in terms of the policy, we would treat intersex people in the gender they are presenting in, similar to how we would treat and manage non-binary patients, unless informed otherwise. JK informed the group that there will be staff awareness training which will include use of language and understanding terminology.

GS asked is there any data around preferences from Trans people within a patient care setting that could be shared. IB to check for any relevant recent publications. IB advised Terrence Higgins Trust had reviewed and approved policy from a Trans-community perspective.

Group provided approval of Trans policy on the assurance above listed action points will be considered.

3. BSL LOCAL PLAN

IB gave the group the background to the BSL Local Plan. This included:

- BSL Act Scotland 2015
- The current National and Local plans are coming to completion and therefore new plans must be developed.

The group were asked to review the priorities for the new local plan. MG enquired about including a priority around BSL data for the local plan. IB explained NHS Fife does not currently hold accurate data on BSL users and the previous Scottish census also did not collect accurate data regarding the number of people who use BSL as their preferred language. The most recent census should rectify this issue however.

TT, IB and MG to meet to discuss BSL data this further.

4. UNCRC PRESENTATION

LW gave a presentation on the UNCRC and Children's Rights. Link to sway here:

[UNCRC Incorporation: NHS Education for Scotland Newsletter January 2024 \(cloud.microsoft\)](#)

Discussion Included:

- NHS Fife next steps: Explore child friendly complaints processes, incorporation of Children's Rights and Wellbeing Impact Assessment to the EQIA process, the Child Health and Management Team working subgroup to explore relationship to the ERH Steering Group. Also, March 6th has a UNCRC Workshop planned which could include members of the ERH Steering Group.
- NES are running information sessions between middle of February to middle of March 2024.

IB and LW to discuss EQIA process.

5. MINUTE AND ACTION TRACKER

Action Tracker updated accordingly.



E&HR Meeting
Tracker Feb 24

6. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

The group have agreed to amend group name from 'Equality and Human Rights Strategy Group' to the 'Equality and Human Rights Steering Group'.

No other business.

7. DATE OF NEXT MEETING

The next meeting will take place on Thursday 2nd May at 2.30pm via MS Teams