

NHS Fife Public Health & Wellbeing Committee

Mon 13 May 2024, 10:00 - 12:25

MS Teams

Agenda

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

0 min

Alistair Morris

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

0 min

Alistair Morris

10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 4 March 2024**

0 min

Enclosed *Alistair Morris*

Approval


 Item 3 - Unconfirmed Public Health Wellbeing Committee Minutes (unconfirmed) 20240304.pdf (9 pages)

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

10 min

Enclosed *Alistair Morris*

Assurance

 Item 4 - Public Health & Wellbeing Action List 20240513.pdf (2 pages)

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


30 min

5.1. Annual Assurance Statement for Public Health Assurance Committee

Enclosed *Dr Joy Tomlinson*

Assurance

 Item 5.1 - SBAR Annual Assurance Statement for Public Health Assurance Committee.pdf (3 pages)

 Item 5.1 - Appendix 1 Annual Assurance Statement for Public Health Assurance Committee.pdf (6 pages)

5.2. Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23

Enclosed *Dr Gillian MacIntosh*

Assurance

 Item 5.2 - SBAR Draft Public Health & Wellbeing Committee Annual Statement of Assurance 202324.pdf (3 pages)

 Item 5.2 - Appendix 1 Draft Public Health & Wellbeing Annual Assurance Statement 2023-24_v3.pdf (23 pages)

5.3. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed *Dr Joy Tomlinson*

Assurance

- 📄 Item 5.3 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (5 pages)
- 📄 Item 5.3 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC as at 300424.pdf (7 pages)
- 📄 Item 5.3 - Appendix 2 Assurance Principles.pdf (1 pages)
- 📄 Item 5.3 - Appendix 3 Risk Matrix.pdf (2 pages)

5.4. Delivery of Annual Workplan 2024/25

Enclosed Dr Joy Tomlinson

Assurance

- 📄 Item 5.4 - Delivery of Annual Workplan 2024-25.pdf (5 pages)

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

30 min

6.1. Population Health & Wellbeing Strategy Annual Report and Corporate Risk Update

Enclosed Susan Fraser

Decision

- 📄 Item 6.1 - SBAR Population Health & Wellbeing Strategy Annual Report.pdf (4 pages)
- 📄 Item 6.1 - Appendix 1 Population Health & Wellbeing Strategy Annual Report.pdf (48 pages)

6.2. Draft Annual Delivery Plan 2024/25

Enclosed Susan Fraser

Assurance

- 📄 Item 6.2 - SBAR Draft Annual Delivery Plan 2024-25.pdf (5 pages)
- 📄 Item 6.2 - Appendix 1 Draft Annual Delivery Plan NHS Fife 2024-25 v4.0.pdf (58 pages)

6.3. Anchor Programme Update and Developing Metrics

Enclosed Dr Joy Tomlinson

Assurance

- 📄 Item 6.3 - SBAR Anchor Programme Update and Developing Metrics.pdf (6 pages)
- 📄 Item 6.3 - Appendices 1 and 2.pdf (16 pages)

6.4. Draft Public Participation and Community Engagement Strategy 2024-28

Enclosed Kirsty MacGregor

Decision

- 📄 Item 6.4 - SBAR Draft Public Participation and Community Engagement Strategy 2024-2028.pdf (4 pages)
- 📄 Item 6.4 - Appendix 1 Draft Public Participation and Community Engagement Strategy.pdf (23 pages)

6.5. Fife Alcohol and Drug Partnership Strategy 2024-27

Enclosed Nicky Connor

Assurance

- 📄 Item 6.5 - SBAR Alcohol and Drugs Partnership Strategy 2024-27.pdf (5 pages)
- 📄 Item 6.5 - Appendix 1 Alcohol and Drugs Partnership Strategy 2024-27.pdf (52 pages)

11:10 - 12:00 7. QUALITY / PERFORMANCE


50 min

7.1. Integrated Performance & Quality Report

Enclosed Dr Joy Tomlinson / Nicky Connor

Assurance


 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. Child & Adolescent Mental Health Services Performance Update

Enclosed *Nicky Connor*

Assurance

 Item 7.2 - SBAR Child & Adolescent Mental Health Services Performance Update.pdf (16 pages)

7.3. Psychological Therapies Standard Update

Enclosed *Nicky Connor*


Assurance

 Item 7.3 - SBAR Psychological Therapies Standard Update + appendix.pdf (16 pages)

7.4. Spring Booster Campaign

Enclosed *Nicky Connor*

Assurance

 Item 7.4 - SBAR Spring Booster Campaign + linked appendices.pdf (5 pages)

7.5. Medication Assisted Treatment Standards

Enclosed *Nicky Connor*

Assurance

 Item 7.5 - SBAR Medication Assisted Treatment Standards.pdf (7 pages)

12:00 - 12:10
10 min

8. ANNUAL REPORTS / OTHER REPORTS

8.1. United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024

Enclosed *Dr Joy Tomlinson / Nicky Connor*

Assurance

 Item 8.1 - SBAR Rights of the Child (Implementation) (Scotland) Act 2024 + appendices.pdf (18 pages)

12:10 - 12:20
10 min

9. INEQUALITIES

9.1. Equality and Health Inequalities Impact of Financial Decisions

Enclosed *Dr Joy Tomlinson / Janette Keenan*

Decision

 Item 9.1 - SBAR Equality and Health Inequalities Impact of Financial Decisions + appendices.pdf (13 pages)


12:20 - 12:25
5 min

10. LINKED COMMITTEE MINUTES

10.1. Public Health Assurance Committee held on 21 February 2024 (unconfirmed)

Enclosed

 Item 10.1 - Minute Cover Paper.pdf (1 pages)

 Item 10.1 - Public Health Assurance Committee (unconfirmed) 20240221.pdf (5 pages)

12:25 - 12:25 **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**
0 min

11.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

12:25 - 12:25 **12. ANY OTHER BUSINESS**
0 min

12:25 - 12:25 **13. DATE OF NEXT MEETING - MONDAY 1 JULY 2024 FROM 10AM - 12.30PM
VIA MS TEAMS**
0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 MARCH 2024 AT 10AM VIA MS TEAMS

Present:

Pat Kilpatrick (Chair)
Alistair Morris, Non-Executive Member
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
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
Ben Hannan, Director of Pharmacy & Medicines
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.

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 Margo McGurk, Director of Finance & Strategy.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 15 January 2024

Approval of the previous minutes was **proposed** by Alistair Morris, Non-Executive member, and **seconded** by Arlene Wood, Non-Executive Member.

4. Matters Arising / Action List

The Chief Executive, on behalf of the Director of Finance & Strategy, agreed to provide further detail on the timelines for roll-out of the corporate risk dashboard to Board members.

Action: Chief Executive

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

5. GOVERNANCE MATTERS

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

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Public Health & Wellbeing Governance Committee.

An overview of the themes of the self-assessment was provided, and it was noted that there were some common themes identified across committees' self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise, for this committee in tandem with Clinical Governance, to ensure there is no duplication.

Discussion took place, and the number of Non-Executives on the Committee was highlighted as being low in order to achieve a majority independent view. Comments were made in relation to the Committee being relevantly new in terms of its development, and that it can be difficult to know the impact the Committee is having in reference to scrutiny of the delivery of the Population Health & Wellbeing Strategy. The importance of having the right quality indicators, along with evidential work, particularly for known health inequalities, was also highlighted. It was reported that the Population Health & Wellbeing Strategy Year-End Report will be brought to the next Committee meeting and will assist in shaping the 2024/25 corporate objectives.

A comment was made in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees and a preference that these continued.

The Committee **noted** the findings of the self-assessment exercise and took assurance from the fact that improvement actions would be implemented across the Board committees, driven also by the Blueprint action plan.

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

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the publication of the Code of Corporate Governance.

It was reported that the most significant amendment was 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. It was also advised that the Director of Property & Asset Management has been added as a regular attendee.

Suggestion was made that increasing the number of Non-Executive members of the Board on the Committee's membership would be helpful, and that adding additional Stakeholder members would allow for a broader range of views at the Committee. Discussion took place on additional stakeholders outwith the Board joining the Committee, to allow for more wider input, which will also support the ambitions set out in the Plan for Fife and the Health & Social Care Partnership Strategic Plan. It was noted that an update had previously come to the Committee on the Three-Year Plan for Fife, and that future updates on the plan could come forward.

Suggestion was made to have a Development Session around the focus of the Committee, followed by a fundamental review of the Terms of Reference.

Action: Director of Public Health / Board Committee Support Officer

The Chair agreed to discuss the membership of the Committee with the Board Secretary outwith the meeting, as part of her overall review of committee placements, and members were welcomed to submit any further comments to the Board Secretary on the current draft in advance of a final version going to the Board.

Action: Members / Board Secretary

The Committee **approved** a final version for further consideration by the Board, subject to a more fundamental review of the Terms of Reference and Committee workplan being undertaken in due course.

5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health explained that at the previous Committee meeting it was agreed to endorse a change to the target risk rating for health & inequalities, due to the cost-of-living crisis on the wider population and the impact on health inequalities. It was advised that the target risk rating will be reviewed by the Public Health Assurance Committee.

It was reported that all the Public Health corporate risks have been through the Committee as a deep dive approach, which has been positive in terms of the wider learning. It was advised that the Risk & Opportunities Group have been collating learning from the deep dives and providing feedback. The triggers for setting up new, closed or seeing no change to corporate risks, was highlighted from the paper. It was noted that there is a high level of risk and risk appetite for the health inequalities corporate risk, which fits within our current strategy.

Assurance was provided that it is expected that the majority of the 2025 targets will be reached for the climate change risk, and that the challenges are with delivery of the 2030 targets, due to a lack of sustainable funding.

The Director of Health & Social Care provided an update on the key change to the primary care risk and advised that the timing was unrealistic. It was reported that as the risk is reviewed, other substantial areas of work for primary care, including delivery on the Primary Care Strategy and performance indicators, will come to the Committee

through regular reporting and that this will enable strengthened scrutiny. This was supported by the Committee.

In terms of any new or emerging risks for primary care being added to the Corporate Risk Register in relation to the financial pressures from the Reform, Transform, Perform Programme, it was advised that this will be considered by the Executive Directors' Group in the first instance, and will be part of the corporate objectives setting and forthcoming Board Development Session on Risk Appetite.

The challenges with sustainability on primary care services was highlighted, and concern was raised for the availability of future sustainability loans. The Director of Health & Social Care agreed to provide an update on sustainability loans for primary care at the next Committee meeting.

Action: Director of Health & Social Care

The Risk Manager, Pauline Cummings, was acknowledged for all her hard work.

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.

5.4 Final Annual Workplan 2024/25

The Director of Public Health presented the Annual Workplan for 2024/25 and reported that the biological threats corporate risk deep dive requires further consideration in terms of timings, and queried whether it would sit better under the Clinical Governance Committee.

Extensive discussion took place on the dental services & oral health improvement, and the privatisation of dental services in Fife. It was agreed to hold a Development Session on Oral Health Prevention & Treatment. Further suggestions for Development Sessions were welcomed.

Action: Director of Public Health / Board Committee Support Officer

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

5.5 Delivery of Annual Workplan 2023/24

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

6 STRATEGY / PLANNING

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

The Director of Pharmacy & Medicines advised that the paper provides an update against year two delivery of the High Risk Pain Medicines Patient Safety Programme. Background detail was provided on the programme, along with an overview on aspects of the deliverables. It was reported that the programme is delivering against budget, however, the financial elements will be reviewed within the wider Reform, Transform, Performance programme challenges. The Equality Impact & Assessment was

highlighted, and it was noted that we continue to work with the Lived Experience Group. An update on delivery of year two will be provided to the Committee, as per the workplan, and will include detail on sustainability of the programme.

Questions followed, and the Director of Pharmacy & Medicines agreed to share with the Committee slides which describes the national therapeutics indicators and how they are measured. The Director of Pharmacy & Medicines also agreed to share the detail on the evaluation of the effectiveness of the education, which was designed with our Professional Personal Development colleagues and General Practitioners Clinical Leads.

Action: Director of Pharmacy & Medicines

In terms of the non-pharmaceutical approaches to pain management, it was reported that work is ongoing through the workstream, which includes sign-posting people to the right space, and the launch of a resource hub, which will direct both patients and clinicians, and will go live in the coming weeks.

It was reported that the third year of the programme will include the sustainability elements, and demonstrating what is deliverable within a business-as-usual environment.

An update on the financial elements of high risk pain medicines was provided, and it advised that investment was received for the programme, and that mainstreaming the programme will be explored, to prevent a recurring investment.

It was noted that roll-out of the Hospital Electronic Prescribing and Medicines Administration (HEMPA) programme will commence in 2025 and will be carried out in stages.

The Committee took **assurance** from the progress in year 2 towards delivering the programme benefits of the HRPM Patient Safety Programme.

6.2 Prevention & Early Intervention Presentation

The Director of Health & Social Care gave a presentation on prevention & early intervention and the slides will be shared with the Committee.

Action: Director of Health & Social Care / Board Committee Support Officer

In terms of high impact changes due to finances, it was reported that evidence briefings are being developed to address inequalities and will include strengthening place-based working and our community planning partnerships, child poverty and obesity prevention, and making best use of resource. The importance of managing resources was discussed. It was also explained that there will be an Anchor Institution approach for those in priority groups.

The Chair and Medical Director agreed to have a discussion outwith the meeting on care packages.

Action: Medical Director

The Chair thanked the Director of Health & Social Care for an excellent presentation, and the Committee took **assurance** from the presentation.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation and advised that improvement actions are being taken forward and include pathways at maternity clinics straight into smoking cessation services.

It was reported that performance for Child & Adolescent Mental Health Services (CAHMS) is at 75.3%, which is an increase compared to the previous reporting period. An overview was provided on the challenges in relation to psychological services. It was advised that, following a meeting with the Scottish Government, additional actions have been brought forward to include how we can support group therapy, where it is clinically viable.

It was reported that the uptake of Covid and Flu vaccinations within care homes continues to perform well, and that there are challenges of uptake for both staff and in relation to children's services for both vaccinations.

Discussion took place on sustaining trajectories and scrutinising performance, for both CAHMS and psychological therapies, and a further update will be provided at the next Committee meeting.

It was noted that additional mental health indicators will be included within the IPQR from late Summer, and suggestion was made to have a Development Session to discuss mental health metrics to assess wider performance.

It was advised that the Alcohol & Drugs Partnership have a performance framework around the Medical Assisted Treatment (MAT) standards, and the Director of Health & Social Care agreed to present at the next Committee meeting.

Action: Director of Health & Social Care

The Director of Public Health reported an increase in terms of uptake for both Immunisation 6:1 and MMR2 vaccinations.

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

7.2 Primary Care Governance and Strategic Oversight Group

The Director of Health & Social Care presented this item and advised that the Primary Care Governance and Strategic Oversight Group has now been established. It was advised that updates from the group will come through the Annual Report, which will have clear progress against delivery of each of the nine themes within the Primary Care Strategy, and the substantive items will be added to the Committee workplan.

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

7.3 Fife Specialist Palliative Care Services Update

The Director of Health & Social Care advised that the paper provides an update on specialist palliative care services, following a change to the direction of these services, that was agreed by the Integrated Joint Board (IJB) in May 2023. It was advised that the report will also go to the Board's Finance, Performance & Resources Committee, who have a role in overseeing the delivery of directions from the IJB, and to outline what has been directed and update on the progress made. It was reported that parts of specialist palliative care services in Fife have been improved and sustained, and that there are no concerns in terms of risk. Assurance will also be provided to the IJB. Further work in terms of ongoing developments were reported and raising awareness of accessibility of services, particularly within ethnic minority groups.

The Committee took **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.

7.4 The Promise Update

The Director of Health & Social Care advised that the paper provides an update on the work that has been undertaken to satisfy the key priorities of The Promise Scotland. It was highlighted that the national Promise plan concludes later this year. An overview on the work that has been undertaken was provided. It was advised that next steps will include the development of a workplan and an evaluation & monitoring framework to evidence the impact of the Promise work, and that a training module on TURAS for staff is being developed.

Questions followed, and it was explained that cross boundary working is multi-agency working, and that the lead agency for the Promise is the local authority. It was advised that elements of the priorities in the 2021-24 national plan and key messages are being fed through the Children in Fife Group, and an Annual Report will be developed, which will provide assurance on the delivery of the work in Fife. It was noted that delivery in Fife has been positive.

The Committee took **assurance** on the progress with The Promise Plan 2021-24 and challenges and opportunities for the next steps of this work.

7.5 Measles Preparedness Briefing

The Director of Public Health advised that all the preparatory work has been carried out, both within Acute Services and the Health & Social Care Partnership, in response to the national alert regarding an increase in the number of measles cases in England. It was reported that vaccine uptake, preventable diseases and associated risks are carefully considered through the Public Health Assurance Committee, and that the risk rating has been increased for measles. An overview was provided on the actions that have been put in place.

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

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

The Director of Public Health outlined the challenges with mobile screening units and advised that the paper raises awareness on the discussions that have taken place with NHS Lothian, who are supportive of Fife moving to a static site. It was also advised that further assurances from the NHS National Services Division will be sought.

An overview on the benefits was provided, and it was advised that a mixture of both mobile and static units is being explored. It was noted that potential locations for a static site is being explored and will be discussed further through the Executive Directors' Group, to ensure there are no unintended consequences with other issues within the hospital sites. A query on the funding was also raised.

The Committee **proposed** further discussion at the Executive Directors' Group, before bringing back a further update to the Committee.

8 ANNUAL REPORTS / OTHER REPORTS

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

The Director of Health & Social Care highlighted that the report covers the Gender Based Violence Nurse Advisory Service, is aligned to the national equally safe strategy and that there has been an increase in referrals. An overview was provided on the key points from the report.

It was also highlighted that the Fife Violence Against Women Partnership is multi-agency work and that there is a direct correlation between the two strategies.

The Chair requested that any questions on the reports be submitted to the Director of Health & Social Care directly and copied to the Chair and Board Secretary.

The Committee took **assurance** and note the activity and performance contained in the two annual reports.

8.2 Sexual Health and Blood Borne Virus Update 2023

The Director of Health & Social Care advised that the activity is aligned to our Population Health & Wellbeing Strategy around health inequalities and health promotion, and that it links strongly into other priorities such as the Women's Health Plan, Medical Assisted Treatment (MAT) standards and the national standards for sexual health. The ongoing work around hepatitis C, and the support for recovery of some of these services, was highlighted. It was noted that hepatitis C has not yet been eradicated in Fife.

The Committee took **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, aligned to ambition in both the Population Health and Wellbeing Strategy, the Health and Social Care Strategic Plan and National Strategic Plans.

9. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

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

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting - Monday 13 May 2024 from 10am – 12.30pm via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 13 May 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	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	Under consideration.	July 2024
2.	15/01/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To confirm timelines for roll-out of the risk dashboard to Committees.	MM	Currently a work in progress.	July 2024
3.	04/03/24	Annual Review of Public Health & Wellbeing Committee Terms of Reference	To discuss the membership of the Committee with the Chair, as part of her overall review of committee placements.	GM	Further committee reassignments to be made on the appointment of the Board's new Non-Executive member, to address as a priority the current Non-Executive vacancy on Public Health & Wellbeing.	August 2024
4.	04/03/24		To have a Development Session around the focus of the Committee, followed by a fundamental review of the Terms of Reference.	JT/HT	Dates being explored.	TBC
5.	04/03/24	Development Session	To have a Development Session on Oral Health Prevention & Treatment.	JT/HT	Dates being explored.	TBC
6.	04/03/24	Prevention & Early Intervention Presentation	To discuss care packages with the Chair.	NC	Meeting is being arranged with Director of Health and Social Care.	May 2024
7.	04/03/24	Corporate Risks Aligned to Public Health & Wellbeing Committee	To provide an update on sustainability loans for primary care at the next Committee meeting.	NC	The HSCP Primary Care Senior management team are in discussion with Scottish Government directly, the Central legal Office and are working with affected practices to appraise situation and risk regarding pause in approval of sustainability loans. A paper advising situation and potential impact with actions being taken will be progressed to the Primary Medical Services Sub Committee (PMSCC) via agreed governance routes.	May 2024

8.	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	On agenda.	May 2024
9.	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	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.	May 2024
10.	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	Following discussion at the Public Health Assurance Committee meeting on 17 April, it was agreed that two new risks (Pandemic Preparedness and Emerging Infectious Disease) would be presented to the Clinical Governance Committee at the July meeting.	May 2024
11.	04/03/24	High Risk Pain Medicines Patient Safety Programme – Year 2 Update	To share the detail on the evaluation of the effectiveness of the education, which was designed with our Professional Personal Development colleagues and General Practitioners Clinical Leads.	BH	Detail shared on 1 May 2024.	May 2024
12.	04/03/24	Prevention & Early Intervention Presentation	To share the Prevention & Early Intervention Presentation slides from the meeting with the Committee.	NC/HT	Circulated on 20/03/24.	March 2024

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 2024
Title:	Annual Assurance Statement for Public Health Assurance Committee
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Dr Joy Tomlinson, Director of Public Health

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board. These are considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Public Health & Wellbeing Committee has two linked sub-groups. It has been agreed that these sub-groups will also provide annual statements of assurance from this year for the first time.

2.2 Background

The Public Health & Wellbeing Committee's linked sub-groups are: Public Health Assurance Committee and the Equality & Human Rights Strategy Group. The minutes from both sub-groups are tabled with Committee at their meetings and the Committee provides the route of escalation for any concerns raised by the sub-groups. The sub-groups have not traditionally provided annual assurance statements.

This additional mechanism is being introduced to evidence the fact that each has fulfilled their remit outlined in their Terms of Reference over the course of the reporting year.

2.3 Assessment

The Public Health Assurance Committee is given as an annex to this paper. The report sets out the span of business considered over the course of the last financial year. It is then covered within the Public Health and Wellbeing Committee's own annual statement of assurance (given in full in a following agenda item).

The Public Health Assurance Committee has decided to introduce a similar approach for related sub-groups which report to it directly and the first of these was received from the Area Immunisation Committee in October 2023.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The process of assurance will contribute to the wider organisational priority of improving staff experience and wellbeing.

2.3.3 Financial

The production and review of year-end assurance statements is supportive of the financial year-end process.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

2.3.5 Equality and Diversity, including health inequalities

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

No direct impact from this paper, but a number of the assurance statements detail how the respective groups are working to achieve this in their areas of work.

2.3.7 Communication, involvement, engagement and consultation

The Public Health Assurance Committee has considered and commented on their annual statement of assurance at a recent meeting.

2.3.8 Route to the Meeting

The Public Health Assurance Committee considered its annual statement of assurance at a recent meeting and has been formally approved by the Chair.

2.4 Recommendation

The paper is provided for:

- **Assurance** – For Members' assurance and information

3 List of appendices

The following appendices are included with this report:

- Appendix 1 Public Health Assurance Committee Assurance Statement

Report Contact

Dr Joy Tomlinson

Director of Public Health

Joy.tomlinson3@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE PUBLIC HEALTH ASSURANCE COMMITTEE

1. Purpose

To provide the Public Health and Wellbeing Committee with an assurance statement for the financial year 2023-24, that Public Health responsibilities are being delivered effectively by the Public Health Department and risks are being reviewed and escalated appropriately.

The Public Health Assurance Committee is responsible for maintenance of a Public Health risk register which identifies all the main categories of risks aligned to Public Health. The Committee assesses the likelihood and impact of such risks adversely affecting the achievement of the Public Health objectives for Fife.

The remit of the Public Health Assurance Committee includes:

- Consideration of strategic issues or public health risks escalated to the committee from the Area Immunisation Steering Group, BBV and Sexual Health Steering Group, Screening Programme Committees, the Health Protection Service and workstreams on health inequalities and the Health Promoting Health Service.
- Receive and review reports from Public Health incidents (including near-misses, complaints, claims) and ensure that opportunities to learn and improve from incidents are taken with actions identified in incident reports, and other similar documents completed.
- Identify significant risks and ensure there is a route for these to be addressed and/or escalated to the Executive Directors Group and NHS Fife Public Health and Wellbeing Committee as appropriate.
- Monitor progress against the Public Health elements of the Annual Delivery Plan and Medium-Term Plan.
- Review risks which are aligned to Public Health on the Corporate Risk Register.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Public Health Assurance Committee comprised: -

Joy Tomlinson	Director of Public Health (Committee Chair)
Duncan Fortescue-Webb	Health Protection Team Lead Consultant
Emma O'Keefe	Deputy Director of Public Health & Consultant in Dental PH
Esther Curnock	Immunisation Coordinator
Lorna Watson	Deputy Director of Public Health & Consultant in PH Medicine
Lynn Barker	Director of Nursing HSCP
Olukemi Oyedeji	Screening Coordinator
Sharon Crabb	Public Health Service Manager

Sue Cameron	Head of Resilience
Aileen Boags	Lead Pharmacist - Public Health & Community Pharmacy Services (from 3rd July 2023)
Hazel Close	Head of Pharmacy (previously Public Health Pharmacist)

2.2 The Public Health Assurance Committee chair may invite individuals to attend meetings for particular agenda items, but the membership list set out in 2.1 are normally in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The *Group/Committee* met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

- 12th April 2023
- 14th June 2023
- 2nd August 2023
- 18th October 2023
- 6th December 2023
- 21st February 2024

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 COVID 19 pandemic risks

Over the course of 2023/24 there was a general stabilisation of population surveillance measures which monitor COVID19 activity.

In April 2023, the Committee agreed to close the risk related to provision of the COVID19 testing programme as national policies had changed and retained minimal requirements for general population-level testing.

Following review of the Deep Dive into the overarching COVID 19 pandemic risk, a recommendation was made to close this risk on the corporate risk register in January 2024. The decision to close this risk was supported by the Clinical Governance Committee. The Public Health Assurance Committee noted at their meeting in February 2024, that the risk descriptor for the overarching population health risk from COVID19 required to be updated. The COVID 19 pandemic risk and the related risk of *Oversight of COVID19 in care homes* will be closed and replaced with a new risk describing Respiratory infections in vulnerable settings.

One COVID19 risk remains, this describes the risk relating to the surge capacity for investigation of a new variant or mutation of concern. The committee will consider this further at their meeting in June 2024.

4.2 Vaccine preventable disease

This strategic risk includes all vaccine preventable diseases and describes the risk to population health posed by falling immunisation rates. The risk was discussed by Committee at their meetings in June, August, October 2023 and February 2024. As a result of an increased risk of measles infections in Europe and England the risk rating was increased at the February 2024 Committee meeting.

4.3 **Resilience and Pandemic planning**

The Committee reviewed the overarching Resilience risk that describes adequacy of planning arrangements within NHS Fife to ensure a major emergency or critical service failure or public health incident can be managed while sustaining service provision. The Committee received updates on progress at their April, August and December meetings in 2023. Committee members noted that management actions have been strengthened with endorsement of the revised Incident Management Framework and new business continuity management system.

The Pandemic Framework group provides the forum where organisational planning for a future pandemic takes place. The risk to population health from future pandemics is reviewed by the Public Health Assurance committee. This risk describes the anticipated impacts of a pandemic on both the wider population and the likely absence rates which could result. The work of the Pandemic Framework group will gather pace once the national pandemic planning guidance is issued. It is anticipated this will be in summer 2024.

4.4 **Screening risks**

Risks relating to local delivery elements of the national screening programmes are escalated to the Public Health Assurance Committee for oversight.

The Screening Programme Recovery Risk was closed in December 2023. This risk describes the potential for delayed diagnosis and poorer clinical outcomes as a result of the pause to adult screening programmes during the COVID 19 pandemic. All of the national programmes have returned to business as usual and normal monitoring arrangements have fully resumed.

There are four screening risks which continue to be monitored and assessed by the Committee. Two of these relate to cervical screening and two relate to pregnancy and newborn screening. The first cervical screening risk relates to a system issue, which may result in an assumption that a referral to colposcopy has taken place. Mitigations are in place locally to manage this and the risk continues to be monitored until there is a national systems solution. The second cervical screening risk relates to possible miscoding of women resulting in exclusion from screening because they do not have a cervix. This is the subject of a national audit/review which is due to complete in 2024/25.

The first pregnancy and newborn screening programme risk relates to the bloodspot programme. There is a risk that babies may not be included in the screening pathway who have moved to Fife during infancy and therefore be inadvertently missed from screening. There is an agreed process in place to minimise the risk of missed cases and management actions remain under development.

The second pregnancy and newborn screening risk is a national systems risk affecting other Board areas as well as Fife. There is no national IT system to support this programme and systems for robust data reporting are not available. Local and national health intelligence colleagues continue to work towards addressing the gaps.

4.5 **Inequalities and health**

Committee considered this corporate risk and updated Deep Dive at their meeting in December 2023, in advance of this being tabled at Public Health and Wellbeing Committee. The management actions and SBAR were discussed and supported following discussion.

4.6 **Lessons learned**

Three reports were presented to the Committee in June 2023. The first was a report on an investigation into possible Cadmium exposure. The investigation was led by public and reviewed potential ongoing risk to wider population health. Two key actions were highlighted for NHS Fife, these were the importance of involving patient liaison at an early stage with any unusual or complex investigations and the role of the National Poison's Service at the earliest opportunity. These recommendations have been shared with the Risk and Opportunities group.

The second report related to implementation of visiting guidance to a Care Home and the considerations within Anne's Law. Recommendations made in this report have been completed.

The third report was a lessons learned overview of a national immunisation incident relating to shingles and pneumococcal vaccination. The summary findings were shared with the Risk and Opportunities group.

5. **Risk Management**

- 5.1 Oversight of public health risks is a key function of the Public Health Assurance Committee and the detail of this is captured within Section 4 of this report. Each risk has a named lead officer, review dates are set for individual risks depending on the overarching risk score. Changes to risk score are advised by the lead officer and considered by the Committee for approval. Within 2023/24 the Committee provided oversight of two corporate risks. These were the COVID 19 pandemic risk which is aligned with Clinical Governance Committee and the Health Inequalities risk, which is aligned with Public Health and Wellbeing Committee.

6. **Other Highlights**

- 6.1 The findings from a patient satisfaction survey from people attending the Diabetic Eye Screening programme were presented to Committee in August 2023. This was a telephone survey, completed in July and August 2022. The findings were broadly positive and areas for improvement were identified.
- 6.2 The Committee agreed to test the use of an annual assurance statement for groups which report to it. These are being introduced in a phased approach. The first of these statements was received from the Area Immunisation Steering group in October 2023.

7. **Conclusion**

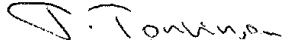
- 7.1 As Chair of the Public Health Assurance Committee during financial year 2023-24. I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Public Health Assurance Committee has allowed us to fulfil our remit.

As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Public Health Assurance Committee considers should be disclosed

in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Public Health Assurance Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.



Signed:

Date: 25th April 2024

Joy Tomlinson Chair

On behalf of the Public Health Assurance Committee

Appendix 1 – Attendance Schedule

**NHS Fife Public Health Assurance Committee
Attendance Record
1st April 2023 to 31st March 2024**

	12.04.23	14.06.23	02.08.23	18.10.23	06.12.23	21.02.24
Members						
Joy Tomlinson , Director of Public Health	√	√	√	√	√	√
Duncan Fortescue-Webb , Health Protection Team Lead Consultant	√	√	x	√	√	√
Emma O'Keefe , Deputy Director of PH & Consultant in Dental PH	x	x	√	√ Part	√	√
Esther Curnock , Immunisation Coordinator	√	√	√	√	x	√
Lorna Watson , Deputy Director of PH & Consultant in PH Medicine	x	√ Part	x	x	x	x
Lynn Barker , Director of Nursing HSCP	√	√	√	x	√	x
Olukemi Oyedeji , Screening Coordinator	√	√	√	√	√	x
Sharon Crabb , Public Health Service Manager	√	x	x	x	√	x
Susan Cameron , Head of Resilience	√	x	√	√	√	x
Hazel Close , Head of Pharmacy (previously Public Health Pharmacist)	x	x	x			
Aileen Boags , Lead Pharmacist - Public Health & Community Pharmacy Services				√	x	√
In attendance						
Cathy Cooke , Public Health Scientist	√	√		√	√	√
Fiona Bellamy , Senior Health Protection Nurse Specialist				√ Part	√	√
Brenda Ward , Executive Assistant		√		√	√	√
Helen Shaw , Specialist Registrar in Public Health		√				
Lucy Denvir , Consultant in Public Health		√				
Lorenzo lafrate , Specialist Trainee in Dental Public Health					√	
Rishma Maini , Consultant in Public Health					√	

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 2024
Title:	Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2023-24
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Public Health & Wellbeing Committee is invited to review the draft of the enclosed report for 2023-24 and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the previous Acting Committee Chair, Alistair Morris, and the Director of Public Health.

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2023-24, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

N/A.

2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS 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. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

This is covered within the assurance report, as per the Committee's reflections on related business during the year covered.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair for the period 2023-24 and Executive Lead.

2.4 Recommendation

The paper is provided for:

- **Assurance & approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE 2023/24

1. Purpose

- 1.1 To provide the Board with assurance 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.

2. Membership

- 2.1 During the financial year to 31 March 2024, membership of the Public Health & Wellbeing Committee comprised: -

Pat Kilpatrick	Chair (from 1 February 2024)
Alistair Morris	Chair (to 31 January 2024) / Non-Executive Member
Mansoor Mahmood	Non-Executive Member (to 31 December 2023)
Arlene Wood	Non-Executive Member
Wilma Brown	Employee Director (until October 2023)
Margo McGurk	Director of Finance & Strategy
Dr Christopher McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Health & Social Care, Director of Pharmacy & Medicines, Director of Property & Asset Management, Associate Director of Planning & Performance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.
- 2.3 The Committee has consciously encouraged attendance and contribution into agenda items from a number of staff, to widen staff insight into the work of the Committee and also to ensure that the Committee is seen to welcome input from a broad range of contributors.

3. Meetings

- 3.1 The Committee met on nine occasions during the financial year to 31 March 2024, on the undernoted dates:
- Wednesday 19 April 2023 (Development Session)
 - Monday 15 May 2023
 - Monday 3 July 2023
 - Monday 4 September 2023
 - Tuesday 24 October 2023 (Development Session)
 - Monday 6 November 2023
 - Monday 15 January 2024
 - Thursday 22 February 2024 (Development Session)
 - Monday 4 March 2024
- 3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 The Public Health & Wellbeing Committee's first meeting of the 2023/24 reporting year took place in April 2023, in the form of a dedicated Development Session for members focused on the topic of service initiatives and performance within Child & Adolescent Mental Health Service & Psychological Therapies. This was the first of a series of dedicated Development Sessions held throughout the year, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. A further Development Session was held in October 2023, taking the form of a detailed presentation into Integrated Screening, including information on local delivery of national programmes and dedicated work within the team to address health inequalities (members' understanding of the challenges in this area was further enhanced by the consideration at committee in November 2023 of the Public Health Screening Programmes Annual Report). In February 2024, the topic for discussion at the Committee's last Development Session of the year was an update on Immunisation Strategy and Delivery in Fife, building upon the regular performance reporting to the Committee in this area and the consideration in July 2023 of the Immunisation Annual Report 2023 and review of the Immunisation Strategic Framework 2021/24. Each of these sessions picked up on common themes covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.
- 4.2 The Committee is the lead for review of activity linked to the Board's Population Health & Wellbeing Strategy, approved in March 2023. The Committee has had earlier input to plans created to help capture public, staff and partner feedback on strategy content, particularly via active outreach to people within Fife who are most affected by deprivation and communities who find it harder to access services. The importance of ensuring the diversity of Fife's population is appropriately reflected and addressed in the delivery of the organisational strategy remains a focus, as members' roles have changed from development of strategic priorities to scrutinising the progress of implementation.
- 4.3 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective. For the Committee's own area, linkages between the objectives and improving health inequalities and overall population health within Fife were explicit in the related actions. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.4 Related to the Committee's specific role in supporting the Board's strategy implementation, the Committee has also received updates (in May, September and November 2023) on the Board's progress in developing its Anchor Institution ambitions, linked also to NHS Fife's participation in the national Community Benefit Gateway initiative (an online portal that matches community and voluntary sector organisation 'needs' to NHS suppliers). Ways in which NHS Fife can support its local areas range from procuring products locally to youth employment initiatives for those seeking entry into the workplace. Members have welcomed the launch of the locally tailored digital platform to support the national portal, which is aimed at increasing uptake from local suppliers. New guidance from Scottish Government regarding production of an Anchor Strategic Plan, supported by a revised self-assessment tool produced by Public Health Scotland, were considered by members at their September 2023 meeting, which has influenced the final work around drafting the Board's Anchor Strategy. The draft Strategy was tabled to the Committee's November 2023 meeting, detailing a

number of initiatives around the requested areas of workforce, procurement and environmental sustainability, listing the various priorities across these areas. Members were pleased to endorse the Anchor Strategic Plan to the Board for subsequent approval.

- 4.5 The development and implementation of a Greenspace Strategy aims to support the Anchor Institution work, helping define how NHS Fife can use its varied range of physical assets for the benefit of the wider communities we serve. In May 2023, members endorsed the new Greenspace Strategy for subsequent Board approval. It was recognised that implementing the Strategy could usefully align to some of the innovative ideas around community planning discussed with Fife Council partners as part of the series of 'Our Fife' leadership summits held over 2022/23, the conclusions of which were considered by the Committee at its May 2023 meeting. In November 2023, members were supportive of preparatory work beginning to develop a Green Health Partnership, the first phase of which will focus on the Levenmouth area. These partnerships aim to create 'Our Natural Health Service', with the overall aim of bridging the gap between public health and health and social care with Scotland's green infrastructure and natural environment. The partnership will seek to promote everyday contact with nature, support development of nature-based health promotion initiatives and create initiatives to meet defined health needs and outcomes. The Committee endorsed in principle participation in the workstreams, noting that Steering Group reports would be fed back to members as the programme got underway.
- 4.6 Members have also discussed the Board's role in addressing the global Climate Emergency and ensuring that sustainability is at the forefront of NHS Fife's future activities, particularly those related to our estate and physical assets. This has culminated in the presentation to members of the Annual Climate Emergency & Sustainability Report 2022/23, discussed at the Committee's January 2024 meeting, the priorities of which will be appropriately reflected in the Board's future strategic priorities. Members had input into the suggested content of the report, noting the work underway to reduce greenhouse gas emissions, waste and building energy use, with challenges ahead in meeting compulsory changes in adopting electric vehicles across the fleet.
- 4.7 The Committee has scrutinised the Board's Annual Delivery Plan (ADP) for 2023/24 and the Medium Term Plan 2023/26, which have both been aligned to the strategic priorities within the Board's overall Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the respective Scottish Government guidance. Members were pleased to endorse the plans to the Board at their meeting in July 2023. The feedback from Scottish Government following their approval of the plan was reviewed at the Committee's September 2023 meeting, where it was reported that the ADP trajectories have been added to the regular IPQR reporting to allow for bi-monthly scrutiny. Quarterly reviews with Scottish Government on the Board's financial position have continued in-year.
- 4.8 The Committee have supported the refresh of the Mental Health Strategy, launched originally in 2020 but requiring review to reflect the reality of the post-Covid pandemic landscape and the current pressures from the cost of living crisis. The review also provides an opportunity to fully align mental health priorities with both the Board's Population Health & Wellbeing Strategy and the Fife Health & Social Care Partnership's Strategic Plan. Members have supported the engagement work underway and the proposed indicators / targets to be built into performance reporting. The Committee looks forward to reviewing the final strategy early in this financial year.
- 4.9 In July 2023, the Committee took assurance from a briefing outlining the local implementation activities of 'The Promise' national strategy. The Promise represents the outcomes of the Independent Care Review into looked after young people's experiences in Scotland, advising what organisations such as Health Boards need to do to ensure they fulfil their roles as corporate parents and provide the best experiences possible for those children and young people who are now - or have been - looked after at some point in their lives. A comprehensive overview of the work being delivered across NHS Fife and the H&SCP was detailed, giving members a robust level of assurance around Fife's compliance with the

nationally-led work. A further update was tabled to the Committee in March 2024, outlining the large amount of cross-boundary work completed thus far. The next year's focus will be on developing an evaluation and monitoring framework, to clearly document progress and demonstrate the positive impact on care-experienced children, young people and families.

- 4.10 In September 2023, members considered the annual Alcohol & Drugs Partnership (ADP) Annual Report, reflecting on delivery of the local ADP Strategy, with discussion on implementing new Medication Assisted Training (MAT) Standards. These have covered areas such as same-day prescribing, medication choice, harm reduction and psychological interventions, and a trauma-informed approach, with improvements seen across these targets. As such, the Committee is able to take assurance on the delivery impact of the strategy, noting that a refresh of this is being carried out. A briefing given to members in November 2023 outlined the engagement work taking place to inform the development of the new strategic priorities and the efforts underway to ensure alignment with both the Board and IJB's organisational strategies. This will be an important area of focus for the Committee in the future, given the link to health inequalities and overall preventative health activity in relation to the Population Health & Wellbeing Strategy.
- 4.11 In September 2023, the report on Tackling Poverty and Preventing Crisis, 2023, was tabled. This report incorporates the legal requirement to report on Child Poverty on an annual basis. It was produced by Fife Partnership and presented all the activities taking place across the H&SCP in relation to reducing poverty in Fife, which remains challenging due to external factors such as the cost of living crisis. In January 2024, members considered a briefing paper on the national public health priority of eating well, having a healthy weight and staying physically active. The importance of active participation and engagement activities being undertaken to identify areas that could make the most impact on population health improvement has been recognised, and members were pleased to note (in January 2024) the annual report of activity and plans to strengthen our guidance around community engagement, to support new guidance from Healthcare Improvement Scotland. In March 2024, the Committee received a presentation on the development of the Prevention & Early Intervention Strategy, which is expected to be published later in 2024. A comprehensive outline of the activities underway across all life stages, from pre-conception / pregnancy to older adults, was discussed with members, in addition to ongoing engagement with communities and stakeholders. Members look forward to seeing the result of this work being included in the new strategy later in 2024.
- 4.12 Some programme workstreams that are encompassed within the Board's Population Health & Wellbeing Strategy are already underway, and the Committee received an update on the End of Year One activities of the High Risk Pain Medicines Patient Safety Programme in September 2023, taking a high level of assurance from the work undertaken thus far to prevent patient harm, address addiction and tackle linkages to involvement of prescribed medicines in drug deaths. NHS Fife has higher rates of prescribing of these medicines compared to other health boards, as measured by National Therapeutic Indicators (NTI), as well as a higher-than-average involvement of prescribed medicines in drug related deaths. A successful conclusion to the first year of programme activities was reported, noting the initial preparatory work, aimed at fully understanding the problem, has been completed. Year Two priorities were outlined, which the Committee were supportive of. Members considered a second briefing paper at their meeting in March 2024, on delivery of the Year Two activities, noting the roll-out of bespoke training for clinicians and pharmacists and the patient feedback exercise undertaken for review of patient leaflets and paperwork. Revised prescribing guidance has been approved and is in the process of being rolled out. The overall programme aim is to see an improvement in the National Therapeutic Indicators data when comparing Fife with the Scottish average. Early analysis (with latest available data released in December 2023, for end of June 2023 period) shows that whilst Fife remains above the Scottish average in most areas, there has been an improvement for NHS Fife in 7 of the 8 NTI measures compared to Scotland, which has only shown an improvement in 3 of 8 areas. Members recognised the positive impact of the programme thus far, noting that evaluation of the ongoing activities would be encompassed in future reporting to the Committee.

- 4.13 The Committee has received a number of detailed updates on Child and Adolescent Mental Health Services (CAMHS) performance (particularly focused on addressing a backlog of demand and longest waits, impacted also by various recruitment challenges) and Psychological Therapies (PT) performance against Local Delivery Plan Standards, these reports being each considered both in the format of regular IPQR reviews and in discussion with the relevant clinicians at a dedicated Development Session. For Psychological Therapies, new roles and different roles in relation to supporting workforce pressures and challenges are being brought forward. The focus is also on access to the service, against a background of high demand, and addressing the backlog of the longest waits. Members discussed what support was in place for those waiting for more intensive treatment, to ensure their condition did not worsen in the meantime. Assurance was also given on the Board's ongoing progress to eradicate the waiting list for CAMHS by March 2024. Support has been received from Scottish Government and a number of new posts are being recruited to, with long-term vacancies still a challenge. Recruitment challenges have a direct impact on meeting waiting list trajectories. Changes to the recruitment of staff, and methods for upskilling the current workforce, will help address the workforce challenges that have impacted upon the timeliness of treatment for some patients. In November 2023, the Committee received a standalone update on the performance of both CAMHS and PT, to complement the routine IPQR data, with clinicians from the relevant services attending the meeting. Challenges remain in eradicating the historic backlog of referrals for both services, but members recognised the impact of a series of improvement actions, which combined have helped address the numbers of patients waiting, despite demand increasing.
- 4.14 Members have previously endorsed plans to establish a new Primary Care Governance & Strategy Oversight Group, to help direct the vision and support for development of a new Primary Care Strategy for Fife. The Oversight Group is now well established (as described in a briefing to members in March 2024) and is the mechanism for providing assurance both to Fife NHS Board and the Integration Joint Board, enhancing the whole-system approach to development of Primary Care Services. The Committee has received regular reports and outputs from this group, with particular focus on sustainability of GP services and enhanced governance arrangements being implemented to develop long-term plans for services and their estate assets. Building on the early focus of the group's work in enhancing sustainability and transformation of services via recent initiatives such as ScotGEM to support primary care resilience in the future, members were pleased to receive for comment the proposed Primary Care Strategy 2023/26 at their July 2023 meeting. Alignment with the Board and Partnership's organisational strategies was clear, in addition to the overall direction of travel for premises. Members gave useful comment around supporting individuals who have been excluded from certain services, due to capacity issues, and how better accessibility could be communicated and achieved. The Committee was pleased to recommend the strategy to the Board and Integration Joint Board for formal approval.
- 4.15 A tender process for three of the five 2C Board-managed General Practices within Fife was begun in late 2022, and the Committee has considered the actions being undertaken to ensure sustainability of services via the tendering process. In May 2023, the Committee were pleased to endorse to the Board the successful outcome of the bidding process and the preferred bidder, noting also the input thereto of the Finance, Performance & Resources Committee and the Staff Governance Committee. In March 2023, the Committee agreed to the timescales for the Corporate Risk Register for the Primary Care Services risk being revised to a delivery date in spring 2024, to more realistically reflect the risk and the extent to which it can be mitigated locally in the challenging climate being experienced currently.
- 4.16 A comprehensive briefing on Dental Services and Oral Health Improvement work was given to members at the January 2024 meeting. The creation of the Committee has allowed for greater Board scrutiny of topics such as this, and members found the update particularly useful, particularly in reference to understanding recovery pressures dating from the pandemic backlog and also linkages into overall sustainability issues and resourcing within Primary Care more generally. The report covered the introduction of the new Dental contract

in November 2023 and the challenges resulting from reduced activity levels within independent dental practices, impacting on the workload of the public dental service. A number of issues were highlighted, particularly in primary care dental services, but the briefing provided assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

- 4.17 A set of performance-related metrics specific to the Committee are published in the monthly Integrated Performance & Quality Report (IPQR), to allow for appropriate, regular scrutiny of these at each meeting. Enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes, to improve linkages between risk and performance. Consideration of CAMHS and PT performance (specifically those metrics linked to the waiting list improvement trajectory for both services) sit within the Committee's remit. Since the Committee's establishment, work has been ongoing in identifying a number of other metrics relevant to the Committee's remit, for inclusion in the dedicated Public Health & Wellbeing section of the IPQR. There has been opportunity to identify areas which have not previously been reviewed in depth by Board-level committees and include them in the IPQR, such as immunisation (including child vaccination), screening programmes and the self-management of long-term conditions, dependent on the regularity of data reporting. There have been some challenges in the reporting of some metrics (such as smoking cessation), which have been impacted by a lag in the publication of national data. A lack of up-to-date information has been countered by standalone reporting, such as a new annual report on Smoking Cessation and Prevention, considered at the July 2023 meeting.
- 4.18 In addition to the regularity of IPQR performance reporting, the Committee has considered detailed updates on Measles (at their May 2023 meeting and a separate briefing on actions taken to respond to a single measles cases identified in St Andrews in March 2024). A stand-alone report outlining overall preparedness for an uptick in Measles cases was considered in March 2024, following a series of outbreaks of the disease in England and Europe. This provided the Committee with assurance that appropriate processes are in place to address and manage any local outbreak of measles within Fife.
- 4.19 In May 2023, members reviewed the learning from a national investigation into the incorrect exclusion of some women from routine cervical screening in Scotland, with assurance taken from Fife's local response to the issues raised by this incident and the audit work undertaken thus far, noting the fact that no harm to patients had thus been identified. Assurance was also taken from the next steps to be taken for the wider audit work to be undertaken for the second wave of patients. Also, a briefing to the Committee in July 2023, focusing on lessons learned, was delivered in relation to a recent national adverse event affecting image quality within the breast screening programme, with members gaining assurance that processes have reviewed all images, including those of patients who had been asked to re-attend for repeat images. No instances of missed cancer were identified. A proposal to improve access to breast screening through the possibility of a static satellite screening site within Fife was supported in principle by the Committee, noting the importance of this service in the early identification of cancer. This proposal will require more detailed scoping and Committee agreed to receive an update once necessary discussions have taken place.
- 4.20 As Covid activity has generally transitioned into business-as-usual activities for the Board, performance tracking for immunisation continues to be reviewed via the monthly performance reporting within the IPQR, rather than via stand-alone updates to the Committee. Members, however, did receive an update paper in May 2023 on the Spring Booster campaign, noting the information provided on plans to actively focus on health inequalities to address any barriers for individuals that might negatively affect uptake. General 'Winter' performance has also been encapsulated into the regular review of the Board's progress against its Annual Delivery Plan targets, with the Committee taking assurance from that separate stream of performance reporting. In September 2023, members considered a briefing on the support being offered within the Board area to individuals suffering from Long Covid symptoms, particularly around recovery and rehabilitation. Limited funding has been made available to

increase the capacity of existing services supporting people living with Long Covid, to develop these into more clearly defined local pathways and to provide a more co-ordinated experience for those accessing support. Assurance was taken from Fife's approach in this area, and members were supportive of the ambition to build this service into existing support workstreams, to allow for continuance when the initial tranche of funding comes to an end.

- 4.21 In January 2024, a briefing was received on Post Diagnostic Support for individuals diagnosed with dementia, outlining the 12-months of ongoing specialist provision made available to patients and their families. The impact of suspending the service during the Covid pandemic has meant that waiting lists for the service have grown whilst the service remobilises to full capacity. There has also been learning that delivery of support via telephone or virtual means (such as Teams) is not suitable for all individuals. Noting the importance of support being offered to those affected by a dementia diagnosis, the Committee will receive an update later this reporting year, to provide assurance that the challenges in addressing the waiting list have been mitigated against.
- 4.22 In March 2024, the Committee received robust assurance that the IJB Direction issued to the Health Board in May 2023, to implement changes for the permanent re-provision of palliative care services in Fife, has been successfully delivered, within the existing service budget. The 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. Members were pleased to note that there have been no complaints relating to specialist palliative care service over this time period the new model has been running. Patients, families and carers continue to share their very positive feedback on their individual care experience via Care Opinion and other such services, which provides robust and independent assurance to the Committee that the changes have been patient-centred and effective.
- 4.23 The Committee has received updates on both the ongoing Scottish and UK Covid Inquiries and the Crown investigation, which is reviewing Covid-related deaths in care homes. The ask of Health Boards has been explained and assurance has been taken from the NHS Scotland approach and the support available to Boards from the Central Legal Office, whilst the preliminary inquiries have been underway. Assurance has been given that processes are in place internally to manage a potential uptake in individual patient requests, ensuring that pressures on key staff are managed appropriately. The opportunity for learning from each of the Inquiries' conclusions has been welcomed by the Committee, particularly in enhancing future pandemic planning.
- 4.24 After initial consideration by the Board's Audit & Risk Committee, in July 2023 the Committee considered the findings of the annual Internal Audit report, with particular reference to the sections considering strategy development and implementation. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around corporate governance and management of risk. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including planning and risk, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. The importance of further scrutiny activity around the Annual Delivery Plan and Financial Plan deliverables were emphasised, in order to enable a shared understanding of the challenges ahead.
- 4.25 During the year, the Committee has also received subject-specific reports on i) the Commonwealth Partnership for Antimicrobial Stewardship; ii) Adult Support & Protection Biennial Report; iii) the Director of Public Health's Annual Report 2023 (which was focused on the single topic of child health); iv) Fife Child Protection Annual Report 2022/23; v) the Health Promotion Service Annual Report 2022/23; vi) Immunisation Annual Report 2023 and review of Immunisation Strategic Framework 2021/14; vii) Alcohol & Drugs Partnership Annual Report 2022/23; viii) Tackling Poverty & Preventing Crisis Annual Report 2022/23; ix)

Health Promoting Health Service Annual Report 2022/23; x) Pharmaceutical Care Services Report 2022/23 (which summarises provision and gaps across Fife); xi) Fife Violence Against Women Partnership and Gender Based Violence Nurse Advisory Service Annual Reports 2022/23; and xii) Sexual Health and Blood Borne Virus Update 2023. Members have welcomed the comprehensive detail provided in each and the various assurances provided therein.

- 4.26 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2024/25 was approved at the Committee's March 2024 meeting.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

6. Risk Management

- 6.1 At each Committee meeting, members consider in detail the four individual risks aligned to the Public Health & Wellbeing Committee, as presented in the Corporate Risk Register format. The four risks regularly scrutinised by the Committee relate to: the likelihood of the new organisational strategy meeting its ambitions; the work required by the Board to reduce health inequalities; implementation of policies aimed at reducing environmental impact and addressing climate change; and delivery of improvements in Primary Care to create sustainable, quality services. In addition to the summary presentation of the aligned risks at all meetings since May 2023, members have received deep-dive information on Primary Care sustainability (May 2023), implementation of the Board's Population Health & Wellbeing Strategy (July 2023), policy obligations in relation to environmental management and climate change (September 2023) and health inequalities (January 2024). Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach has been reviewed by the Audit & Risk Committee in the reporting year, noting the importance of members exercising robust scrutiny around the proposed levels of assurance on the effectiveness of mitigating actions.
- 6.2 In relation to Primary Care, members have discussed the broad issues that impact across all of Primary Care services including General Practice, Community Pharmacy, Dentistry and Optometry, relating to increased levels of demand and unmet need from the pandemic period, workforce and finance availability, and contractual issues specific to each speciality. Root causes that have increased the core risk are also related to broader issues such as overall health of the population and health inequalities depending on locality placement. The Committee has been able to take assurance from the Primary Care Strategy, approved during the reporting year (update paper considered in May 2023 and final document in July 2023), and the related Delivery Plan, which receive operational scrutiny from the Primary Care Governance & Oversight Board. Progress against delivery of performance against risk targets also receive regular monitoring via that governance route. It was recognised that transformation of services is required to fully address current challenges, and that these activities are captured in the Primary Care Improvement Plan. Stand-alone updates on a

national chain's disinvestment from local pharmacy provision (May 2023 meeting) have also been given, to provide assurance on mitigation of any emerging risks.

- 6.3 During the year, the Committee has undertaken a deep-dive review into the risks aligned to delivery of the Board's Population Health & Wellbeing Strategy, noting in July 2023 that, following Board approval in March 2023, further work was required to develop the enabling strategies that will underpin delivery of the broad strategic aims, including gap analysis to ensure that relating workplans aligned to the broad ambitions of the document. A further update was given to members in September 2023, where it was reported that the risk level for the strategy was not expected to change over the short or medium term, due to the timescales for delivery over the lifespan of the strategy. In relation to reporting, a mid-year and annual reporting structure have been established, to provide the Board with regular assessment on delivery against key priorities, linking also to other planning processes such as the annual operational plan, financial planning and corporate objectives. The initial draft of the mid-year review was considered at the Committee's November 2023 meeting, with members' feedback highlighting the accessibility of the report to a non-specialist audience. It was, however, noted that realistic and achievable objectives were required to be created, to give assurance that the early actions around the delivery of the strategy are having impact, recognising, however, that further progress information is given in the Annual Delivery Plan reporting (the Quarter 2 Performance report also being considered at the November 2023 meeting). As such, members could take at the current time a reasonable level of assurance around mitigating actions. The final draft of the mid-year report was considered at the Committee's January 2024 meeting, and it has been agreed that supporting impact indicators will be added to the forthcoming Annual Report, to evidence the effectiveness of delivery actions thus far.
- 6.4 The Committee has oversight of risks impacting upon the Board's obligations in relation to environmental management and tackling the climate emergency challenge. Members reviewed a deep dive briefing in September 2023, taking assurance from the fact that the Board was already meeting some of its 2025 targets in relation to carbon emissions. It was recognised that the next tranche of 2030 targets would likely prove challenging to meet, which are the interim measure in reaching net zero, noting that significant investment would be required to achieve the necessary trajectories, which appears difficult given the limited capital funding available. Substantial capital investment is required, for instance, on the decarbonisation of heat projects to replace fossil fuel sources (gas and oil) with non-fossil fuel systems (electric heat pumps etc). As such, only limited assurance can be given at this stage, and the Committee will require to keep this risk under close review, given the current financial position.
- 6.5 In January 2024, members discussed a deep-dive review into health and inequalities. Members were able to take a robust level of assurance of the management of this risk, noting the establishment of the Committee as part of this work and publication of the Board's Population Health & Wellbeing Strategy, Anchor Strategic Plan and related progress updates. Members have, however, agreed to endorse a change to the target risk rating for health & inequalities, due to the cost-of-living crisis on the wider population and the impact on health inequalities, which recommendation will initially be reviewed by the Public Health Assurance Committee. Further work is also required around the creation of a detailed evaluation framework for the Population Health & Wellbeing Strategy, including plans to use metrics to monitor progress and outcomes focussing on how the strategy is addressing health inequalities. It was recognised that the development of indicators are still to be completed, due to awaiting the final version of health & social care and wellbeing analytics from Scottish Government, as well as relevant underpinning framework documents and other strategies which are not yet all in place.

7. Self-Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited

to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level in the year ahead.

8. Conclusion

- 7.1 As Chair of the Public Health & Wellbeing Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the meetings held through this year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 7.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 7.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:  Date: ** May 2024

Alistair Morris, Acting Chair

On behalf of the Public Health & Wellbeing Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS Fife Public Health & Wellbeing Committee Attendance Record
1 April 2023 to 31 March 2024**

	15.05.23	03.07.23	04.09.23	06.11.23	15.01.24	04.03.24
Members						
P Kilpatrick , Chair (from Mar '24)						℞
A Morris , Non-Executive Member (Chair to Feb '24)	℞	℞	℞	℞	℞	℞
M Mahmood , Non-Executive Member	X	℞	℞	℞		
A Wood , Non-Executive Member	℞	℞	℞	℞	℞	℞
W Brown , Employee Director	℞	X	X			
M McGurk , Director of Finance & Strategy	℞	X	℞	℞	℞	X
C McKenna , Medical Director	℞	℞	X	X	℞	℞
J Keenan , Director of Nursing	℞	℞	X	℞	℞	℞
L Parsons , Employee Director				℞	℞	℞
C Potter , Chief Executive	℞	℞	℞	℞	℞	℞
J Tomlinson , Director of Public Health (Exec Lead)	℞	℞	X	℞	℞	℞
In Attendance						
H Close , Head of Pharmacy			℞ Observing			
N Connor , Director of H&SC	℞	℞	℞	℞	℞	℞
S Crabb , Public Health Services Manager				℞ Item 6.3		
C Conroy , Programme Director		℞ Item 8.4				
L Cooper , Head of Primary & Preventative Care Services		℞ Items 6.3 & 6.4				
L Cowie , Interim Senior Manager for Mental Health				℞ Item 7.2		
E Curnock , Consultant in Public Health Medicine		℞ Item 8.4				
L Denvir , Consultant in Public Health				℞ Observing		
S Fraser , Associate Director of Planning & Performance	X	X	℞	℞	℞	℞
B Hannan , Director of Pharmacy & Medicines	℞	℞	℞	℞	X	℞
G MacIntosh , Head of Corporate Governance & Board Secretary	℞	℞	℞	℞	℞	℞

APPENDIX 1

	15.05.23	03.07.23	04.09.23	06.11.23	15.01.24	04.03.24
T McCarthy , Portfolio Manager		↳ Observing Item 5.2				
N McCormick , Director of Property & Asset Management	↳		↳	↳	↳	↳
M Michie , Deputy Director of Finance		↳ Deputising				
F Richmond , Executive Officer to the Chief Executive & Board Chair	↳	↳	↳	↳	↳	↳
A Summers , Interim Head of Psychology				↳ Item 7.3		
L Watson , Consultant in Public Health Medicine		↳ Item 8.1	↳ Deputising	↳ Deputising		

BEST VALUE FRAMEWORK

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland’s people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board agrees a strategic plan which incorporates the organisation’s vision and values and reflects stated priorities.	Approval of Population Health & Wellbeing Strategy and relating supporting annual processes	BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Annual	Population Health & Wellbeing Strategy Annual Delivery Plan Corporate Objectives
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Approval of Annual Delivery Plan by SG	BOARD ALL BOARD COMMITTEES	Annual	Annual Delivery Plan Corporate Objectives

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.</p>	<p>Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. The Corporate Risk Register contains the overarching strategic risks related to the strategic plan.</p>	<p>ALL BOARD COMMITTEES BOARD</p>	<p>Bi-monthly Twice per year</p>	<p>Corporate Risk Register</p>

Effective Partnerships

The “Effective Partnerships” theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board develop relationships and works in partnership wherever this leads to better service delivery. The organisation seeks to explore and promote opportunities for efficiency savings and service improvements through shared service initiatives with partners.	NHS Fife involvement in strategic planning and engagement with Fife H&SCP NHS Fife key partner in Fife Partnership Board	BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Ongoing	Population Health & Wellbeing Strategy Reporting of Minutes

Governance and Accountability

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available. Committee papers and minutes are publicly available	BOARD ALL BOARD COMMITTEES	Ongoing	Standing Orders / Code of Corporate Governance NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD ALL BOARD COMMITTEES	Ongoing	SBAR reports EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Strategic plans and appropriate business cases are developed and scrutinised appropriately.	BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Ongoing	Business Cases for capital projects Strategy Development

Performance Management

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Delivery Plan targets / measures, and committee-specific metrics. The Board delegates to Committees the detailed scrutiny of performance. The Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from the Committees.	ALL BOARD COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Code of Corporate Governance Minutes of Committees

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	ALL BOARD COMMITTEES BOARD PUBLIC HEALTH & WELLBEING COMMITTEE	Every meeting Monthly Annual	Integrated Performance & Quality Report Outcome of IPQR review process
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good, with escalation of issues to the Board as required.	ALL BOARD COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	ALL BOARD COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts process, including External Audit report
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES ALL BOARD COMMITTEES	Every meeting	Integrated Performance & Quality Report Minutes of Committees

Cross-Cutting Theme – Sustainability

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources	Climate Sustainability reporting incorporated in Committee’s workplan and one of the Committee’s relevant risks assigned to it for review.	PUBLIC HEALTH & WELLBEING COMMITTEE	Annual Bi-monthly	Annual Climate Emergency & Sustainability Report Specific risk indicator in Corporate Risk Register

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
needed for life are unimpaired and remain so for future generations.	Greenspace Strategy development over current year			

Cross-Cutting Theme – Equality

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.	Evidenced via formal reporting to the Board on compliance.	BOARD ALL BOARD COMMITTEES	Ongoing	EQIA section on all reports Annual Report on Equality Outcomes & Mainstreaming Plan
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD ALL BOARD COMMITTEES	Ongoing	EQIA section on all reports Specific clinical programmes are supported by dedicated EQIAs (i.e. immunisation, High Risk Pain Medicines)

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.</p>	<p>BOARD ALL BOARD COMMITTEES</p>	<p>Ongoing</p>	<p>Population Health & Wellbeing Strategy and related EQIA</p> <p>Focus of Committee on health inequalities more generally</p>
<p>Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments collect this information to inform future decisions.</p>	<p>BOARD ALL BOARD COMMITTEES</p>	<p>Ongoing</p>	<p>Annual progress reporting on equality issues</p> <p>Evaluation of programme outcomes against EQIA priorities</p>

Meeting: Public Health and Wellbeing Committee
Meeting date: 13 May 2024
Title: Corporate Risks Aligned to Public Health & Wellbeing Committee
Responsible Executive: Dr Joy Tomlinson, Director of Public Health
Report Author: Pauline Cumming, Risk Manager

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 corporate risks aligned to this Committee since the last report on 4 March 2024. The Committee is invited to:

- note details of the corporate risks as at 30/04/24 at Appendix 1;
- review all information provided against the Assurance Principles at Appendix 2, and the Risk Matrix at Appendix 3;
- consider and be assured of the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

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

- relevance

- proportionality
- reliability
- sufficiency

2.3 Assessment



The Strategic Risk Profile as at 31/03/24 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	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
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 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 2- Mitigations updated Risk 4 - Mitigations 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 	

Since the last report to the Committee on 4 March 2024:

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

Key Updates

Risk 2 - Health Inequalities

The Director of Public Health advises there is no recommended change to the current or target risk levels at this point, though wishes to signal that it is likely this will be necessary later in the year. While there is a clear commitment within NHS Fife to address inequalities, some actions are less likely to be achieved given budgetary pressures impacting on both health and social care and it is anticipated this will increase the likelihood of increasing healthcare inequalities. The risk will be reviewed in early summer as the Reform, Transform, Perform Programme becomes established.

Details of all risks are contained within Appendix 1.

Next Steps

The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. The Register will require to reflect the current operating landscape, and our risk appetite in relation to changes in the internal and external environment including developments associated with the Reform, Transform, Perform Framework. The Risks and Opportunities Group (ROG) will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position. The Group will also contribute to the development of the process and content of Deep Dive Reviews as part of a broader consideration of the Board's assurance framework.

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more co-ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

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

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

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

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

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

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

2.3.5 Equality and 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 stakeholder input including risk owners and members of the ROG.

2.3.8 Route to the Meeting

- Nicky Connor, Director of Health & Social Care, on 18 April 2024
- Susan Fraser, Associate Director of Planning & Performance, on 18 April 2024
- Neil McCormick, Director of Property & Asset Management, on 18 April 2024
- Margo McGurk, Director of Finance & Strategy, on 18 April 2024
- Dr Chris McKenna, Medical Director, on 18 April 2024
- Carol Potter, Chief Executive, on 18 April 2024
- Dr Joy Tomlinson, Director of Public Health, on 18 April 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 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 30 April 2024
- Appendix 2, Assurance Principles
- Appendix 3, Risk Matrix

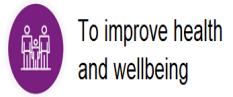
Report Contact

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Risk Manager

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**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee
as at 30 April 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 strategy has been documented in the PHW Strategy Mid Year Report</p>	Mod 12	Mod 12 by 31/03/24	◀▶	Below	Chief Executive	Public Health & Wellbeing

		<p>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 is monitoring actions which will contribute to reducing health inequalities.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>Public Health working on approach to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.</p> <p>Development of Anchors strategic plan. Key achievements to date:</p>	High 20	High 15 by 31/05/24	◀▶	Within	Director of Public Health	Public Health & Wellbeing

		<ul style="list-style-type: none"> - Real Living Wage accreditation achieved - 100% of newly awarded contracts of 50K and over are with Real Living Wage accredited businesses - Eight employability programmes in place and engaging with Local Employability partnership - Baseline reporting in place to track spend on local businesses within Fife 						
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 was prepared for submission to PHWC in January 2024 and thereafter to Scottish Government (SG) and has been published as per the requirements of the policy DL38.</p> <p>Resource in the sustainability team has increased to 4 FTE's in total</p>	Mod 12	Mod 10 by 01/04/2025	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

		<p>including an energy manager who will be key in supporting the requirements of the strategy and policy.</p> <p>The Head of Sustainability has been seconded from the Estates initially for 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>A partnership plan for Fife Council, Fife College and University of St Andrews is being prepared for submission to the Fife Partnership board in May 2024. This will set out the agreed actions discussed in the 'addressing the climate emergency working group' and formally create joint actions we will work on as part of the climate emergency in Fife.</p> <p>The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.</p>						
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 To improve the quality of health and care services

	Risk	Mitigation	Risk Level / Rating	Target Risk Level & Rating by date	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
10	<p>Primary Care Services</p> <p>There is a risk that due to a</p>	<p>A Primary Care Governance and Strategy Oversight Group (PCGSOG) is in place.</p> <p>A Primary Care Strategy was</p>	<p>High</p> <p>16</p>	<p>Mod</p> <p>12 by 31/03/25</p>	<p>◀▶</p>	Above	Director of Health & Social Care	Public Health & Wellbeing

	<p>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>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 / 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</p>						
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		<p>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 transitionary 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 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</p>						
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		<p>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

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





General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Risk 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
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	✓ Public Health Assurance Committee only	TBC - Equality & Human Rights Strategy Group				
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Population H&W Strategy	✓ Primary Care Services	✓ Environmental	✓ Health & Inequalities	✓	✓
Scottish and UK COVID 19 Inquiries Update	Director of Public Health			✓ Private Session			
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval

Strategy / Planning							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Alcohol and Drugs Partnership Strategy 2024-27 (and related topics)	Director of Health & Social Care	✓ Strategy					
Anchor Institution Programme Board Update	Director of Public Health	✓ Update on Anchor Institution Programme Strategic Plan Metrics Baseline			✓		
Annual Delivery Plan 2024/25 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy	✓ Draft					
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 Delivery Plan	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
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					✓	

Quality / Performance (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Green Health Partnership Update	Director of Public Health				✓		
High Risk Pain Medicines - Patient Safety Programme, End of Year 2 Report	Director of Pharmacy & Medicines			✓			
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health			✓			
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 / Other Reports							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Adult Support & Protection Annual Report 2023/24 <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						✓

Annual Reports / Other Reports (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Director of Public Health Annual Report 2023/24 <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health			✓			
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	TBC
Ad Hoc Items / Additional Items							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Update on Plan for Fife and Shared Ambitions	Director of Public Health		✓				
Equality And Health Inequalities Impact of Financial Decisions	Director of Public Health	✓					

Ad Hoc Items / Additional Items (cont.)							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Draft Public Participation and Community Engagement Strategy 2024-2028	Associate Director of Communications	✓					
Medical Assisted Treatment Standards	Director of Health & Social Care	✓					
United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024	Director of Public Health / Director of Health & Social Care	✓					
Equality and Health Inequalities Impact of Financial Decisions	Director of Public Health / Director of Nursing	✓					
Matters Arising							
	Lead	13/05/24	01/07/24	16/09/24	11/11/24	13/01/25	03/03/25
Development Sessions							
	Lead						
Oral Health	Director of Public Health	Dates being explored					
Focus of Committee, followed by a fundamental review of the Terms of Reference	Director of Public Health	Dates being explored (initial discussion scheduled for 12 June 2024)					
Joint Working with Partnerships - TBC	Director of Public Health						
Health & Transport - TBC	Director of Public Health / Director of Estates & Property Management						

Meeting:	Public Health and Wellbeing Committee
Meeting date:	13 May 2024
Title:	Population Health & Wellbeing Strategy Annual Report 2023/24
Responsible Executive:	Margo McGurk, Deputy Chief Executive and Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This report is presented for:

- Assurance
- Decision

This report relates to:

- NHS Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the publication of the [NHS Fife Population Health and Wellbeing Strategy](#) in March 2023, it was agreed that an annual report summarising the progress of the strategy would be shared with the NHS Fife Board.

A draft of the 2023-24 annual report has been prepared detailing the work taken forward in the first year of the implementation of the strategy. It includes a summary of key metrics that will be monitored and a progress update against the key actions outlined in the strategy.

This draft is provided for assurance to the Public Health and Wellbeing Committee that work is ongoing to implement the Population Health and Wellbeing Strategy. The committee is invited to provide further feedback.

2.2 Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy. The deep dive focused on how we provide assurance on progress of implementation to the NHS Fife Board.

It was agreed to produce a mid-year report and an annual report providing a summary of progress with key achievements and impact. The first [mid-year report](#) covering April 2023-September 2023 was published in January 2024. The draft annual report for 2023-24 is appended to this paper for consideration.

2.3 Assessment

This first annual report has been prepared with extensive input from the Executive Directors Group. The report is structured around the following sections:

Indicators and Metrics

- A range of indicators and metrics have been identified to monitor the impact of the strategy. This includes population health and wellbeing metrics using data provided by Public Health Scotland (PHS) as well as NHS Fife Performance Metrics for 2023-24.
- There is a considerable time lag to the publication of the PHS data. Across all metrics the most recent data has been presented. This will be updated as data is published.
- The key population health metrics that are explored in the annual report is Life Expectancy and Healthy Life Expectancy. Data is considered in terms of trends over time which highlight this impact of broadening health inequalities and how Fife compares to Scotland.
- There is also a review of performance data for NHS Fife for 2023-24. This is presented with a comparison of data from 2022-23.
- There is a lag in the reporting of some of the performance metrics so this draft includes the available data. It is planned that this will be updated with full year data prior to finalising the annual report.

Summary of 2023-24

- Narrative outlining key pieces of work delivered in March 2023-April 2024 is provided. Updates are structured around the 'what will do' statements outlined in the strategy and build on the updates provided in the Mid-Year Review and are aligned to the 4 strategic priorities detailed in the strategy:
 - Priority 1- Improve health and wellbeing
 - Priority 2: Improve the quality of health and care services
 - Priority 3: Improve staff experience and wellbeing
 - Priority 4: Deliver value and sustainability

Appendices

- Appendix one provides an overview of the supporting Strategies and Programmes that are aligned to the Population Health and Wellbeing Strategy.
- We have identified the Health Promoting Health Service is a key enabler strongly aligned to the delivery of the strategy. An update is included as part of the aligned strategies and programmes update.

- The majority of this work is progressing, however there have been some delays to some pieces of work including the Prevention and Early Intervention Strategy. This is expected to be signed off in summer 2024.

2.3.1 Quality, Patient and Value-Based Health & Care

The annual report provides a high-level progress update on the work being undertaken to deliver Quality, Patient and Value-Based Health & Care in the 2023-24 financial year, in particular, how we are addressing the impact of health inequalities.

2.3.2 Workforce

The annual report provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the 2023-24 financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will support reduced demand on our healthcare system through preventive actions which will improve the physical and mental health of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023. This considered how we provide assurance that the strategy is being implemented and is creating impact for our patients, staff and communities. Following the deep dive reporting mechanisms have been agreed which included production of this annual report.

We know that our ongoing work to address our financial position may have an impact on our organisational capacity to deliver all our ambitions associated with the Population Health and Wellbeing Strategy. We are actively monitoring this and, if necessary, we will update the related corporate risks.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

2.3.6 Climate Emergency & Sustainability Impact

The annual report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update makes reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation with the PHW Strategy Core Team.

2.3.8 Route to the Meeting

This annual report has been developed at pace following the end of the financial year to provide a contemporaneous summary and impact of the work undertaken in the 2023-24 financial year. This has included:

- Individual discussions with directors
- Discussion at the Executive Directors' Group, Thursday 2 May 2024

2.4 Recommendation

The Public Health and Wellbeing Committee is asked to:

- be **assured** that the work to implement the Population Health and Wellbeing Strategy continues.
- **approve** the report for presentation at the NHS Fife Board.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Annual Report 2023-24

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Living well, working well and flourishing in Fife

Population Health and Wellbeing Strategy
Annual Report 2023-2024



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Contents

1	Introduction.....	2
2	Recap: the foundations of our strategy.....	4
3	Strategic Population Health and Wellbeing Indicators.....	5
4	How our work is making a difference in practice.....	15
5	Priority 1: Improve health and wellbeing.....	18
6	Priority 2: Improve the quality of health and care services.....	24
7	Priority 3: Improve staff experience and wellbeing.....	30
8	Priority 4: Deliver value and sustainability.....	34
9	Next Steps for 2024-25 and beyond.....	39
10	Appendix One: Update on Supporting Strategies and Programmes.....	40
11	Appendix Two: Glossary of Abbreviations and Acronyms.....	44

1 Introduction

In March 2023, NHS Fife Board approved [Living Well, Working Well and Flourishing in Fife](#), our Population Health and Wellbeing Strategy. This strategy outlines our vision to support the population of Fife to live well, work well and flourish. We said we would deliver this through prioritising addressing health inequalities and supporting improvement in health and wellbeing across the population of Fife. The strategy outlines our 4 strategic priorities and for each priority a range of key commitments we would take forward.

In the Mid-Year Report, published in January 2024, we provided a progress update on the work taken forward in the first 6 months of the strategy implementation across these commitments. This is our first annual report since the strategy was approved, providing further updates on the work that was taken forward over 2023-24 against these commitments.

1.1 Health Inequalities

We highlighted in our strategy the impact of inequalities and the difference in life expectancy between our most affluent and most deprived communities. Men in our most deprived communities die, on average, 10 years younger than men in the most affluent communities. For women the difference is 8 years. The reasons for this are complex and multifactorial.

Many factors influence health and wellbeing, some cannot be changed such as our age or genetics. Others are potentially modifiable such as diet, smoking and alcohol intake. Our health and wellbeing is also influenced by the conditions we are born, grow up in, live and work. The key building blocks include affordable, secure and quality housing, stable well-paid work, accessible childcare, and training and education. Responsibility for these 'determinants of health' lie out with the direct control of NHS Fife.

Nonetheless, access to health and care services still plays a significant role. [The Marmot Review](#) (2010) identifies that health and social care services contribute 20% of the modifiable determinants of health. Strong healthcare systems across the world improve health outcomes, population health, and health equity.

Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive, high quality, and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

1.2 Measuring the impact of our work

In this report we outline a range of metrics that we will monitor throughout the lifetime of this strategy to assess if we are making an impact. This includes both life expectancy and healthy life expectancy. Recognising the challenge of changing long standing trends, we do not expect that we will eradicate

inequalities in the lifespan of this strategy. However, we are taking positive and deliberate steps to close the inequality gap and as a minimum for the gap to not grow any further.

1.3 Reform, Transform, Perform

Plans for 2024-25 must be considered in the context of the significant financial challenge that is facing us. Following the Scottish Government Budget announcement in December 2023, it has become clear that across all public services, and particularly those provided by NHS Boards in, we will need to change how we work. It is widely acknowledged that financial pressures across health and social care are the most challenging since devolution. NHS Fife is no exception to this.

Reform, Transform, Perform (RTP) is NHS Fife's approach to improving services delivered to the population of Fife and addressing our financial challenges. It sets out our intention to implement a renewed strategic approach to creating the right conditions for us to evolve our services, empower our staff and to ensure a more sustainable future. This framework is firmly rooted in the ambitions laid out in our NHS Fife Population Health and Wellbeing Strategy. NHS Fife remains committed to our strategy and seeks to deliver the best quality health and care for the people of NHS Fife.

2 Recap: the foundations of our strategy



3 Strategic Population Health and Wellbeing Indicators

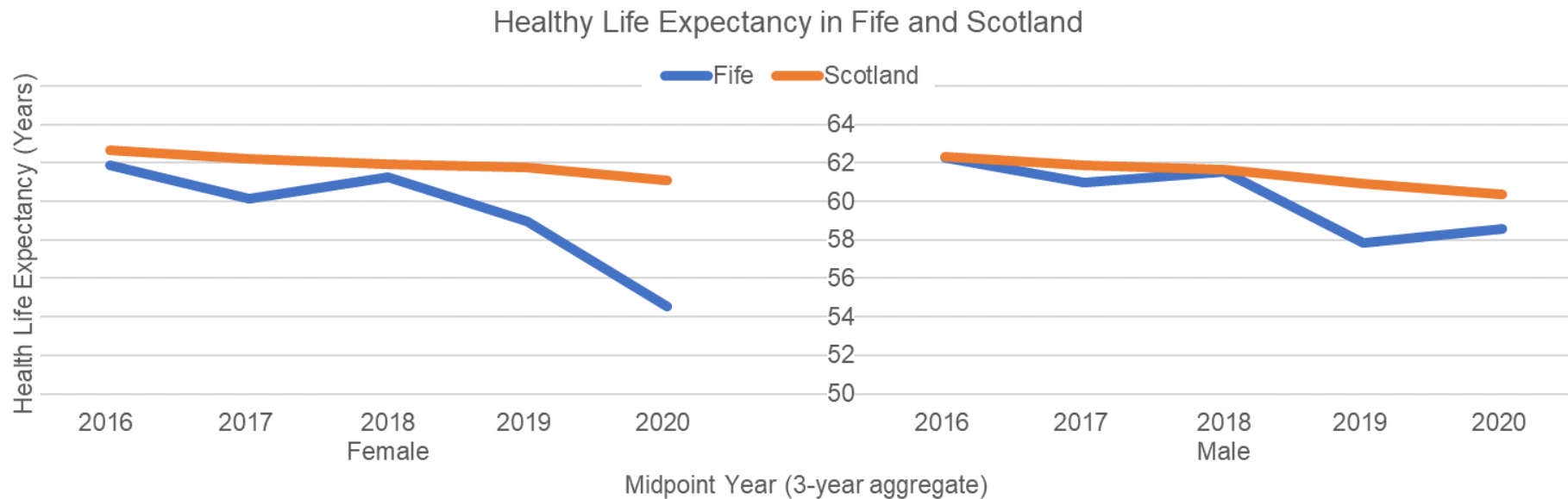
The progress against the ambitions of the Strategy will be demonstrated through monitoring public health indicators to measure the impact on the health and wellbeing of the population as well as monitoring operational performance. This section provides a deep dive into a few selected public health indicators on life expectancy, a summary of some public health indicators, and an overview of the 2023-24 operational performance summarised from NHS Fife’s Integrated Performance and Quality Report.

It should be noted that publication of public health indicators is yearly and for some metrics, data is reported in arrears, for example, the latest life expectancy data is from 2020/21, however, this data has utility in terms of monitoring trends and changes over time. Operational performance indicators are produced monthly.

3.1 Life Expectancy Data Deep Dive

3.1.1 Healthy Life Expectancy

Definition: Healthy life expectancy (HLE) is an estimate of the number of years lived in ‘very good’ or ‘good’ general health, based on how individuals perceive their state of health at the time of completing the annual population survey (APS) (Source: [Public Health Scotland](#)).



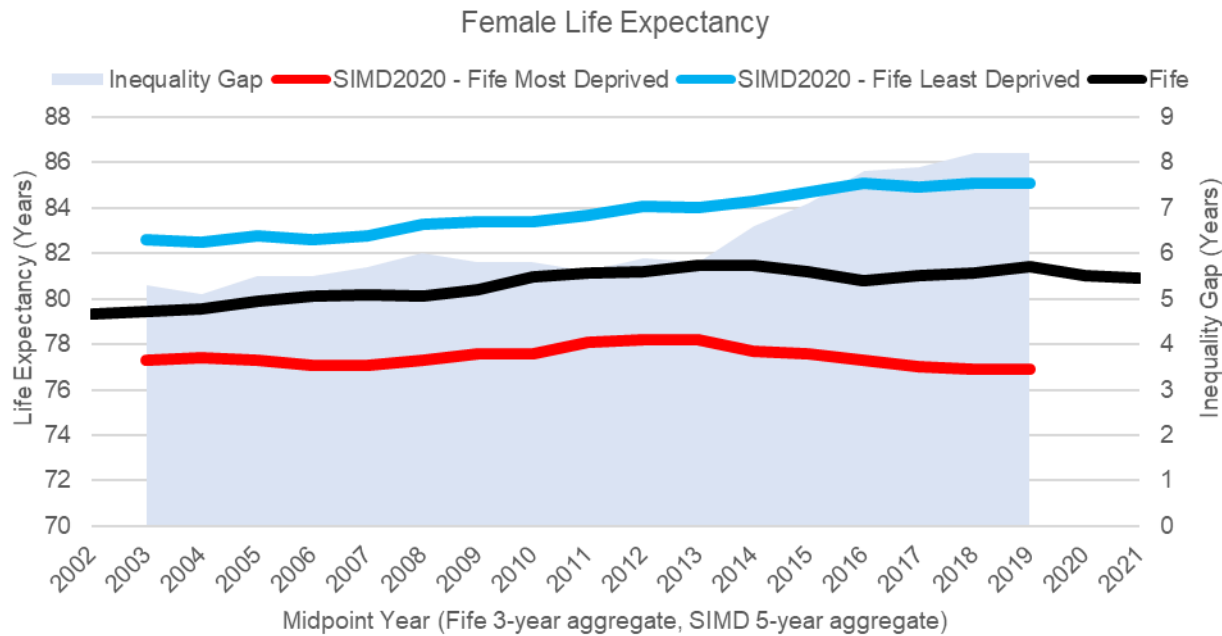
Analysis

- Healthy Life Expectancy is falling in Fife for both Males and Females as it is elsewhere in Scotland. Healthy life expectancy has been lower than the Scottish average for both males and females since at least 2015, which is when estimates of healthy life expectancy started to be published for health boards and councils alongside national estimates.
- In 2019-2021, healthy life expectancy was 54.5 years for females and 58.6 years for males in Fife. Both estimates were lower than the estimates for Scotland which were 61.1 years for females and 60.4 years for males over the same time period.
- Healthy Life Expectancy is falling faster for women in Fife that it has elsewhere in Scotland. The difference between Fife and the Scottish average is statistically different.

3.1.2 Life Expectancy and Deprivation

Definition: Estimated life expectancy at birth in years, multi-year average

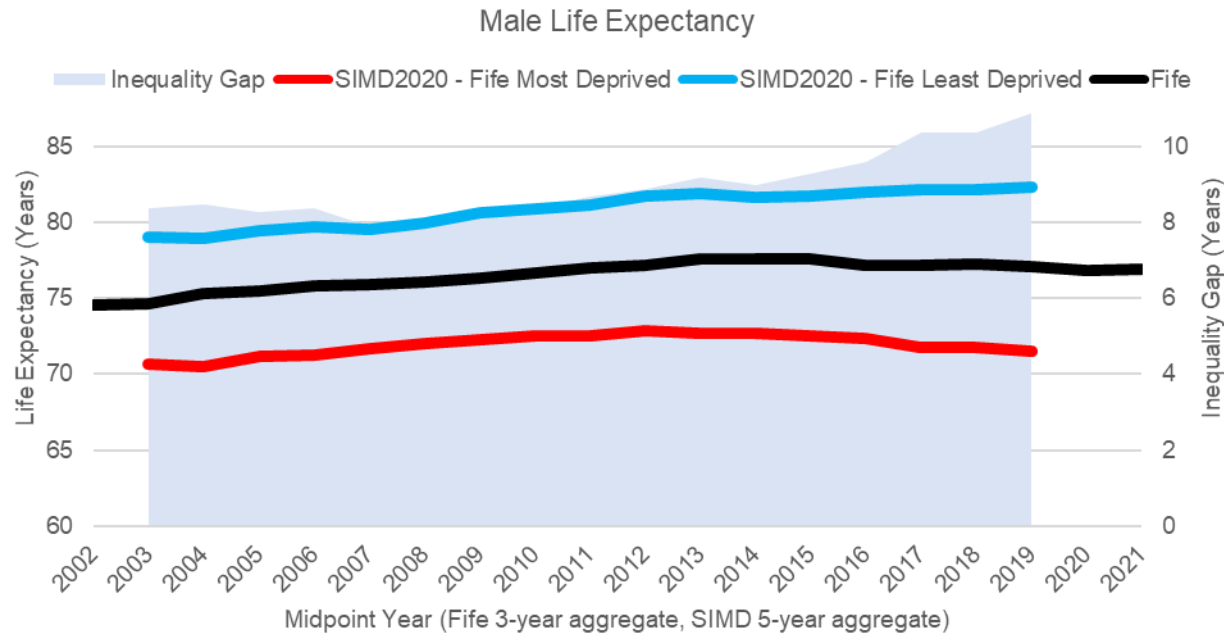
3.1.2.1 Females



The inequality gap is widening over time

Female Life Expectancy
Inequality Gap in 2001-2005: 5.3 years
Inequality Gap in 2017-2021: 8.2 years
Increase: 2.9 years

3.1.2.2 Males



The inequality gap is widening over time

Male Life Expectancy
Inequality Gap in 2001-2005: 8.4 years
Inequality Gap in 2017-2021: 10.9 years
Increase: 2.5 years

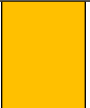


Life expectancy at birth in Fife was 76.9 years for males and 81.0 years for females in 2019-2021. This represents a slight drop in life expectancy in males and in females since the last estimates of 77.2 years and 81.2 years respectively over the period 2018-2020.

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between the life expectancies of the populations living in the most and least deprived quintiles in Fife. For both males and females in our least deprived communities, life expectancy has been increasing since 2001-2005. While since 2013, life expectancy has fallen for men and women in the most deprived communities. This is contributing to a widening of inequalities. Differences in national life expectancy between the least and most deprived have similarly been widening since 2013-2015.




3.2 Other Population Health and Wellbeing Indicators

We are tracking the following indicators as part of this strategy. All the data can be viewed at: [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/ScotPHO_profiles/) (Public Health Scotland). We expect the delivery of this strategy to impact on these indicators over time. These indicators have been selected for one or more of the following reasons:

- they are routinely captured by information systems allowing us to easily report on them,
- they can be disaggregated by SIMD, which is critical given the strategy focusses on addressing health inequalities,
- they directly link to at least one of the four priorities of the Population Health and Wellbeing Strategy; and
- they are indicators where Fife is faring worse than the Scottish average and so the scope to improve upon current performance is high.

Key		Orange- statistically NHS Fife is significantly worse than Scotland		Grey- not statistically significantly different to Scotland		Blue – NHS Fife is statistically significantly better than Scotland	-	White- no difference calculation available
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1. Early Years and Young People

Metric and Definition	Indicator	Fife	Scotland	
1.1 Child dental health in primary 1 Percentage of Primary 1 children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection. 2021/22 school year	1.1.1 Overall	70.97%	73.11%	
	1.1.2 Most deprived	58.2%	58.4%	-
	1.1.3 Least deprived	83.4%	85.8%	-
1.2 Child healthy weight in primary 1 Percentage of Primary 1 children (with a valid height and weight recorded) whose BMI is between the 5% and 95% of the 1990 UK reference range for their age and sex. 2019/20 financial year	1.2.1 Overall	75.67%	76.34%	
	1.2.2 Most deprived	n/a	n/a	-
	1.2.3 Least deprived	n/a	n/a	-
1.3 Teenage pregnancies Pregnancies in under 20s. Crude rate per 1,000 females aged 15-19. 2019 to 2021 calendar years; 3-year aggregate	1.3.1 Overall	29.63	24.95	
	1.3.2 Most deprived	58.6	47.3	-
	1.3.3 Least deprived	9.6	10.3	-

What this tells us: The data show that the proportion of children in primary 1 in Fife experiencing no dental decay has been broadly static since 2012-13 at around 70%. However, since 2021-22, there has been an improvement in Scottish dental health and Fife has worse child dental health than Scotland. This difference is statistically significant (meaning that it is not just down to expected variation). The proportion of children this age with a healthy weight remains similar to the national average, with the rate not having changed significantly since 2002-03. The rate of teenage pregnancies in Fife is significantly higher than the Scottish average. Again, there is evidence of an inequality gradient ranging from 9.6/1000 females aged 15-19 from the least deprived area to 58.6/1000 of females aged 15-19 in the most deprived area. Teenage pregnancies in Fife have been consistently falling since 2006-08 when the overall rate was 65.2 births per 1000 females aged 15-19. This falling trend is also mirrored across Scotland as a whole.

2. Alcohol and Drugs

Metric and Definition	Indicator	Fife	Scotland	
2.1 Alcohol-specific deaths Alcohol related deaths (based on new National Statistics definition): Age-sex standardised rate per 100,000, 2017 to 2021 calendar years; 5-year aggregate.	2.1.1 Overall	18.95	21.11	
	2.1.2 Most deprived	36.5	43.1	-
	2.1.3 Least deprived	7.6	8.5	-
2.2 Drug-related deaths Number of drug-related deaths: Age-sex standardised rate per 100,000, 2021 calendar year	2.1.1 Overall	20.48	25.24	
	2.1.2 Most deprived	53.6	62.2	-
	2.1.3 Least deprived	2.4	3.7	-

What this tells us: Both alcohol-specific and drug-related death rates are lower in the Fife population compared to the Scottish average, but these differences are not significant. Alcohol specific deaths in Fife had been falling from a high in 2007-11 (rate of 20.82) but then started to increase again since 2012. This trend is mirrored in Scotland as a whole. By contrast, drug related deaths in Fife have been increasing since 2002 when the rate was 3.51/ 100,000 to 20.48/100,000 in 2021. This rising trend is mirrored across Scotland as a whole.

3. Mental Wellbeing

Metric and Definition	Indicator	Fife	Scotland	
3.1 Mental wellbeing score, females Females aged 16+ mean Score on The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). 4-year aggregate (2017 - 2021)	3.1.1 Overall	48.9	49.4	

Metric and Definition	Indicator	Fife	Scotland	
3.2 Mental wellbeing score, males Males aged 16+ mean Score on The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). 4-year aggregate (2017 - 2021)	3.1.1 Overall	50.1	49.5	

What this tells us: Mental wellbeing scores are not significantly different for males and females in Fife compared to the national average. Review of trends show that mental wellbeing scores have remained broadly stable since 2012-15. This data is not available by deprivation quintiles.

4. Hospital Admissions

Metric and Definition	Indicator	Fife	Scotland	
4.1 Multiple emergency hospital admissions, aged >65 years Patients aged 65+ years with 2 or more emergency hospital admissions within a 12 month period and discharged from hospital: 3 year rolling average number and directly age-sex standardised rate per 100,000 population, 2019 to 2021 calendar years (3-year aggregates)	4.1.1 Overall	4814	5000	

What this tells us: NHS Fife has a lower rate of multiple emergency admissions of people aged 65+ to hospital than compared to Scotland and this is statistically significant (meaning that it is not just down to expected variation). Multiple admissions are important to monitor as chronic patterns of acute hospital use could indicate failed discharges, inadequate care planning and missed opportunities to provide holistic care. In Fife and Scotland as a whole, the rate of multiple admissions has been consistently increasing over time from 2002-04 through 2017-2019. It has fallen in 2018-20 and 2019-21 which is likely to have been impacted by changes to services arising from the Covid-19 pandemic. It is unclear what will happen as the effects of Covid-19 recede; whether rates will revert back to their historical trend or if they continue to fall. This data is not available by deprivation quintiles.

5. Mortality

Metric and Definition	Indicator	Fife	Scotland	
5.1 Early deaths from coronary heart disease (CHD), aged <75 years Deaths from coronary heart disease (CHD), (<75 years), 3 year rolling average number. Age-sex standardised rate per 100,000, 2019 to 2021 calendar years (3-year aggregates)	5.1.1 Overall	52.27	52.59	
	5.1.2 Most deprived	82.5	99.5	-
	5.1.3 Least deprived	22.6	26.3	-

What this tells us: Deaths from coronary heart disease in people aged less than 75 years potentially indicate where prevention of risk factors such as high blood pressure and cholesterol could be improved upon. For Fife, 52.3/100,000 population die younger than the age of 75 because of coronary heart disease. This rate has been falling in Fife since 2002-2004 when the rate was 108.32 per 100,000. Again, this mirrors declines seen across Scotland.

6. Screening

Metric and Definition	Indicator	Fife	Scotland	
6.1 Bowel screening uptake Bowel screening uptake for all eligible men and women invited (aged 50-74): Percentage, 2020 to 2022 calendar years; 3-year aggregate	6.1.1 Overall	66.32%	66.23%	
	6.1.2 Most deprived	55.6	53.7	-
	6.1.3 Least deprived	74.8	75.1	-

What this tells us: Screening is an effective healthcare public health intervention and supports earlier diagnosis of disease in people who may not have symptoms. Overall, uptake of bowel screening by those eligible in Fife is 66.3% which is not statistically different to the national average. Screening uptake has been steadily increasing since 2008-2010 when it was 54.66%. This trend is mirrored in national data. However, there is an inequality in screening uptake between the most deprived (55.6%) and least deprived (74.8%).

7. Smoking

Metric and Definition	Indicator	Fife	Scotland	
7.1 Smoking during Pregnancy Women with known smoking status at 1st antenatal booking appointment who are recorded as a 'current smoker': 2019/20 to 2021/22 financial years (3-year aggregate) percentage (those with a smoking status of 'unknown' have been excluded).	7.1.1 Overall	19.05%	12.92%	
	7.1.2 Most deprived	33.8%	24.3%	-
	7.1.3 Least deprived	3.6%	2.5%	-

What this tells us: A significantly higher proportion of women attending their first antenatal appointment in Fife are current smokers compared to the national average (19.1% versus 12.1% respectively). Smoking in pregnancy is preventable but significantly affects children's health outcomes, leading to asthma, low birth weight and obesity. It also increases the risk of sudden infant death syndrome and stillbirths. Trends show that since 2003-06 the rate of smoking during pregnancy has always been higher in Fife than Scotland as a whole; whilst rates have fallen in both Fife and Scotland, the rates have fallen faster in Scotland as a whole than in Fife.

3.3 NHS Fife Performance 2023-24

NHS Fife produces an Integrated Performance and Quality Report (IPQR) on a monthly basis. In this report, we analyse data using a range of tools to help us understand performance and where there is opportunity to improve through understanding trends over time and benchmarking our performance with other NHS Boards. The table below shows the performance in 2023-24 and compares this to 2023-23 including performance standards, where applicable. We can see that for many metrics, performance is not where we want it to be. Through our RTP framework, we expect to see improvement in our performance.

Section	Indicator	Target (2023/24)	2022/23	2023/24	Change	
Quality & Care	Major/Extreme Adverse Events	n/a	478	506	28	
	Inpatient Falls	6.95	7.44	6.90	-0.54	
	Inpatient Falls with Harm	1.44	1.70	1.55	-0.15	
	Pressure Ulcers	0.89	1.11	1.11	0.00	
	SAB - HAI/HCAI	18.8	14.8	12.0	-2.8	
	C Diff - HAI/HCAI	6.5	10.1	7.3	-2.8	
	ECB - HAI/HCAI	33.0	33.8	35.6	1.7	
	S1 Complaints Closed in Month on Time	80%	64.8%	54.5%	-10.3%	
	S2 Complaints Closed in Month on Time	33%	6.9%	13.0%	6.1%	
Operational Performance	4-Hour Emergency Access (A&E)	95%	70.9%	74.1%	3.2%	
	4-Hour Emergency Access (ED)	70%	62.9%	66.7%	3.8%	
	Patient TTG % <= 12 Weeks	100%	47.5%	38.6%	-9.0%	As of 31 Mar
	New Outpatients % <= 12 Weeks	95%	52.0%	39.5%	-12.5%	As of 31 Mar
	Diagnostics % <= 6 Weeks	100%	54.7%	51.2%	-3.5%	As of 31 Mar
	Cancer 31-Day DTT	95%	95.4%	94.4%	-1.1%	2023/24
	Cancer 62-Day RTT	95%	76.8%	73.5%	-3.3%	2023/24
	Delayed Discharge % Bed Days Lost (Standard)	5%	6.7%	6.0%	-0.7%	
	Antenatal Access	80%	92.4%	91.8%	-0.6%	Calendar Year

Section	Indicator	Target (2023/24)	2022/23	2023/24	Change	
Workforce	Sickness Absence	4%	6.58%	7.13%	0.54%	
	Personal Development Plan & Review	80%	37.9%	40.9%	3.0%	As of 31 Mar
	Vacancies - Medical & Dental	n/a	5.8%	7.5%	1.7%	Calendar Year
	Vacancies - Nursing & Midwifery	n/a	13.9%	4.6%	-9.3%	Calendar Year
	Vacancies - AHPs	n/a	9.6%	4.7%	-4.9%	Calendar Year
Public Health & Wellbeing	Smoking Cessation (FY)	473	301	181	-120	2023/24 to Dec-23
	CAMHS Waiting Times	90%	72.9%	70.2%	-2.7%	
	Psychological Therapies Waiting Times	90%	74.6%	69.3%	-5.2%	2023/24
	Drugs & Alcohol Waiting Times	90%	93.2%	86.4%	-6.8%	Calendar Year
	Flu Vaccination (Winter, Age 65+)	85%	n/a	80.2%	n/a	
	COVID Vaccination (Winter, Age 65+)	85%	n/a	79.6%	n/a	
	Immunisation: 6-in-1 at Age 12 Months	95%	94.6%	93.9%	-0.7%	Calendar Year
	Immunisation: MMR2 at 5 Years	92%	88.5%	88.6%	0.1%	Calendar Year

Performance against the 4-hour Emergency Access standard was highest between June and August 2023, exceeding 75% in each month, peaking at 79.0% in August. Lowest monthly performance was in December 2023, achieving 70.2%, with improvement to 72.5% by March 2024. Performance at Victoria Hospital Emergency Department also peaked in August 2023 (72.2%) and at lowest in December 2023. It should be noted that the number of attendances during 2023/24 generally exceeded corresponding months previous year especially during Q4 (January to March). Overall, there was over 4,000 more attendances in 2023/24 compared to 2022/23 with 2,664 more in Q4. Despite increase in activity, performance has generally been higher month on month in 2023/24 (74.0% for 12-month period) compared to year previous (70.8%).

The number of Bed Days Lost to Delayed Discharge (Standard and Complex delays, any setting) peaked in November 2023 at over 3,500 days from less than 2,500 in May 2023. There has been a reduction throughout Q4 (January to March 2024) but there are still over 100 patients per day in delay across NHS Fife. Most delays are in Community Hospitals followed by in a Mental Health setting. During 2023/24, on average per day, only 2.2 patients are in delay within Acute setting (Victoria Hospital), this compares to 70 in Community Hospitals and 25.5 in Mental Health setting. Current performance metric focusses on %

Bed Days Lost to Standard Delays with target of 5%, this was achieved in 2023/24 Q1 (April to June) but not since. When comparing to previous year, April to November 2023 performance was better (lower percentage) but percentage higher between December 2023 to March 2024.

Acute waiting times focus remains on prioritising urgent and cancer cases. For inpatients and day cases, efforts have been made to move elective activity to Queen Margaret Hospital, where clinically appropriate, but performance against the national standard has been below 50% since August 2023. The waiting list has increased to nearly 8,000 patients with nearly 5,000 waiting in excess of 12 weeks. Waits over 104 weeks have more than doubled since April 2023 with significant increases in waits over 26, 52 and 78 weeks.

New Outpatient waits follow a similar picture to inpatients and day cases with decreasing performance against the national standard with increasing waiting lists despite implementation of tools such as Active Clinical Referral Triage (ACRT) and Patient Initiated Return (PIR) to increase clinic capacity. As of March 2024, nearly 20,000 patients are waiting over 12 weeks and near 13,000 over 26 weeks. The number over 52 weeks has more than trebled since April 2024, with re-emergence of 104 week waits from June 2023 for first time since August 2022.

Performance for key diagnostic tests has remained static throughout most of 2023/24 but evident improvement in Q4. Scope performance was below 50% for most of early 2023/24 but upward trend over latter months of the year is evident. Similarly, performance within Radiology averaged between 45 and 50% for much of 2023/24 but following a low of 42.5% in December 2023, an upturn in performance has been experienced in subsequent months.

The national standard of 95% of patients to start Cancer treatment within 31 days of a decision to treat was achieved in 2023/24 Q1 (April to June 2023) before dropping to 90.6% by August 2023. There was no sustained improvement until 2024 with 95.6% achieved in Q4. Across the duration of 2023/24, performance falls just short of achieving 95% Standard (94.4%). The significant challenge to achieve an improved performance against the 62-day referral to treatment standard continues with performance across 2023/24 below 75%. The majority of breaches for both metrics relate to Urological cancers specifically Prostate which accounted for 31% of 31-day breaches and 37% of 62-day breaches.

Performance against Child and Adolescent Mental Health Services (CAMHS) 18 weeks Referral to treatment (RTT) has generally varied between 65 and 75% throughout 2023/24 with a low of 60.8% in November and high of 76.8% in March. Despite not achieving the national standard, last achieved in March 2023, there is only a very small number of patients that have experienced a wait of over 36 weeks. As at end of March 2024, 81.3% of children waiting for treatment were waiting less than 18 weeks.

Psychological Therapy performance against 18 weeks RTT Standard has been decreasing for much of the last two years, dropping below 65% by November 2023 however 72.3% was achieved in Q4. There are currently 2505 patients waiting (as of March 2024) with only 55.8% within 18 weeks with 254 patients waiting over one year.

4 How our work is making a difference in practice

4.1 Case Study One: Is there inequalities in accessing elective care?

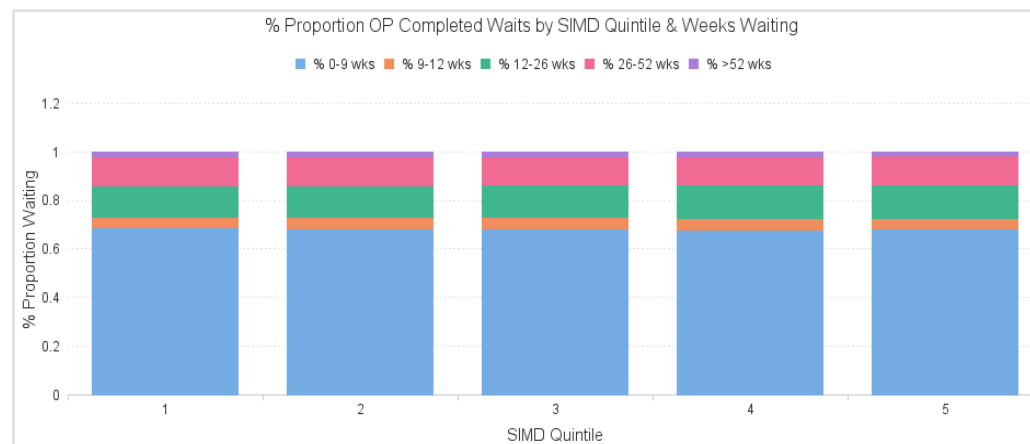
In line with all Health Boards across Scotland waiting times have increased for many services. Our Planned Care Programme Board has undertaken work to ensure that waiting times are not increasing at different rates for different groups and increasing any existing inequalities gap. We also wanted to understand whether there are any inequalities in how services are accessed.

How did we review our waiting times?

We reviewed outpatient waiting time data from 2022-23 to compare the waiting times for different groups to ensure that there was no difference between groups. We split patients by categories such as deprivation, gender and age and then compared the waiting times between these categories.

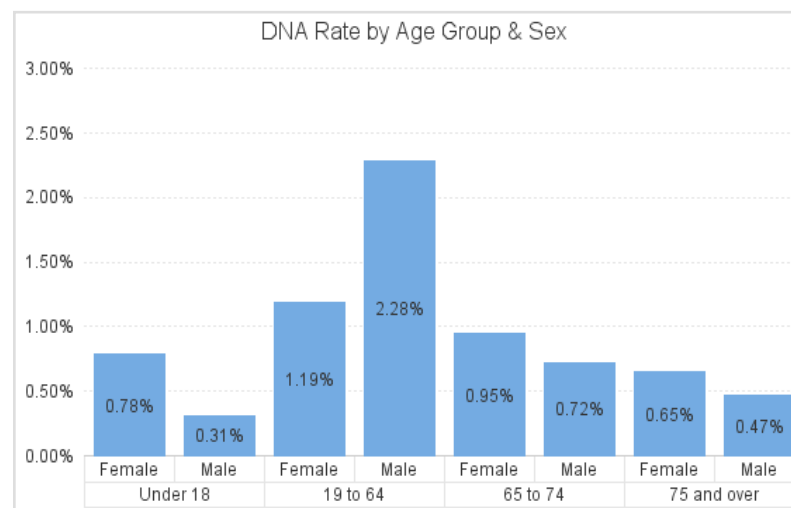
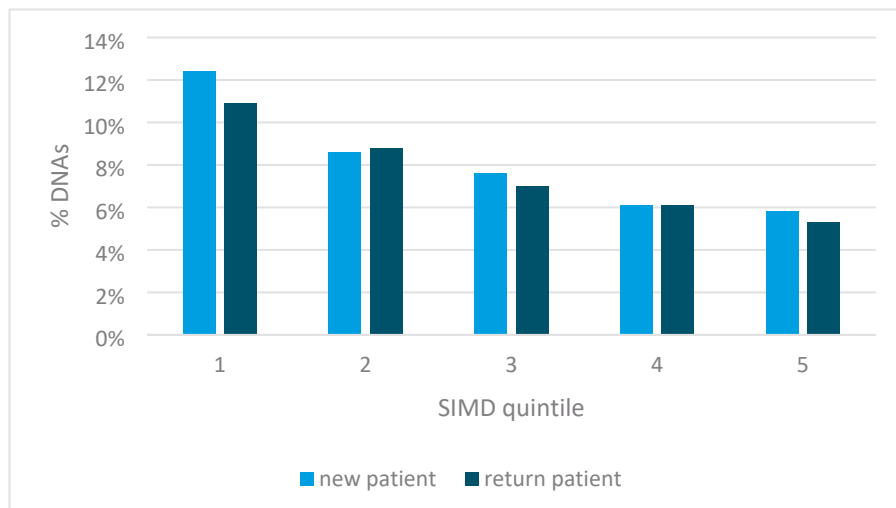
What did our review tell us?

Reassuringly, when comparing waiting times for appointments for people by deprivation, there was no obvious difference in length of waiting times for outpatient appointments, indicating no obvious inequality associated with deprivation in elective outpatient waiting times.



However, we did find that there were differences in patients who Did Not Attend (DNAs) for both new and return outpatient appointments across all specialties, with DNAs being more common in those from deprived groups. This is consistent with findings in other NHS Boards.

This is shown in the graph below (SIMD quintile 1 is the most deprived group, 5 is the least deprived), whilst further analysis identified differences in DNA rates by age and gender:



In conclusion, we found that:

- Higher level of non-attendance (DNAs) at outpatient appointments for patients from more deprived areas
- Men living in the most deprived areas are less likely to attend appointments than men living in the least deprived areas of Fife
- Younger men aged 18-34 years are at highest risk of not attending appointments.
- DNAs tend to be highest for all groups over the summer months compared to other seasons.

What are we doing next?

We are reviewing the existing evidence around barriers and interventions to improve access to healthcare services. We are also seeking to engage with younger men (aged 18-34) to better understand local barriers and potential ways of increasing access for this group. We are doing this in collaboration with our participation and engagement team, and through the dissemination of a short survey.

4.2 Case Study Two: Improving access to NHS Fife Services for British Sign Language Users

NHS Fife has a statutory responsibility to ensure people who use British Sign Language (BSL) can access our services. Historically, we have used external companies to provide BSL interpretation services, however feedback from patients and staff was that this service was no longer meeting their needs. For example, we have not always been able to book interpreters when they were needed.

This has caused delays in accessing appropriate services for patients. We have received feedback that some patients have chosen to avoid treatment as they found communication so difficult. In addition, costs of using external providers have been rising over time and we have consistently overspent our budget for this service. In 2023, we undertook a review of our BSL provision to identify how we could improve access to services for patients and staff.

How did we review the BSL service?

The review gathered a range of data on the use of the service, feedback from patients and staff, and associated costs. Following this, we undertook an options appraisal evaluating different options for providing this service. The preferred option was to test the provision of an in-house BSL interpreter service.

What did our review tell us?

NHS Fife recruited Mandy, a BSL Interpreter who was employed in January 2024 on a temporary basis. Since starting in post, Mandy has improved the service available to patients and staff and improved access to clinical services for patients resulting in cost savings for NHS Fife. Benefits include:

- Increased availability for interpretation at short notice or emergency appointments.
- Greater uptake of BSL interpretation including by patients who have previously avoided accessing services due to poor interpretation support.
- Positive feedback from patients and staff using the service.
- Ability for patients to access the interpreter for help with rescheduling or planning appointments via video call.

An example of the feedback from staff and patients include: *“Was not an easy process before. Now is much better by a country mile!”* (staff member) and *Great for Fife... [the interpreter] was with me and my wife last Friday... at our GP [appointment]”* (Patient)

The provision of an in-house interpreter has helped to reduce the barriers to accessing our services which in time will contribute to improved health and wellbeing for the Deaf-BSL Community using our services.

Our BSL interpreter has also been able to support staff working in NHS Fife who communicate using sign language and has supported job interviews. There are opportunities in the future to support 1-1 meetings and appraisals in the future. We are demonstrating how we can be an exemplar employer in line with our [Anchor Ambitions](#) supporting all parts of our community to access employment with NHS Fife.

What are we doing next?

We are currently evaluating the impact of our in-house interpreter service and will take forward next steps in summer 2024.

5 Priority 1: Improve health and wellbeing

5.1 Ambitions¹

A Fife where we:

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

Key Achievements in 2023-24

- Delivering of a wide range of work that is supporting improvements to health and wellbeing including:
 - Undertaking a review of childhood immunisations to ensure that we maximise the number of children who receive protection from childhood immunisations.
 - Tackling poverty through our Poverty Health Partnership which has been commended for the way it has brought together and coordinated work on both child and adult poverty.
 - Continued to reduce the adverse impacts from alcohol and drugs including a review of alcohol drugs deaths, providing evidence-based submissions to the Fife Licensing Board, and delivering against the Medication Assisted Treatment (MAT) standards for people with drug problems.
 - Aligning our work of the Health Promoting Health Service with the work of the Population Health and Wellbeing Strategy.
 - Taking forward plans to support the implementation of the UN Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 from July 2024.

¹ Based on [Scotland's 6 public health priorities](#)

- Developed a range of plans and strategies in 2023-24 that lay the foundations for much of our work in the coming years to support health and wellbeing across the life course. Examples include our Early Intervention and Prevention Strategy (expected to be signed off imminently), Fife Alcohol and Drugs Partnership Strategic Plan 2024-27 and our Anchors Strategic Plan which was submitted to Scottish Government in autumn 2023.
- Continued partnership working to maximise our contribution to health and wellbeing including Fife Council, community groups and third sector organisations. Examples of work include Plan for Fife and the development and delivery of the Fife Children Services Plan with a wide range of multi-agency partners.

5.2 Progress update

SP1.1 What we said we would do: Scale up the work supporting people to access benefits advice through training and upskilling so that more people, where appropriate, can access financial and benefits support.

- Delivered 70 training sessions reaching around 636 people raising awareness in a range of poverty related issues such as child poverty, food insecurity, fuel poverty, income maximisation and period poverty. A full breakdown is provided in the table below.
- Training is planned and coordinated through our multi-agency Poverty Awareness Training Group. Training courses are open to all public and voluntary sector workers in Fife. [Fife Health Promotion Training website](#) provides more details of the training available.
- Hosted 'Train the Trainer' workshops to support an increase in training capacity and development of further training materials. For example, animated Learning Bytes which are due to be launched in summer 2024.

Training delivered in 2023-24

Course	Sessions Delivered	Attendees
Fife Benefit Checker and Our Fife Toolkit Workshops	42	356
Online Fife cost-of-living campaign awareness session	9	116
Train the Trainer workshop	3	7
Poverty Information Session - Children and Young People	2	16
Poverty Information Session - Adults	4	30
In-Work Poverty for Managers	2	14
Benefit Basics Scotland	2	53
Supporting Low Income Households	4	34
Thinking About Stigma – promoting inclusive practice across Fife	2	10
Total	70	636

SP 1.2 What we said we would do: Ensure equitable access to routine, seasonal and selective immunisation programmes throughout the life course.

- Agreed the final report of the Strategic Review of Childhood Immunisation Services in Fife. Now taking forward implementation of agreed actions including:
 - Refreshed measles elimination action plan.
 - Established the immunisation inclusion group to explore a community champions model.
 - Initiated a quality improvement working group to improve pre-school measles, mumps and rubella (MMR) vaccine uptake.

SP1.3 What we said we would do: In line with the UN Convention on the Rights of the Child, support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.

- Developed our [Children's Services Plan 2023-2026](#). Delivery is being reported to the Fife HSCP Children in Fife Group. Priority areas of work include supporting breastfeeding, reducing smoking during pregnancy and the health visitor pathway.

- With our community planning partners as part of [Plan4Fife](#), we have published our 2022-23 [Tackling Poverty and Preventing Crisis Annual Report](#) which includes the Fife Annual Local Child Poverty Action Report. This joint approach has received positive feedback nationally. A key priority is developing our income maximisation in conjunction with partner agencies as outlined in SP1.1.
- Participating as a pathfinder site testing the implementation of the [Bairn's Hoose standards](#) supporting the provision of holistic, child-centred support to both those who have been victims or witnessed abuse and to children, under the age of criminal responsibility, whose behaviour has caused harm. We are working with the 3rd sector and have developed a Joint Interviewing and Investigation (JII) Suite at Queen Margaret Hospital.
- Received gold accreditation in the [UNICEF Baby Friendly Standards](#) in maternity, neonatal and community care.
- Participated as a [Getting it Right for Everybody](#) (GIRFE) pathfinder site in conjunction with Scottish Government. We focussed on the transition from child to adult services and how this journey can be improved for young people. Enhanced services that support the most vulnerable children in our communities. For example, we have launched our kinship team supporting children looked after by their family members.

SP 1.4 What we said we would do: Improve awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

For the public:

- Agreed a [Mental Health Triage Car](#) Test of Change (ToC) in Levenmouth locality to support people who contact emergency services with a mental health need or emotional distress. Working in partnership between Fife HSCP and Scottish Ambulance Service we plan to test the provision of a service staffed by one mental health paramedic and a mental health nurse skilled in mental health assessment. Planning is now complete and expected this ToC will begin in April 2024.
- Developed, launched and evaluated a new mental health and wellbeing resource 'Jobseekers Wellbeing Toolkit' designed as a self-management prevention and early intervention resource issued by employability partners to support client wellbeing.

For staff:

- Promoted Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, Occupational Health, Peer Support, Spiritual Care and Staff Psychology Support.
- Delivered the Health and Safety Executive Stress Talking Toolkit with staff working in Mental Health and Learning Disability services, Domestic Services, and NHS Fife Pharmacy. Planning to offer this intervention to staff working in acute services.
- Tested different approaches to early intervention by our new Occupational Health Mental Health Nursing Service. Both uptake of this service and feedback has been positive and a full evaluation is currently underway.

SP 1.5 What we said we would do: Improve mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

- Agreed an updated [2024-27 Fife Alcohol and Drugs Partnership Strategic Plan](#) to enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma. The strategic plan includes a three-year delivery plan across six strategic priority themes.
- Developed a performance framework for all Medication Assisted Treatment (MAT) standards to inform board performance reporting and Scottish Government returns. This provides Scrutiny and Assurance whether the project and programme plans are delivering impactful changes to improve the lives of people affected by drug use.
- Submitted an evidence-based response to the Fife Licensing Board consultation to inform local implementation licencing policy.

SP 1.6 What we said we would do: Encourage people to make healthier food choices

- Drafted the 2023-2030 [Food4Fife](#) strategy. The consultation on the strategy has now closed and the strategy will be finalised ahead of publication during summer 2024.
- An event focusing on the 3 strands of Public Health Priority 6 (food, weight, and physical activity) to identify priority areas for action and ensure alignment with our work around type 2 diabetes prevention. There are initial plans for a follow up event in summer 2024.

SP 1.7 What we said we would do: Support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.

- Finalised the 2024- 2029 Fife Musculoskeletal Physiotherapy Service Strategic Plan which has a focus on supporting physical activity for patients.
- Published a range of health and wellbeing resources on the NHS Fife website. A tool has been developed which has links for staff to signpost patients, supporting them to increase their physical activity, linked to their personal outcomes and good conversation work.

SP 1.8 What we said we would do: Use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities.

- Developed our Anchor Strategic Plan, identified baseline metrics, and submitted to Scottish Government. This outlines how NHS Fife will maximise local employment, local procurement and the use of our land and buildings.
- Engaged with the Community Benefits Portal to link NHS Suppliers with Fife community needs. This supports NHS Suppliers to fulfil their statutory duties of delivering community benefits as per the Procurement Reform (Scotland) Act 2014 and the Sustainable Procurement Duty.

SP 1.9 What we said we would do: Collaborate in regeneration projects like the River Leven programme.

- Joined the Green Health Partnership (GHP) which has been established to support development of green prescribing and social prescribing.
- Issued a tender to undertake a needs analysis and is continuing to explore funding for a GHP co-ordinator role.

SP 1.10 Other relevant areas of work linked to priority 1 ambitions

- Developed our first Prevention and Early Intervention Strategy which is expected to be published in summer 2024 and will improve overall public health and wellbeing by preventing or limiting impact of disease or other social problems.
- Developed an action plan to reduce known inequalities in screening uptake.
- Continued to work with a range of key partners as part of the [Plan for Fife](#). This work is focussed on tackling poverty, inequality, and prevention. Through this work we are supporting multi-agency partnership working and coordination.
- Continuing to deliver a programme of work around The Health Promoting Health Service which seeks to ensure that *'every healthcare contact is a health improvement opportunity'*. This is supported by a whole-system approach to health improvement, with all NHS sectors and all staff groups having a role to play. Much of our work aligns to the delivery of the Population Health and Wellbeing Strategy.

6 Priority 2: Improve the quality of health and care services

6.1 Ambitions

For all healthcare services provided by NHS Fife, we will:

1. Provide high-quality person-centred care.
2. Deliver services as close to home as possible.
3. Reduce reliance on inpatient beds by providing alternatives to admission to hospital.
4. Ensure timely access to services based on clinical need.
5. Prevent and identify disease earlier.
6. Support the delivery of seamless, integrated care and services across health and social care

Key Achievements in 2023-24

Primary Care and Community Services:

- Continued integration of health and care services taking a #TeamFife approach to support all people in Fife receive the right care that best meets their needs.
- Developed strategies that will guide our plans in coming years to deliver better care. For example, our Home First Strategy which supports people to be cared for at home or in a homely setting. Work covers care planning, improvements to the discharge process, developing our frailty at home service and developing methods to avoid unnecessary admissions to hospital. We also finalised our Primary Care Strategy (2023-26) outlining how we will work with communities across Fife to support transformation of primary care services that better meet the needs of people, families, and their carers.
- Worked with communities through our locality planning forums to redesign services to deliver better outcomes and utilise our resources effectively. For example, we have completed our transformation of palliative and end of life care services with the decision to increase our community palliative care team allowing us to care for more patients with complex palliative and end of life care needs.

Acute:

- Commenced redesign of our Front door of the Victoria Hospital bringing together different teams supporting assessment and care of acutely unwell patients at the front door. The Flow Navigation Team is now part of the wider Front Door team and ensures that patients are receiving the right care at the right time.
- Following the opening of the National Treatment Centre- Fife Orthopaedics in March 2023 we have embedded this new facility into the care provided by NHS Fife. We are continuing to review the provision of our Orthopaedic-Trauma pathways and continue to support patients waiting for care, for example, through embedding Waiting Well approaches.
- Prioritised cancer care for patients ensuring that we provide timely access to investigations, diagnosis, and treatment. We continue to innovate, for example, further embedding the Rapid Cancer Diagnosis Service, testing a Rapid Access Diagnostic Clinic (RADC) for suspected prostate cancer, as well as locally embedding the optimal Lung Cancer Pathway.

6.2 Progress update

SP 2.1 What we said we would do: Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

- Supported system resilience and delivery of timely effective patient care in our Emergency Department through investing in our medical workforce. This will reduce reliance on additional medical staffing in ED.
- Integrating the Flow Navigation Centre (FNC) with our Emergency Department and acute hospital front door to simplify communication and streamline pathways.
- Commenced a review and redesign of the care homes pathways ensuring high quality care for residents of care homes with a focus on embedding Future Care Plans to support coordination of care.
- Tested hot clinics to avoid attendance or admission to hospital for patients by providing rapid access to an outpatient Dermatologist appointment. Learning from this approach has supported a similar service to be tested with General Surgery and Paediatrics. We are currently scoping how this might work for urology patients.
- Published our 2023-26 Home First Strategy with an Action Plan which outlines how we will transform the discharge process from hospital and support people to be at home or in a homely setting. This will build on our existing work, for example by increasing the number of patient discharges taking place at the weekend and employing a solicitor to assist patients who require welfare guardianship.

SP 2.2 What we said we would do: Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.

- Delivered key commitments from the [NHS Fife Cancer Framework Action Plan 2022-25](#) which has made improvements to prevention, treatment, end of life care and survivorship. Key achievements include:
 - Improved coordination of care across a range of patient pathways through implementation of the Single Point of Contact Hub (SPOCH). Initial findings show that the hub has improved patient experience at the beginning of the pathway and has reduced the number of calls received by the colorectal and urology Clinical Nurse Specialists and provides a single point of contact for Primary Care.
 - Implementation of the optimal colorectal cancer diagnostic pathway and expansion of SPOCH to support Radiology to manage urgent suspected lung cancer referrals.
 - Introduction of a nurse led 'Rapid Access Diagnostic Clinic' (RADC) for suspected prostate cancer referrals. Funded by Cancer Research UK over a period of 18 months. The aim is to improve patient experience from triage, diagnostics, and decision to treat. Evaluation of the project is underway by University of Stirling.
 - Delivery of the [Optimal Lung Cancer Pathway](#) including introduction of enhanced vetting of referrals, rapid access to diagnostics and MDT discussion, introduction of frailty scoring prior to the first outpatient appointment to ensure patients are provided with tailored information relevant to their condition, and ensuring timely reporting of results for patients who do not have a cancer diagnosis.
 - Evaluation of the effectiveness of lifestyle interventions that can improve health and wellbeing for patients referred to the RCDS who are not found to have any definitive diagnosis for their symptoms. For example, providing advice around sleep, nutrition, exercise and relaxation.
- An evaluation of the Rapid Cancer Diagnosis Service is underway and the findings will be used to determine the next steps for this service in 2024-25.

SP 2.3 What we said we would do: Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

- Embedded the newly opened National Treatment Centre - Fife Orthopaedics.
- Commenced a review of orthopaedic trauma services which aims to deliver a patient centred, safe, flexible, and sustainable orthopaedic-trauma model which can plan for the changes in demand over the next 15-20 years. The review is expected to be complete by summer 2024.
- Identified and implemented quick wins suggested by the orthopaedics review. For example, improved access to patient information via attaching a QR code to the patient cast and increasing usage of soft casts that require fewer patient follow-up appointments.

SP 2.4 What we said we would do: Further develop our day surgery service at Queen Margaret Hospital.

- Delivered additional day surgery capacity and improved patient experience for patients using Queen Margaret Hospital.
- Opened a Procedure Unit at Queen Margaret Hospital (QMH) in September 2023. 328 procedures have now been completed across 6 different specialties. Previously these procedures would have been completed in our main theatres.

SP 2.5 What we said we would do: Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

- Commenced scoping work to explore how we can provide more ambulatory care services to enable more patients to be treated without an unnecessary in-patient admission to hospital.
- The next steps for this work are being considered as part of our RTP redesign work and will be taken forward in 2024-25 as part of a wider consideration of how we deliver acute services in future years.

SP 2.6 What we said we would do: Redesign women's services aligned to the ambitions of the [Women's Health Plan](#).

- Identified good practice and areas for further development across a wide range of women's health services including contraception, termination of pregnancy, menopause care, promoting positive approaches to menstrual health and pregnancy.
- Redesigned our termination of pregnancy pathway using online referral to ensure people are referred onto the correct pathway. Around 50% of patients are now able to manage their terminations at home.
- Developed an early pregnancy bleeding guideline in conjunction with primary care incorporating prescribing guidance and counselling support.

SP 2.7 What we said we would do: Implement [Best Start](#) for maternity and neonatal services.

- NHS Fife has delivered all the ambitions outlined in Best Start for Maternity and Neonatal services expected by March 2024. This includes ensuring provision of a range of birth options, in line with clinical needs and individual preferences, such as midwife only care, home births and births in the

midwife-led unit that is part of the Victoria Hospital Birthing Unit; delivering a range of education for our staff to enhance clinical skills and a range of improvements in how we deliver care.

- We achieved the Bliss Baby Charter for our neonatal unit demonstrating our commitment to continually deliver the highest quality of family-centred care and we are part of the NHS Scotland National Perinatal Adverse Event Review Network.

SP 2.8 What we said we would do: Focus on waiting times and support people, where appropriate, to wait well for their procedure.

- Maximised planned care outpatient capacity through embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR). In Fife 8 Specialties are now using ACRT and 1600 patients have been reviewed. 14 Specialties are using PIR and around 13600 patients were discharged in 2023-24. Around 3000 patients have since re-engaged with secondary care this equates to around 20% of patients.
- Updated outpatient communications (letters and website information) to provide information on the availability of The Well which can provide people with a wide range of support as they are waiting for treatment. Examples of support provided include practical support to access a Blue Badge, access to advice around benefits or guidance on social groups to help people avoid loneliness and isolation.
- Tested a Waiting Well service in Orthopaedics. This service can refer people to The Well. For patients who have had longer waits, a Waiting Well appointment with an Advanced Nurse Practitioner was tested to provide a review of patients waiting for treatment. The feedback from this was positive and next steps are being agreed.

SP 2.9 What we said we would do: Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

- Trained surgeons in the delivery of Robotically Assisted Surgery (RAS) to support better outcomes for people including shorter length of stay. 276 patients received RAS in 2023-24.
- Introduced surgical developments such as the (iTind) device to treat lower urinary tract symptoms associated with an enlarged prostate. This method is less invasive than traditional interventions with patients being treated as day-cases and returning home the same day.
- Developed processes to support local delivery of innovation related projects such as the NHS Scotland [Accelerated National Innovation Adoption \(ANIA\) Pathway](#) to support fast tracking of proven technology into clinical settings.

SP 2.10 Other relevant areas of work linked to priority 2 ambitions

- Launched a project to improve the care and management of deteriorating patients in our hospitals.
- Developed resources to improve safety and reduce the harm associated with usage of high-risk pain medicines including identifying pain champions, creating the Pain Talking Webpage and variety of promotional resources for patients.
- Reduced the backlog of open complaints with work ongoing to reduce the length of time to receive a complaint response.
- Received funding from NHS Fife Charity to enhance staff and patient areas.

7 Priority 3: Improve staff experience and wellbeing

7.1 Ambitions

7.1.1 Our workforce:

1. is inclusive and diverse, reflecting Fife's communities.
2. is supported to develop new skills that help improve care for patients.
3. is heard and at the heart of transforming services.
4. works in partnership across health and social care, recognising interdependencies.
5. experiences compassionate leadership in a culture that supports wellbeing.

Key Achievements in 2023-24

- Supported our workforce resilience by continuing to focus on staff wellbeing. This includes both physical and mental wellbeing: for example, we launched a new occupational mental health nursing service for existing staff and with the support of the NHS Fife Charity, we have continued to invest in staff hubs across many of our sites providing a place for staff to take breaks and recharge.
- Continued to address gaps in our staffing through a range of tailored and targeted recruitment to ensure we have the breadth of skills needed to support all parts of our organisation. This includes mass recruitment of nursing graduates in summer 2023, international recruitment for hard-to-fill roles and targeted recruitment for mental health services.
- Attracting our future workforce into the NHS by raising the profile of NHS careers across the schools and young people, creating a range of entry routes into the organisation such as apprenticeships and investing in employability.
- Invested in developing our existing workforce to ensure that they have the skills and knowledge to deliver high quality care, for example the creation of our career development framework for healthcare support workers and assistant practitioners which outlines how staff can move from a band 2 to a band 4 and then complete nursing training.
- Supporting sustainable clinical staffing by working towards a more substantive workforce and use of our own in-house staff bank leading to reductions in high-cost agency usage.

7.2 Progress update

SP 3.1 What we said we would do: Promote a range of career pathways with a focus on developing our workforce.

- Agreed a Career Development Framework for Healthcare Support Workers and Assistant Practitioners (band 2-4) to support the development of the nursing workforce.
- Undertaken a mass recruitment event in June 2023.
- Delivered a targeted recruitment for newly graduating mental health nurses. To date this has led to applications from 77 newly qualified practitioners.
- Invested in [Gateway Doctors](#) to replace junior locum spend.
- Appointed additional ward administration staff in post to mitigate the workload associated with non-clinical clerical tasks for nursing staff.
- Reduced use agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

SP 3.2 What we said we would do: Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

- Established internship and apprenticeship (including Graduate Apprenticeship) programmes by working closely with colleagues and local education providers. These are supporting both development and progression of existing staff as well as recruitment of new staff into the organisation.
- Collaborated with Fife College, NHS Education for Scotland (NES) and Levenmouth Academy, to offer 15 places on a new health careers related course from Summer 2024.
- Established an Apprenticeship pipeline through the integration of Modern Apprenticeships aligned to Band 2/3 Healthcare Support Workers. This has seen to up to 66 staff per year enter an SVQ 2 and/or 3 Modern Apprenticeship in Healthcare Support (Clinical).
- Worked with Fife Council's employability team to establish of employability pathways such as the [Kickstart Scheme](#). This has seen recruitment and development of 12 young people in a variety of entry-level roles, 7 of these individuals remain employed within NHS Fife.
- Recruited an Employability Officer to support all our work in NHS Fife.
- Working with local schools to raise awareness of the wide range of NHS careers at schools and careers fairs through in-person and virtual platforms, with a #TeamNHSFife approach.

SP 3.3 What we said we would do: Continue to support our staff with their physical health and mental wellbeing.

- Agreed a Wellbeing Action Plan and a new Staff Well@Work Handbook.
- Supported staff to maintain their physical health by:
 - Implementing a new Cycle to Work in March 2024. In the first month of operation 30 new applications were made to the scheme.
 - Providing menopause support for staff, with monthly drop-in sessions at Victoria and Queen Margaret Hospitals.
 - Launching a new Corporate membership for Fife Sports & Leisure Trust in January 2024.
 - Bidding to the NHS Fife Charity for funding for a Weight Management App.
- Delivered a range of mental wellbeing support:
 - Launched a new Occupational Mental Health nursing service for staff.
 - Utilised [values based reflective practice](#) with around 40 teams through our Chaplaincy Service to help staff with their mental wellbeing in the workplace.
 - Delivered multiple Leading with Compassion sessions to managers and senior leaders by the staff psychology support team.
 - Provided facilities for staff to take breaks and recharge: staff hubs were opened in a range of locations, permanent locations for the EnergyPods were identified at the Victoria Hospital site and plans developed to upgrade staff rooms across 22 Health Centres.
 - Testing a support pathway in three areas for staff who have experienced adverse events.

SP 3.4 What we said we would do: Set new international recruitment targets annually for Fife, focussing on key areas of shortage over the next five years.

- Continued international recruitment of staff. In 2023-24 we have welcomed 17 nursing and radiographer recruits. Since commencing the international recruitment programme in February 2022, we have welcomed a total of 104 international nursing and radiology recruits to NHS Fife.
- Participated in the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and begun the accreditation process for the International Recruitment Pastoral Care Quality Charter.
- We are working with Scottish Government and other stakeholders to identify plans for further international recruitment beyond March 2024.

SP 3.5 What we said we would do: Develop and launch a new Leadership Framework focussed on compassionate leadership and an open, transparent, and nurturing culture.

- Established the Systems Leadership Group in October 2023. This brings together senior managers across NHS Fife and work to date has focussed on supporting the development of the RTP framework. Three meetings have been held in 2023-24 and members of the Area Partnership Forum attended the March 2024 session.
- Supported the Acute and Senior Nursing Leadership Teams to undertake externally facilitated Leadership Development. The Executive Director Group have engaged a series of team coaching sessions.
- The work to develop the Leadership Framework has not progressed in the timeline anticipated. The newly appointed Associate Director of Culture, Development & Wellbeing will progress this work in 2024-25.

SP 3.6 Other relevant areas of work linked to priority 3 ambitions

- Established a Diverse Ethnicity Network which has undertaken a survey collating the experiences of ethnically diverse staff from across the organisation.
- Begun scoping the establishment of a LGBTQ+ Staff Network.
- Through the #SpeakingUp project, recruited and trained 21 confidential contacts to offer support to staff who wish to speak up and raise concerns.
- Improved participation in iMatter: 78% of teams in NHS Fife now have an action plan. This reflects the best performance from a territorial board in NHS Scotland.
- NHS Fife Board has continued to engage with staff through a programme of visits to a range of locations across Fife.
- Developed our Corporate Communication and Public Participation and Community Engagement strategies. These are expected to be finalised and published by summer 2024.

8 Priority 4: Deliver value and sustainability

8.1 Ambitions

1. Provide the right services in the right places with the right facilities.
2. Ensure the best use of our buildings and land.
3. Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
4. Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
5. Deliver sustainable and effective resource allocation that supports value-based healthcare.

Key Achievements in 2023-24

- Developing our land and buildings to help us meet the needs of services across the organisation and investing in building upgrades that will support us to meet net-zero and ensured that we prioritise use of scarce maintenance resources. For example, we have refurbished mental health wards to ensure we have fit-for purpose clinical areas and made changes to our primary care estate that have provided an additional 61 consulting rooms.
- Continuing to take forward a range of Digital programmes to support seamless delivery of care. For example, we have upgraded our laboratory system, launched Patient Hub to give people using our services greater online access to appointments, letters and results, established a federation between NHS Fife and Fife Council on M365 platform to ease sharing of calendars and MS Teams which is supporting closer working between staff across these two organisations and commenced a range of projects such as the Hospital Electronic Prescribing Management Administration (HEPMA) project.

8.2 Progress update

SP 4.1 What we said we would do: Maximise the use of our buildings and land in line with service and community needs.

- Completed a premises review of our primary care estate to understand the future requirements for space and facilities across GP Practices. The review identified recommendations which have now all been completed with support of £2 million funding from Fife HSCP. This has resulted in the creation of an additional 61 consulting rooms across NHS Fife's primary care estate.
- Approved the [NHS Fife Greenspace Strategy](#). With 62% of the NHS Fife estate classed as green space this describes how we will maximise the health promoting potential NHS Fife's land and support the response to the climate emergency. As part of Fife Community Climate Action Network (FCCAN) we held an online event to share ideas and promote joint working.

SP 4.2 What we said we would do: Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.

- Due to financial pressures across NHS Scotland our approach to developing buildings has changed substantially during 2023-24. With confirmation of limited capital funding available nationally, all capital planning and development work has now been paused.
- Underscoring this changing strategic context, we received updated [guidance](#) from Scottish Government in February 2024 outlining a new approach to strategic infrastructure planning. We are now required to agree a Programme Initial Agreement (PIA) with Scottish Government detailing our estate developments for the next 20-30 years.
- In the short term our focus is on ensuring buildings are maintained in line with service requirements. Our approach is on adapting existing buildings. For example, we have undertaken refurbishment of Ward 3 at Queen Margaret Hospital and work is currently underway of Ward 7 at Cameron Hospital. We are also continuing to retrofit buildings to make them more environmentally sustainable. We recently completed building fabric works at the Fife College of Nursing. We have also bid for further funding in 2024-25 and 2025-26 for further retrofit works.
- As part of the RTP approach, we are reviewing the estate seeking to identify opportunities to utilise our estates in a more efficient way. We have already made plans to close administration buildings including Hayfield House, Cameron House and Haig House in spring 2024. It is expected that these building closures will save around £650,000 on a recurrent basis. We are now reviewing other parts of our estate and exploring opportunities to consolidate space on our other sites.

SP 4.3 What we said we would do: Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.

- Following publication of the NHS Scotland [Mental Health and Wellbeing Strategy](#) in summer 2023, Fife HSCP has developed a delivery plan which responds to priorities for the population of Fife.
- Funding has been approved to expand Live Life Fife, to encourage supported self-management for stress, anxiety, and mental wellbeing.
- Work on the capital programmes for the Mental Health Estates Project has paused (as outlined at 4.2). There is a continued commitment to funding for the next 3 years to improve the Mental Health estate across NHS Fife and Ward 3 at Queen Margaret Hospital has now been refurbished and plans for other parts of our mental health estate agreed. The focus is on ensuring sites provide a holistic and safe environment for patients.

SP 4.4 What we said we would do: Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

- Invested £1.8 million from Scottish Government in a low carbon infrastructure programme. Enabling installation of solar panels, improvements to hot water systems, more accurate automated heating controls and optimisation of our fridge-freezers. This is making buildings more comfortable, reliable, and reducing our carbon emissions. We have also reduced energy usage leading to financial savings and supporting the RTP infrastructure scheme.
- Made further bids for additional funding for energy efficiency works in 2024-25 and 2025-26. This will be taken forward in the context of our wider capital planning work as described in SP4.2.
- Reduced use of medical gases and working with pharmacy colleagues to transition to non-greenhouse gas inhalers, for example, through use of powder inhalers.
- Published the [NHS Fife Annual Climate Emergency and Sustainability Report 2022-23](#).

SP 4.5 What we said we would do: Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.

- Agreed plans to increase the availability and usage of Electric Vehicles (EV) across the NHS Fife fleet. Currently 44% of light vehicles and 6% of cars are electric. This number is expected to rise substantially between now and 2025.

- Increased the EV charging points across NHS Fife for NHS Fife vehicles. We have met a commercial company to explore how we can increase availability of charging points for staff, patients and other visitors. This work will continue in 2024-25.
- Implemented an updated NHS Fife cycle to work scheme for all staff. We are continuing with our car share scheme and providing Personal Travel Plans.

SP 4.6 What we said we would do: Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

- Launched Patient Hub to give people using our services greater online access to appointments, letters and results. There is also functionality to issue surveys and questionnaires to patients which can reduce additional appointments and delays associated with mail services. A growing number of services are now using Patient Hub including pain management and vasectomy. It is expected more services will use Patient Hub in 2024-25 and this will support transformation of our services through the RTP framework.
- Extended data sharing arrangements with the Scottish Ambulance Service to support sharing of electronic summaries to support provision of out of hours care.
- Established a federation between NHS Fife and Fife Council on M365 platform to ease sharing of calendars and MS Teams which is supporting closer working between staff across these two organisations.
- Completed phase 1 of the Laboratory Information Management System (LIMS) upgrade. This system is used to receive, process, track and report all primary, secondary and tertiary laboratory requests received by Laboratory Services. Phase 2 of this work is now underway and due to complete in March 2025. This will ensure improved functionality and greater national alignment of LIMS systems across Scotland.
- Commenced the Hospital Electronic Prescribing Management Administration (HEPMA) project with replacement of Pharmacy Stock Control system.
- Reviewed the progress in delivering the 2019-2024 Digital and Information Strategy and shared findings with the Clinical Governance Committee. Findings from this review are supporting development of the future Digital Strategy which will be aligned to national and local strategic priorities.
- Digital and Information is a key driver to support the RTP priorities and will support us to redesign our services.

SP 4.7 What we said we would do: Apply value-based healthcare principles that focus on achieving the outcomes that matter to people and targeting our interventions on what really makes a difference.

- A workshop bringing together a wide range of stakeholders from across NHS Fife was held in September 2023. This explored how we embed the aims and principles of value-based health and care in everything we do in Fife. This will continue into 2024-25 and be a key enabler in the delivery of our RTP priorities.
- Developing links between Realistic Medicine and Value-Based Healthcare as a driver for change across a range of work. For example, we include consideration of value-based health and care in all NHS Fife committee and board papers, it is also considered across the Prevention and Early Intervention Strategy and the NHS Fife Cancer Framework.
- Embedding the Benefits, Risks, Alternatives and do Nothing (BRAN) framework in patient letters to help patients make an informed choice about their test and treatment options.
- Developed further plans for a patient survey to inform engagement work with patients and those who use NHS Fife's services.

SP 4.8 What we said we would do: Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and optimising the use of medicines.

In September 2023 we commenced a conversation with clinical and service leaders across the organisation to identify opportunities to deliver improved outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of resources. Throughout 2023/24 we discussed and began to develop plans to:

- Focus our discussion on the most effective allocation of our total resource envelope.
- Deliver disinvestment or cost improvement to support change.
- Deliver and increase productivity or capacity gains to support service access and more effective resource allocation.

This work continues through our new Re-form, Transform Perform ambitions across a range of workstream areas.

9 Next Steps for 2024-25 and beyond

The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period, and this report provides a summary of the work taken forward in the first year. As we outlined when we developed the strategy, we are continually reviewing and refreshing plans in response to new opportunities and challenges as they emerge.

Our plans for 2024-25 and beyond are described in the NHS Fife Annual Delivery Plan agreed with Scottish Government; the RTP framework; and our Corporate Objectives. We continue to undertake horizon scanning to identify new and emergent developments that will impact on the delivery of health and care services in the future. We will bring an update on all our work in a 2024-25 mid-year report.

10 Appendix One: Update on Supporting Strategies and Programmes

NHS Fife Strategies

Strategy/ Programme Area	Timeline	Status	Summary of progress
Cancer Framework	2022-2025	Delivery	The NHS Fife Cancer Framework , outlines key initiatives aimed at enhancing cancer care are on track for 2024. The plan includes workforce-related risks that may potentially impact the completion of some of the outlined objectives. The Prostate Rapid Access Diagnostic Nurse-Led Clinic has seen over 200 patients to date. Funding has been secured for Rapid Cancer Diagnostic Service (RCDS) for an additional year and the final report of the evaluation of RCDS by Strathclyde University has been published.
Pharmacy and Medicines Strategic Framework	2024-2026	Development	Draft Pharmacy and Medicines of the strategic framework developed. The focus is the development and delivery of medicines efficiency plans, aligning with the wider organisation's focus on RTP. A delivery plan for the Strategic Framework will be developed by early summer 2024.
NHS Fife Workforce Plan and HSCP Workforce Plan and Strategy	2022-2025	Delivery	A Workforce Planning update was provided to the Staff Governance Committee in March 2024. Actions to support workforce sustainability are ongoing, and local workforce projections continue to be captured via Annual Delivery Plan (ADP) feedback and Service Based Workforce Plans. Progress continues to report via the NHS Fife Annual Delivery Plan, pending new National guidance.
Digital and Information Strategy	2019-2024	Delivery	Evaluation against the revised priorities and strategic Programmes outlined within the PHW Strategy is complete. Current work is focused on the national capabilities being delivered through the Digital Health and Care Major Programmes Board. A revised Digital Strategy will be produced in 2024-25 financial year.
Property and Asset Management-	2023-2030	Delivery	3 Strategies/Programmes have been approved by NHS Fife Board, all of which are now in delivery. Property and Asset Management spans several years- with reviews planned on an annual basis. Primary Care (Premises) supports the work being taken forward through the HSCP Primary Care Strategy from a land/premises perspective.
Research Innovation and Knowledge	2022-2025	Delivery	Prioritisation of the clinical research and clinical trials portfolio is underway to widen access to clinical trials participation, increase income and identify cost savings. We have been recognised at a national level for Innovation leadership in administration of the national Reducing Drug Deaths program, part of a £5m Catalyst Challenge to identify solutions to reduce substance misuse related mortality. An update to the the Research, Innovation and Knowledge Strategy, will be published in 2024.
Clinical Governance Strategic Framework	2022-2025	Delivery	Plan is in delivery. The 2024-25 delivery plan is currently being developed. The focus includes developing our Organisational Learning, improving the care and management of deteriorating patients and medicines safety.

Strategy/ Programme Area	Timeline	Status	Summary of progress
NHS Fife Women's Health Plan	Ongoing	Delivery	A number of workstreams have been completed, which will now be sustained as part of core business. The Oversight Group has reviewed activity and priorities and is agreeing a refined set of priorities for 2024/25 focused on Women's Health Access and Outcomes, and, Reproductive and Gynaecological health.
Anchor Institution	2023-2028	Delivery	A draft Strategic Plan was submitted to Scottish Government in November 2023. We have now agreed a range of baseline metrics in relation to workforce, local procurement and land and assets and submitted to Scottish Government in March 2024. The work programme continues.
NHS Fife Greenspace Strategy	2023-2030	Delivery	The Renewable Energy project is now at the feasibility stage. QMH Greenspace/active travel project, refreshed Greenspace/biodiversity audit and Lynebank Greenspace Consultation are all underway. Other projects in development include Akin project, Climate Literacy Training Programme and VHK-AU2 staff wellbeing garden. Ongoing collaboration with Fife Communities Climate Action Network (FCCAN), Fife Coast and Countryside Trust (FCCT) and Fife Council to support their green infrastructure masterplan developments.
Realistic Medicine and Value Based Health	2024-2025	Delivery	The Realistic Medicine Delivery Plan and Communications and Engagement Plan (including public facing activities) are in progress. Reporting to Scottish Government and locally through the Annual Delivery Plan, Clinical Governance Committee and Executive Directors Group. We are also working with Health and Social Care to embed realistic medicine. We are focusing on ensuring that people we care for, our workforce and systems are enabled to embed realistic medicine in practice and then achieve valued based health and care.

Fife HSCP Strategic Plan Update on Health-related Supporting Strategies			
Strategy	Timeline	Status	Summary of progress- *taken from draft Strategic Plan one year report 2023
Alcohol & Drug Strategy	2024-2027	Development	Alcohol and Drug Partnership (ADP) Strategy 2024 – 2027 has been developed and a Needs Assessment completed. Harm Reduction Service Project is underway. 2 additional One Stop Shops have opened. Subgroups have been established to focus on MAT standards. A review has been completed, with a view to expanding Assertive Outreach, Anticipatory Care, and retention service provision. A review of the Prevention Education Programme has taken place- tests will be carried out in 3 schools in Feb 24. Lived Experience Panel has been established.
Carers Strategy	2023-2026	Delivery	Strategy approved by IJB in July 2023. Investment in services including additional respite opportunities through Fife Voluntary Action and Crossroads, and locally based carer-led support by way of the Carers Community Chest funding. Support is now available through Self Directed Support (SDS) specifically for carers and an additional 10 Social Work Assistants for carers have been recruited.
Childrens Services Plan	2021-2023		Data has been collected from all services to identify gaps in provision as part of the National Sleep programme. Development of evaluation plans for multi-agency child poverty work underway. Continued development of training and awareness raising plan, with a focus on online resources. The impact of vaping and smoking by

Fife HSCP Strategic Plan Update on Health-related Supporting Strategies

Strategy	Timeline	Status	Summary of progress- *taken from draft Strategic Plan one year report 2023
			young people will continue to be explored. Preparations being made ahead of the United Nations Convention of the Rights of the Child (UNCRC) Act coming into force in July 2024.
Dementia Strategy	2024-TBC	Delayed	The Fife Dementia Strategic Implementation Group has been re-established to progress development of a local Dementia Strategy and ensure alignment to the national strategy. The multiagency group will collaborate to shape a local strategic direction, timeline for strategy development, and plan for engagement with wider stakeholders.
Home First Strategy	2023-2026	Delivery	Scoping of a single point of access (SPOA) commenced in January 2024. Planned Discharge Date (PDD) and Discharge Without Delay (DWD) pieces have become embedded. Fife Equipment Loan Store capacity was increased to support delivery and collection of community equipment. Additional ANPs were recruited to Community Nursing, to support identification and treatment of frailty at home. An Anticipatory Care Planning proforma has been developed and is currently being tested. Ongoing development of Front Door Team. Direct referral pathways for Scottish Ambulance Service are in operation, to reduce unnecessary admissions to Acute hospitals.
Learning Disability Strategy	2024- TBC	Not Started	Following the appointment of a senior Learning Disability (LD) Service Manager, a new LD Strategy and Delivery Plan will be developed with input from key stakeholders, including third sector providers and lived experience groups. A Needs Assessment of people with learning disabilities will be completed as part of the development of the strategy, drawing from local and national data and research.
Mental Health Strategy	2024-2027	Development	The Mental Health Strategic Implementation Group has been reestablished to develop a Fife Mental Health Strategy.
Prevention and Early Intervention Strategy	TBC	Development	The Prevention and Early Intervention Strategy is nearing completion with final approval expected imminently. A Needs Analysis has been undertaken with vision, aims and principles defined, and challenges recognised. Considerable stakeholder engagement has taken place with further consultations planned.
Primary Care Strategy	2023-26	Delivery	Strategy is now complete and supporting a localities-based approach to the transformation of Primary Care Services in Fife that ensures services are codesigned with communities to better meet the needs of people, families, and carers. A year one delivery plan has been developed is being implemented. Further discussions are planned for 2024, including ongoing engagement with local communities through Locality Planning Stakeholder Events.

NHS Fife Corporate PMO Strategic Programmes Update

Programme Area	Timeline	Status	Summary of progress
Unscheduled Care Programme (USC)	N/A	Development	The main areas of focus for Unscheduled Care are Rapid Triage Unit, Flow Navigation, Complex Community Care and Call before you Convey. An additional project (Optimisation of Care Home Pathways) was established in December 2023 to focus work on reducing the number of unplanned attendances from Care Homes.
USC- Flow Navigation	April 23- Dec 24	Delivery	The management responsibility for the Flow Navigation Centre (FNC) switched from HSCP to Acute Services Division (ASD) in December 2023. Work is currently underway to embed the service into ASD.
High Risk Pain Medicines	Sep 21-Mar 25	Delivery	All areas progressing well, aligned to agreed plans across phase 2 (phase 2 ended in March 2024). Scope of phase 3 has been reduced with a focus on to sustaining the benefits from work already delivered over phase 2 and with an emphasis on transitioning capabilities to business as usual.
Planned Care Programme- CfSD	Aug 22- Mar 25	Delivery	Active Clinical Referral Triage (ACRT)/Discharge Patient Initiated Review (PIR) work ongoing. Good engagement with 11 priority specialties with a further 5 out-of-scope specialties now included. Around 50 specialty specific conditions identified to use ACRT and PIR capabilities (30 now in use for ACRT and 11 for PIR). This work will continue throughout 2024 with year 3 of the programme to be launched by the Centre for Sustainable Delivery (CfSD) imminently.
FIS- Bank and Agency Programme	Mar 23- Mar 25	Delivery	The work of the programme has led to a significant reduction in the use of non-framework agency staff. The Bank & Agency Programme will continue as part of the RTP framework.

11 Appendix Two: Glossary of Abbreviations and Acronyms

A&E	Accident & Emergency	HEPMA	Hospital Electronic Prescribing Management Administration
ACRT	Active Clinical Referral Triage	HLE	Healthy Life Expectancy
ADP	Annual Delivery Plan	HSCP	Health and Social Care Partnership
AHP	Allied Health Professional	IPQR	Integrated Performance Quality Framework
ANIA	Accelerated National Innovation Adoption	iTIND	Second Generation Temporarily Implanted Nitinol Device
ASD	Acute Services Division	JII	Joint Interviewing and Investigation
BRAN	Benefits, Risks, Alternatives and do Nothing framework	LD	Learning Disability
BSL	British Sign Language	LGBTQ+	Lesbian, Gay, Bi, Trans. The plus stands for all other sexual orientations, gender identities or expressions, and sexual characteristics. Including (but not limited to) asexual, intersex, non-binary, pansexual, queer or questioning.
CAMHS	Child and Adolescent Mental Health Services	LIMS	Laboratory Information Management System
C Diff	Clostridioides difficile/ C. difficile	MA	Modern Apprenticeship
CfSD	Centre for Sustainable Delivery	MAT	Medication Assisted Treatment
DTT	Diagnosis to Treatment	MDT	Multidisciplinary Team
DWD	Discharge Without Delay	MMR	Measles, mumps and rubella
ECB	Escherichia Coil Bacteraemia	PCQA	Pastoral Care Quality Award
ED	Emergency Department	PHS	Public Health Scotland
EV	Electric Vehicle	PIR	Patient Initiated Review
FCCAN	Fife Communities Climate Action Network	QMH	Queen Margaret Hospital
FCCT	Fife Coast and Countryside Trust	RADC	Rapid Access Diagnostic Clinic
FNC	Flow Navigation Centre	RAS	Robotically Assisted Surgery
GHP	Green Health Partnership	RCDS	Rapid Cancer Diagnosis Service
GIRFE	Getting it Right for Everybody	RTP	Reform, Transform, Perform
HAI	Healthcare Acquired Infection		
HCAI	Healthcare Associated Infections		

RTT Referral to Treatment
SAB Staphylococcus Aureus (S. aureus) Bacteraemia
SDS Self-Directed Support
SIMD Scottish Index of Multiple Deprivation
SPOA Single Point of Access
SPOCH Single Point of Contact Hub

ToC Test of Change
TTG Treatment Time Guarantee
UN United Nations
UNCRC United Nations Convention on the Rights of the Child
USC Unscheduled Care

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Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 2024
Title:	Draft Annual Delivery Plan 2024/25
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

The core aim of this year's guidance is to support Boards in updating their Delivery Plans into Three Year Delivery Plans with detailed actions for 2024/25 which are aligned to their Three-Year Financial Plans and to the ministerial priorities as set

out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026.

2.2 Background

This Delivery Plan guidance is issued alongside the NHS Scotland Financial Plan 2024/25 Guidance, and the two should be produced in conjunction to ensure that delivery planning is affordable within a Boards financial envelope, and that this in turn supports the savings aims as set out in the finance guidance.

The planning priorities set out in this guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

As well as ensuring Delivery Plans are affordable within the context of the Board's financial plan, they should also ensure the workforce is in place to support service delivery.

The ten 'Drivers of Recovery', which will be used to frame planning 2024/25, have remained broadly in line with those used in 2023/24.

The "Health Inequalities" driver has been expanded to more explicitly cover a wider range of population health planning and the previously separate drivers that covered "Digital Services and Technology" and "Innovation Adoption", have now been merged into a combined "Digital Services Innovation Adoption" driver. A new "Women and Children's Health" driver has been added, to better encapsulate planning priorities previously covered under other recovery drivers.

Drivers for Recovery in full are listed below:

1. **Primary and Community Care** - Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
2. **Urgent and Unscheduled Care** - Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

3. **Mental Health** - Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.
4. **Planned Care** - Recovering and improving delivery of planned care.
5. **Cancer** - Delivering the National Cancer Action Plan (2023-2026)
6. **Health Inequalities and Population Health** - Enhance planning and delivery of the approach to tackling health inequalities and improving population health.
7. **Women and Children's Health** - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
8. **Workforce** - Implementation of the Workforce Strategy.
9. **Digital Services Innovation Adoption** - Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.
10. **Climate** - Climate Emergency and Environment.

2.3 Assessment

Services were sent a locally devised template to collate required narrative for each Planning Priority outlined in the guidance to ensure all points are addressed. The ask for Services was to consider the below criteria when providing content:

- be strategically focussed to give assurance to Fife NHS Board and Scottish Government, on what is to be delivered over the next 3-years.
- be aligned to 3-year Financial Plan.
- reference links to [Value based health and care](#), where applicable.
- include an assessment of service sustainability and resilience.
- reflect on any risks and issues associated with delivery.

The Plan should also set out what will be delivered over the next three years, firm planned actions and programmes of activity for 2024/25 and indicative set of actions for 2025/26 and 2026/27.

Also requested to be included was 2024/25 trajectories for suite of revised National Standards. These are incorporated under relevant Recovery Driver and will be monitored through the Integrated Performance and Quality Report (IPQR).

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. Plan is still in draft as no formal feedback or sign off has been received from Scottish Government to date. There will be twice-a-year joint Executive Team meetings between Scottish Government and Boards to discuss progress.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper has been presented to the following groups:

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)

2.4 Recommendation

Committee is asked to:

- Take **assurance** from the content of the draft Annual Delivery Plan 2024/25

3 List of appendices

- Appendix 1 - Draft Annual Delivery Plan NHS Fife 2024/25 v4.0

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Annual Delivery Plan 2024/25

DRAFT

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Contents

Planning Context.....	2
Population Health and Wellbeing Strategy	3
Medium term Financial Plan 2024-27	3
Re-form, Transform and Perform Framework.....	4
Regional planning.....	5
Risk Management	5
Recovery Drivers	6
1 Primary and Community Care	6
2 Urgent & Unscheduled Care	10
3 Mental Health	18
4 Planned Care	22
5 Cancer Care.....	27
6 Health Inequalities and Population Health.....	31
7 Women and Children’s Health.....	38
8 Workforce.....	42
9 Digital Services Innovation Adoption.....	46
10 Climate.....	50

Planning Context

This Annual Delivery Plan 2024/25 has been developed within the context of the NHS Fife Population Health and Wellbeing Strategy 2023-28, “*Living Well, Working Well, and Flourishing in Fife*”, aligned to Scottish Government Recovery Drivers for 2024/25.

We recognise that our plans over the coming year and beyond, will remain subject to change as we adapt to the significant financial context, as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 19 December 2023: “*the financial pressures across health and social care, are, by far, the most challenging since devolution*”.

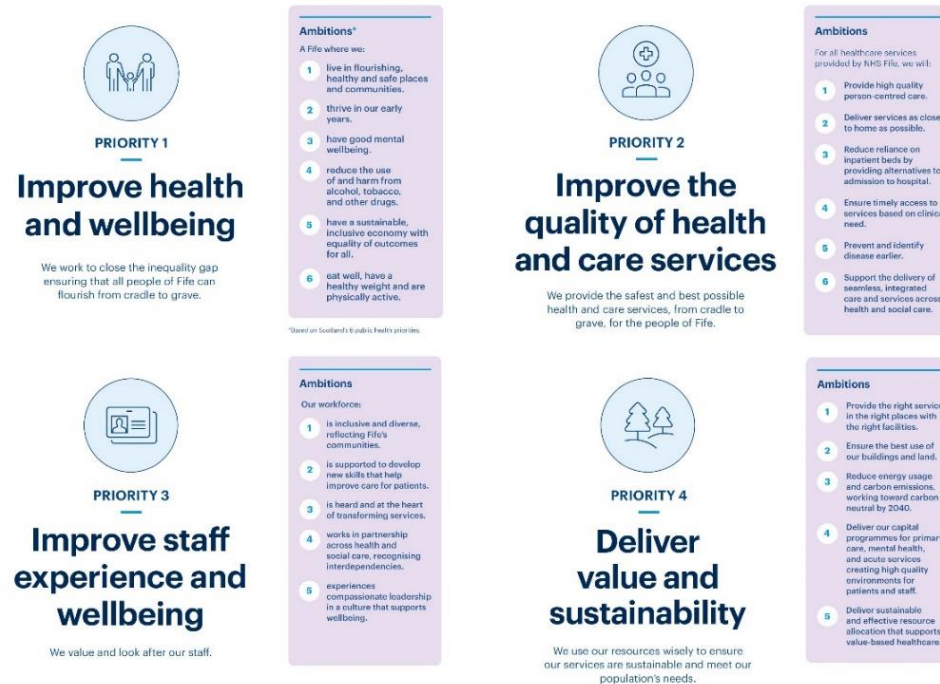
At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations from desired performance metrics in certain areas temporarily and the Board may need to make informed decisions to prioritise certain aspects of care, which might lead to short-term variances in performance metrics. These decisions are essential for achieving longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency.

Furthermore, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static.

Throughout this Delivery Plan, we have sought to highlight the connection to our overarching Reform, Transform, Perform Framework and assumptions set out in our Medium Term Financial Plan. Collectively, these documents describe the Board’s Tactical Plan for 2024/25, to deliver our Population Health and Wellbeing Strategy, and seek to maintain a balance across all pillars of governance.

Population Health and Wellbeing Strategy

NHS Fife published its Population and Wellbeing Strategy in March 2023, which outlines the ways in which healthcare services in Fife will evolve to meet the developing needs of the local population over the course of the next five years.



This strategy outlines the vision and ambitions to focus on health inequalities and support improvement in the health and wellbeing of Fife citizens and is based around the 4 strategic priorities. Achieving the vision will require to be supported by several enabling strategies which bring together different strands of the journey into a deliverable and cohesive approach. It remains the foundation for all of our plans and decision-making across NHS Fife, with the key difference for 2024/25 being the significant and unprecedented financial challenges facing the system.

Medium term Financial Plan 2024-27

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of the Population Health and Wellbeing Strategy ambitions. There is no doubt that there are challenges not seen since devolution in the NHS in Scotland and the plan acknowledges the compounding pressures that the financial climate will bring. There are likely to be important choices ahead, ensuring that there is a focus on the

areas of service and support which drive the most health benefit to the people of Fife. Delivery of ADP actions are all dependent on the availability of funding and will be prioritised locally by NHS Fife Board.

Re-form, Transform and Perform Framework

The Re-form, Transform and Perform (RTP) Framework has been developed at pace since January 2024, to bring a renewed and strategic approach to empower change, to drive improvement in clinical and corporate services, and to deliver greater efficiency, value and sustainability. Financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RTP).



The first phase of our RTP framework, Re-form, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to enable system wide leadership to improve our financial position. Our Re-form phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures and care delivery.

The RTP framework was supported by NHS Fife Board in January with further development of options and detailed plans in progress and due to be commenced by April 2024. The Annual Delivery Plan will align to the RTP Framework and will be monitored and reported throughout the year.

Regional planning

The three NHS Boards in the East Region are committed to collaborative regional planning and regional delivery of services where this will maintain or improve quality, reduce cost, and deliver excellent outcomes across the region but not at the expense of one Board over another.

In the context of individual NHS Board governance and responsibilities to both financially plan to break even and deliver the highest quality care to those in greatest need, we will develop a joint process for 2024/25 to assist in the identification and assessment of service areas and functions that may be delivered regionally to support greater efficiency and service sustainability. In developing this process, we will also link to the emerging national policy and approaches which aim to develop single national plans for identified fragile services. Through our East Region Programme Board, we will support the development of business cases for service redesign and change in areas of mutual benefit.


Risk Management

The Corporate Risk Register contains the key risks for NHS Fife that have the potential to affect the whole organisation, or operational risks which have been escalated. The Board considered the level of risk it is prepared to tolerate under each of the four strategic priorities and agreed the risk appetite to aid strategic and operational decision-making. Recognising the current climate, the Board intends to review all aspects of risk appetite in early April. A deep dive of each risk takes place annually to consider the appropriateness of the mitigation and controls for each risk.

Recovery Drivers

1 Primary and Community Care

Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.

Recovery Driver	Indicator	National Standard		Latest		2025/26
Primary & Community Care 	GP Access	GPs to provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients	Positive responses for 48 hour access to an appropriate healthcare professional	2021/22	89%	Increase in positive response
			Positive response for booking an appointment with a GP >48 hours in advance	2021/22	48%	Increase in positive response

1.1 Delivery of core primary care services

Fife Health and Social Care Partnership (HSCP) have recently launched their Primary Care Strategy 2023 – 2026, which provides the strategic framework for improving delivery of and access to Primary Care Services with the key strategic priorities of the strategy being recovery, quality, and sustainability. This is one of 9 key enabling strategies which underpin delivery of Fife HSCP’s strategic plan through to 2026 and the Population Health and Wellbeing Strategy.

Focused work has been undertaken to improve the sustainability of General Practice, which includes taking forward proposals to transition the 4 Board Managed 2C practices to independent 17j status and to continue targeted and proportionate support to GP Practices, which includes the continuation of our Multi-disciplinary Resilience Team who support practices under the greatest sustainability pressures.

1.2 Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services

In line with MOU2 (Memorandum of Understanding) as a key directive for delivery of the Primary Care Improvement Plan, there is a focused piece of work being carried out to develop our CTAC services to both create a level of consistency and continuity in service provision across all GP Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop a joint Ear Care Strategy.
- Delivery of leg ulcer specialist clinics
- Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team
- Understanding, planning, and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP

Key focuses for 2024/25 are to continue the development of an integrated Primary Care nursing team, setting the foundations for the ongoing roll-out of CTAC hubs across Fife, to create increased resilience to service provision to support General Practice, whilst create the conditions for CTAC hubs which provide services which spans the whole of Health and Social Care. The focus remains to release capacity for GPs to work within the role of expert medical generalist, ensuring quality and continuity in care delivery of CTAC services and ensuring improved and equitable access to services both within CTAC and General Practice.

1.3 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)

Urgent Care Services Fife (UCSF) has a whole systems approach to support effective care delivery, in close collaboration with partners such as NHS24, Scottish Ambulance Service and across health and care services in Fife to ensure comprehensive and integrated care.

For 2024/25, the focus will be on the continued development of the MDT and a focus on dual nursing posts to develop and deliver a 24-hour approach to Urgent Care, which includes further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. This will help pave the way for testing an Urgent Care Hub within Fife functioning over a 24-hour period to accept a high referral rate of urgent care referrals, with the aim of reducing same day urgent illness presentation within primary and emergency care.

Opportunities are being explored for further redesign across urgent care services, at pace, to drive efficiency whilst maintaining a focus on safety and quality. We are committed to further releasing capacity within General Practice and supporting access to care in line with the ambition of the Primary Care Strategy.

1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.

Fife HSCP will implement a Prevention and Early Intervention Strategy during 2024. The strategic priorities are to prevent, reduce and improve to enable people to live longer healthier lives. The strategic vision of the plan as a key enabling strategy of the HSCP Strategic Plan 2023 – 2026. Conditions and culture across Fife for Prevention and Early Intervention will be created so that people can remain well or limit the impact of health and social care problems.

Through the 7 locality plans testing approaches will continue to develop and contribute to increase opportunities for local communities to participate in activities to improve health and wellbeing and which support prevention and early intervention ensuring these are targeted to the needs of the localities and communities. This will prevent, reduce, and improve long term conditions and promote healthy lifestyles.

Within Primary and Preventative Care Services, a programme of work will be completed in 2024/25 to ensure a sustainable model of care which is outcomes focused and measurable for Type 2 diabetes prevention and reduction. which is delivered by the Nutrition and Dietetics Service.

1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to

Currently, there are no Dental Practices across Fife taking on new registrations for NHS patients, however, this situation does fluctuate.

Locally, in line with the priorities and deliverables of Fife's Primary Care Strategy 2023 – 2026, options are being explored to increase, improve, and sustain access to dental services despite the expected continued pressures on workforce going forward. Continued challenges in access to General Dental Practices for NHS patients has created sustained additional demand on HSCP-managed Public Dental Service and the Fife Dental Advice line hosted within the service for both registered and unregistered patients. Despite these challenges the Public Dental Service are ensuring that patients who are unregistered can still receive urgent dental care when they are experiencing dental pain.

Exception reporting arrangements are currently in place, particularly in relation to Dental Bodies Corporates (DBC's) with a focus on key areas regarding provision of NHS Dental Care including progress with National initiatives and alignment to the key deliverables of the Primary Care Strategy.

1.6 Increasing delivery of hospital-based eyecare into a primary care setting where appropriate

The Glaucoma Shared Care scheme is well established in Fife, with approximately 950 patients across Fife under Shared Care arrangements, which sees Optometry supporting secondary care eye care. The national service will result in a more streamlined and seamless model of care to reduce pressure on the hospital eye service through the implementation of digital solution, OpenEyes, facilitating this model.

The service continues to operate effectively reducing the pressure of emergency eye patients needing to be seen within a hospital setting. In 2024/25, work will be ongoing to refine eye conditions and triage process to align better with the prospective national emergency eyecare service with a proposal to improve reporting/ clinical governance and auditing of the service.

An improvement plan is being progressed from the Primary Care Strategy aims at maintaining care within the community and prevention of attendance at secondary care supporting care in the right place at the right time.


1.7 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area

A strategic 'health & transport' plan is being scoped out in Fife describing with potential next steps at a strategic and operational level. Health Promotion Service has worked with NHS Facilities to continue the promotion of NHS Fife Travel reimbursement entitlement across the public and third sector and to identify and promote the range of community patient transport opportunities available.

A concessionary bus fare scheme for North East Fife residents following identification of the cost of transport acting as a key barrier to accessing services is in place in its third year. The number of healthcare services holding vouchers has been expanded and will be monitored.

2 Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Urgent & Unscheduled Care 	SAS Handover Times	100% patients turnaround within 60 minutes	Feb-24	88.8%	100%
	Emergency Department Waiting Times	95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for treatment, to work towards 98%	Feb-24	63.9%	75%
		Patients wait less than 12 hours to admission, discharge or transfer	Feb-24	115	0
	Unplanned Care	Ensure that acute receiving occupancy is 95% or less	Feb-24	110%	95%
		Reduce estimated average length of stay for emergency admissions to acute hospitals	Feb-24	4.1	4.0
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Acute/Community hospital	Standard Delays	Feb-24	49
AWI Delays			13		19

Ensuring patients receive the right care at the right place is a priority target for NHS Fife. Programmes of work are in place to ensure whole system planning, which is overseen by the Unscheduled Care Programme Board and had identified the following priorities:

- Consolidate and stabilise the ED medical and nursing workforce dependent on the availability financial resources.
- Continuation the integration of Flow Navigation Centre (FNC) into Emergency Care.
- Further develop and enhance the Care Home advice line
- Develop the Rapid Triage Unit (RTU) using existing resources
- Develop robust ambulatory pathways and models of care

2.1 Improve urgent care pathways in the community and links across primary and secondary care.

There is an ambition to test an urgent care hub during in-hours, from 8 am to 6 pm, Mondays to Friday to create a community-based hub to support Primary and Secondary Care with access and care navigation to a multi-disciplinary team. These hubs would augment already established Urgent Care infrastructure, whilst providing a mixture of remote and face to face support to patients with an Urgent Care need.

The Urgent Care Services Fife (USCF) and Care Home Assurance Teams have initiated a test of change that allows Fife care homes direct access to UCSF through a single point of access. During 2024/25, UCSF will continue to onboard as many care homes as possible, with the goal of achieving 100% coverage by summer 2024 in collaboration with our care home partners.

2.2 Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need. Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support.

This continues to be a priority target for NHS Fife and the whole system programme of work is overseen by the Unscheduled Care Programme Board.

2.2.1 Optimising Flow Navigation Centre

The Flow Navigation Centre transitioned to Acute Services from the Health and Social Care Partnership in December 2023. In 2024/25, the integration of Flow Navigation Centre (FNC) into Emergency Care will continue.

The projected impact will be to support an increased redirection from 5% to 10%, to enable a joint review and development of new pathways to alternative teams including mental health & addictions, discharge HUB / community hospital & social care, homelessness, Pharmacy First, community respiratory and surgical / planned care GP referrals; thus, reducing demand for inpatient admission.

2.2.2 Signposting and scheduling of appointments to A&E

In 2024/25, scheduling of appointments will be maintained with redirection rates to Minor Injuries currently at 75%. Work will continue to improve the 4-hour access standard performance in line with agreed improvement trajectory.

2.2.3 Increasing the routes for professional-to-professional advice

Plans are in place to further develop and enhance the Care Home advice line with ED/Geriatrician of Day (GOD) optimising redirection to H@H and Care Home ANPs to reduce admission rates for care home residents especially those within their last 100 days, to support realistic medicine outcomes including Anticipatory Care Plans (ACPs) and reduce bed days and costs.

2.2.4 Focus on frailty pathways and care home support

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

An integral component will be verification groups which will lead the review of Emergency Department attendances and front door admissions to understand if an alternative pathway would have been more appropriate for the resident to allow them to remain in their Care Home with appropriate care wrapped around them. Introduction of palliative care bundle for end-of-life patients in community to reduce inappropriate admission to hospital and ensure timely management of symptoms will also be progressed.

2.2.5 Develop further ambulatory pathways

Using existing resources in 2024/25, the Rapid Triage Unit (RTU) will be developed through reviewing further the integration of the ambulatory urgent care/same day non-admitted patients into one joint service (ECAS/DVT/OPAT/IV infusions). This will support shorter length of stay for non-admitted and admitted patients, provide timely triage and discharge for non-admitted patients, further improve Hospital avoidance and redirection rates and reduce costs of both units into one integrated unit.

Direct access pathways for GPs, Hospital at Home and front door ward areas are in place with a proposal for additional pathways into inpatient specialty wards and extension of opening hours to include out of hours.

Further work to reduce admissions to acute settings from the community include the inception of a primary care verification group that will review members of the population identified as having multiple attendances at A&E. Pilot work for this is ongoing with a group developed to target the population of the Levenmouth locality as data demonstrates that this area currently has the highest attendance rate at A&E in Fife. Early indicators demonstrate a decrease in both admission to hospital and attendance at A&E for the target population and this will be rolled out all localities in Fife.

2.3 Improving access to Hospital at Home services across a range of pathways including OPAT (Outpatient Antimicrobial Treatment), Respiratory, Older People, Paediatrics and Heart Failure.

2.3.1 Hospital at Home (Older People)

The traditional model of Hospital at Home associated processes and pathways are being scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.

Following the completion of the test of change, the plan is to recruit two permanent in-reach practitioners that will cover a 7-day service, but this will be dependent on funding.

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

Plans are in place to enhance the OPAT service and increase the consultant cover from Infectious Diseases, however, the skill mix and staffing model for the delivery of an increased capacity OPAT model requires further resource.

2.3.3 Respiratory

Commencement of improvement work through the Virtual Capacity Workstream has allowed an Acute Respiratory Team to cover in-reach to admission areas with the development of a weekend team who support a 7-day early supported discharge profile. There are plans to further develop a fully integrated weekend team.

A respiratory HOT clinic model is also being developed with plans to increase further. The key benefit to the inpatient service is a reduction in readmissions.

In addition, the specialist Community Respiratory Service will reduce hospital front-door attendance through co-working with GPs, the Scottish Ambulance Service and Flow Navigation Centre, as well as improve the primary care diagnosis of COPD (Chronic Obstructive Pulmonary Disease) through staff training.

2.3.4 Paediatrics

Work began in November 2023 to develop a Hospital at Home model within the Paediatric Diabetes service. As funding for this initiative was only granted until March 2024, it is not currently possible to plan for continuation or further development of this initiative beyond March 2024.

2.3.5 Heart Failure

If funding can be secured from the Scottish Government Virtual Capacity workstream, the aim is to spread the learning from respiratory and to those with heart failure.

2.3.6 Long Term Conditions and Complex Care

The integration of community service pathways is planned with the objective of increasing the capacity of services utilising a step-up and step-down model of care by reducing reliance on admissions to hospital and increasing the availability of comprehensive clinical care in a homely setting.

By increasing the skill set and staffing in specialist services, there will be an increase in the ability to expand clinical interventions available in the community and prevent admission to acute hospital.

Optimising assessment and care in Emergency Departments by improving access to 'same day' services, the use of early and effective triage, rapid decision-making and streaming to assessment areas will improve pathways.

2.3.7 Improving access to 'same day' services

Work will continue to develop robust ambulatory pathways and models of care to include a number of speciality-led HOT Clinics with same day access. This will reduce overnight stays and bed-based care, provide more resilience for services with large inpatient models of care, reduce surge/boarding and reduce financial costs of overnight stays.

2.3.8 The use of early and effective triage

An agreed area for improvement is ED minors' performance with the current average performance is 95% with trajectory performance agreed at 99%. To achieve this the following will be actioned:

- Review of staffing model with focus on skill mix and senior clinical decision-making oversight
- Implement robust redirection criteria and support for patients and staff
- Strong and effective communications to ensure population awareness of how to access alternative same day care including MIUs - QMH and St Andrews
- Internal pathway review to ensure patients who require gynaecology, orthopaedics, OMFS or ENT review can access within agreed KPIs.
- Redirection pathways to Rapid Triage Unit and ECAS/OPAT
- ED advice line to expand to take all care home calls and support SAS/community ANPs with clinical decision making to prevent inappropriate presentations

A revised business case will be the basis for the development of an enhanced ambulatory unit. This will be subject to Board decision making in respect of any financial investment required.

2.3.9 Rapid decision-making

The ongoing work to consolidate and stabilise the ED medical and nursing workforce will be dependent on the availability of financial resources. This action aims to reduce ambulance turnaround times to meet agreed national targets and support clinical decision making to Call Before You Convey (CBYC) including reducing care home demand by taking all care home calls.

Work is also underway to enhance the frailty / ED model to care for the growing cohort of frail patients who require emergency level care, through a plan to roll out frailty practitioners / assessments. This is projected to reduce admission rate to 27% by reducing in patient demand but is also subject to availability of funding.

2.4 Reducing the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.

2.4.1 Increasing 1–3-day admissions

Improvements within secondary care have been identified to reduce length of stay by increasing 1-to-3-day admissions, these include:

- Restructuring of hospital capacity and flow teams to integrate discharge pathways with downstream wards to optimise advance planning including early referral to HSCP discharge hub for community transfers, early identification of transport requirements and complete discharge documentation.
- Optimisation of pre noon discharges and implementation of a sustained continuous flow model to focus on early moves to make the hospital safe and avoid substantial bed moves in the out of hours period.
- Further develop partnership working with discharge hub and front door team(s) to optimise social work input at time of admission to support shorter length of stay.
- Improve timely completion of discharge documentation and work to ensure that patients transferred into surge beds have their IDL (integrated Discharge Letter) completed by the parent team. Explore alternative models of care for our surge beds, exploring AHP consultant led beds for patients who are awaiting onward rehab pathways, this can support change of pathways if therapy input is optimised.
- Optimise rapid access radiology outpatient slots to avoid unnecessary delay and prolonged admission.

2.4.2 Reducing delays over 14 days

A whole system approach has already been adopted to reduce the number of patients in secondary care with length of stay over 14 days, actions include:

- Weekly length of stay verification for all patients over 10 days includes senior oversight and robust action plan
- Daily community verification
- Weekend planning meeting
- Moving On Policy in place to support complex conversations.

To reduce delays over 14 days, patients requiring coordination across Acute and Community are reviewed daily at whole system verification meetings that are chaired by the Head of Service or Service Manager within the Health and Social Care Partnership. This enables system wide discussions of all patients requiring support to return home or to a homely setting. Patients who have exceeded their PDD or for whom any potential barriers to discharge have been identified will be reviewed proactively to ensure the whole team work collectively to resolve.

2.4.3 Supporting Discharges

There are a range of models being implemented to support discharges. Further progression of these models will be dependent on available funding in 2024/25.

Fife Rehabilitation Model – This model has a clear focus on home-based rehabilitation and will aid a reduction in time people spend in hospital by ensuring all patients first pathway for consideration is rehabilitation at home rather than a dependency on community hospital beds.

Right Care for You Model – this model is a person-centred assessment of an individual's moving and handling needs that supports ensuring that the person receives the right amount of care and treatment and that it is provided in the correct environment, reducing the number of people

required to undertake specific tasks, creating additional capacity across the whole system and utilising staff resources and time better. This will increase the availability of POC and reduce the length of time people are in hospital waiting on a double up POC.

Adults with Incapacity - transformational work is in progress to analyse this area of practice and to further reduce those delayed in hospital working with a Solicitor and Mental Health Officers who have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge.

2.4.4 Promoting early and effective discharge planning

To improve patient flow and further embed best practice of Planned Day of Discharge (PDD) all Integrated Discharge Teams will ensure discharge pathway planning and discussions begin from the point of admission and this will be achieved by further embedding representation for Social Work and Social Care at multi-disciplinary meetings (based on every hospital site) within planned and unplanned care to ensure timely holistic assessments are determined by the most appropriate professional to avoid unnecessary delay.

An audit will be conducted to track progress of PDD documentation and review completion, identifying areas of good practice or areas for improvement to ensure consistency across our inpatient wards. KPIs will be developed to measure performance and seek new routes for further improvements.

The Discharge to Assess Model will be enhanced and improved to ensure that wherever possible people are assessed for ongoing care within their own homes and not in an unfamiliar environment such as a hospital ward or assessment bed in a care home and when they are at their most vulnerable. This will facilitate an increased use of Discharge without Delay principles and the Planned Date of Discharge (PDD) bundle.

2.4.5 Robust and responsive operational management

A system-wide Operational Escalation Level (OPEL) Framework is embedded within NHS Fife and Fife HSCP with it continuing to support responsive decision making across all services throughout the day as well as facilitate improved patient flow.

2.5 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.

2.5.1 Reduce unscheduled admissions

Future care planning is a key area to support the reduction of admissions. A new ACP is in the process of being developed. A small group consisting of a GP, Practice Manager and Medical Consultant have met to develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working in partnership with the front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with HSCP services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

2.5.2 Accelerate rapid assessment

The Integrated Community Teams proposal for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to an Assessment and Rehabilitation Clinic model where Advanced Nurse Practitioners and Advanced Therapy Practitioners complete a comprehensive multidisciplinary assessment in a clinic setting. The clinics would be set up across Fife with the aim of having a clinic operating in each of the 7 localities. This would be achieved by merging the existing ARC and Intermediate Care Team (ICT) services together to become a 'Community Rehabilitation and Frailty Team' which will facilitate a consistent staffing model across Fife, enhance capacity within the overall service and therapy will be undertaken at home or as close to home as possible. This will be delivered with current resources.

2.5.3 Evolve to implement Frailty Units

The Fife Frailty MCCN has just been re-established and refreshed and now includes stakeholders from health, social care, independent and third sector as well as public representation. The MCCN will meet quarterly with subgroups meeting between those times to take forward the priorities of the MCCN which will strive to develop an integrated coordinated approach to supporting people living with frailty across Fife.

The priorities identified at the recent stakeholder event included awareness raising around what frailty is and how professionals and individuals themselves can support those living with frailty, and rapid access to information and services. Examples include developing, knowledge, skills and confidence of staff and citizens. Future and proactive care planning, navigation of effective care pathways and joined up care with all services wrapped around the person living with frailty.


Frailty is a dynamic state and the MCCN recognises the importance of people being able to access responsive services at whatever stage of frailty they are at whether. The MCCN priorities align with ensuring people can live as healthy lives as possible in their own home or as close to home as possible.

Subgroups are being developed to focus on the priorities however there are already groups set up which will link with the MCCN including the ACP group and the Prevention of Admission and Early Intervention subgroups which are part of the Fife Home First and Transformation Strategy. Ageing Well and Community Falls group will be set up as part of this network and further subgroups will be developed as the MCCN matures. These groups will report back through the MCCN and the wider governance structures within the HSCP and Acute Services.

2.5.4 Frailty Skill Mix

A review of the frailty workforce is underway with a focus on skill mix. The projections for Medicine of the Elderly Consultants are on a downward trend therefore there are plans being explored to develop advanced practice nursing and AHP staff/teams to support and integrate with clinical teams.

3 Mental Health

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
 Mental Health	CAMHS	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral		Jan-24	69.4%	90.0%
	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral		Jan-24	73.6%	73%
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Mental Health hospital	Standard Delays	Feb-24	19	10
	AWI Delays		8		12	

Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.

The planned improvement in the delivery of Mental Health services is dependent on the financial allocation and if this is insufficient to achieve the ambitions set out in the programme deliverables within agreed timescales, this could have an effect on service delivery and staff morale. There has been significant engagement with people to coproduce plans and they may feel their voices have not been heard. This could also lead to lack of long-term engagement in this process and the retention of staff.

To mitigate these risks, there will be open and transparent communications regarding priorities and funding to manage expectations.

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

Fife CAMHS will continue to prioritise the development of services, to build capacity to achieve and sustain the national Referral to Treatment Target (RTT) as well as delivery of services as set out within the national CAMHS Service Specification.

Fife CAMHS will achieve this through the prioritisation of early intervention, engagement with service users, parents and carers, effective use of resources through the development of clinical pathways for complex mental health issues and ensuring that services are accessible to children and young people when they are most in need.

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

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

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

3.1.2 Psychological Therapies

Fife Psychology Service will increase capacity to improve access psychological interventions and evidence-based PTs, eliminate very long waits (over 52 weeks) as well as meet and maintain the 18-week referral to treatment (RTT) waiting times standard.

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

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.

3.2.1 Development of Fife Mental Health Strategy

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

3.5 Improving support and developing the Mental Health workforce.

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

3.6 Improving the mental health-built environment and patient safety.

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.

The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.

4 Planned Care

Recovering and improving delivery of planned care

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

4.2 Enabling a “hospital within a hospital” approach in order to protect the delivery of planned care.

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

4.3 Maximising capacity to meet local demand trajectories.

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

4.6.2 Transfer of lists

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

4.7 Undertake regular waiting list validation.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

4.8 Wait Well

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.

4.9.1 ACRT/PIR

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed speciality by speciality. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

4.10 Optimise theatre utilisation and implement digital solutions.


NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

5.1.1 The Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

5.1.2 Breast Pathways

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

5.1.3 Colorectal Pathways

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

5.1.4 Urology Pathways

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)

5.2.1 Increasing Diagnostic Capacity

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

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

5.2.2 Increasing Endoscopy Capacity

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

5.2.3 Rapid Cancer Diagnostic Service

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce an Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

5.4 Delivering single point of contact services for cancer patients

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support

5.5.1 Prehabilitation

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.

Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

5.5.2 Psychological Therapies


NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate in the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard	Latest	By Mar-25		
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery	QE Sep-23	82.9%	90.0%	
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
	Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%	
Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500	
		40% Most Deprived		111	324	
Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300	
		C&YP	YE Feb-24	134	156	

6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

6.2.1 Implementation of MAT standards

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

6.2.2 Outcome 1 – Fewer people develop problem drug use.

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

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

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

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

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approached) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.

6.3.1 Develop and maintain Smoking Cessation Services

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

6.3.2 Weight Management

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *'support and empower a sustainable skilled workforce to deliver safe and effective immunisation services'* and the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".

6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities through engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

Employability

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already an established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

Anticoagulant medicines are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

Lithium is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

Insulin - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

Sodium Valproate is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.

7 Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start' policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.

7.1.1 Best Start

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

7.1.2 New Model of Neonatal Care

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those how need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

7.2 Taking forward the relevant actions set out in the Women's Health Plan

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

7.2.1 Access to TOP Service

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

7.2.2 Access to contraception

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

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

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards


Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.
- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.
- **GP IT**
NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.
- **Child Health**
This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.
- **Microsoft 365**
Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.
- **Laboratory Information Management System (LIMS)**
As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed [Digital Health and Care Strategy](#).

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 *Electronic Health Record project*

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

This programme will also focus on interaction with patients to improve their experience through the continued use and introduction of digital technology.

9.6.2 *Upgrades and Lifecycle Plans*

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more than 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling.

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A 'sustainability tracker' for green theatres has been developed and is being used to monitor progress across the areas outlined in the 'bundles'. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.

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DRAFT

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DRAFT

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 2024
Title:	Anchor Programme Update and Developing Metrics
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Sharon Crabb, Public Health Service Manager; Kevin Booth, Head of Financial Services & Procurement; Jimmy Ramsay, Head of Sustainability; Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Operational Plan
- Government policy / directive
- Local policy

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is focussed on the developing Anchor programme of work and expectations of the National Place and Wellbeing programme. It follows the anticipated Anchor metrics request received in November 2023 (Appendix 1). The Scottish Government asked NHS Boards to develop:

'a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community'.

The Anchor Strategic Plan for Fife covers five-years in line with the overarching Population Health and Wellbeing Strategy. This is framed with reference to how it will support a 'prevention' public health approach and contribute to both community wealth building and reducing child poverty.

This paper updates progress of the Anchors Operational Group and provides required baseline metrics from Workforce, Procurement and Land and Assets aspects (Appendix 2).

2.2 Background

Following the issue of the Anchor Delivery Plan guidance that was issued to territorial Boards in June 2023. NHS Fife Anchor Strategic plan was submitted in November 2023 to Scottish Government in draft form ahead of being presented to Fife Board on 30th January 2024.

Further guidance was received in November 2023 with the intention to:

- Support NHS Boards to measure progress on their anchor activity to inform their Anchor Strategic Plans
- NHS Boards to use the template issued to record baseline local metrics by 31 March 2024

Anchor work has been ongoing since the last update paper submitted to Public Health and Wellbeing Committee on 4th September 2023. NHS Fife ambitions have been set out in the Annual Delivery Plan submission to Scottish Government and are also included in the Midterm Delivery Plan.

2.3 Assessment

The Anchor Operational Group has coordinated a review of the self-assessment framework developed by the Health Foundation; particularly in relation to employability, procurement and spend, estates, property, and land. Progression of the organisation as an Anchor Institution supports NHS Fife ambitions detailed in the Population Health and Wellbeing Strategy, to continue to work to reduce poverty and inequality. NHS Fife has demonstrated a commitment as detailed in previously submitted papers focussing on Youth employment (Jan 2023), Community Benefits Gateway (May 2023) and papers presented at Fife Partnership Board (Feb 2024).

Workforce

Under the Widening Access to Quality work theme, our focus is on building on our employability activity. This will enhance our ability to attract members of our local communities to commence their employment with NHS Fife, engaging in appropriate programmes to support and develop career pathways. A review of the programme aims were refreshed in 2022 producing a 3-year plan.

The current emphasis is on the extended use of apprenticeship programmes and employability pathways. Initially the focus has been on Modern Apprenticeship and Graduate Apprenticeships for staff development. Using these methods more widely for recruitment will be a feature in future.

In collaboration with Fife College, we have established the most appropriate Modern Apprenticeship Programme for Healthcare Support Workers. The first cohort commenced in September 2022. This was developed into a rolling programme offering up to 3 cohorts of 22 places per year. Focussed efforts are ongoing in 2024 to ensure all available spaces are

being utilised. Progress continues on the work led by the Allied Health Professional and Nursing teams, to develop Foundation Apprenticeships in Radiology, Physiotherapy, occupational Therapy and Nursing.

We are looking to engage with several new partners to focus on employability initiatives such as Fife Council's Life Chances Funding and Princes Trust 'Get into Healthcare' programme. This will establish new opportunities for local young people to explore and enter various roles within NHS Fife.

Plans are developing, with additional resource within our employability team to support coordination of organisational work activity as programmes expand across service areas. This will allow us to build on the work that is being undertaken by our NHS Fife Schools Engagement Network to support NHS careers promotion activity. We are engaging with the Developing the Young Workforce Fife Board to implement a Careers in Healthcare industry careers fair, specifically for roles within NHS Fife & Health & Social Care Partnership. A provisional date has been arranged for September 2024.

We continue to collaborate with Fife Council and other partner organisations to consider recruitment adjustments to support entry level access to job opportunities. This is in parallel with the Department of Work and Pensions initially in support of their NHS Scotland Carer to Carpenter campaign in June 2023. Aligned to this campaign, we are now looking at themes around work placements to build collaboration on their work coaching programme.

By working in partnership with Fife College and NHS Education for Scotland we are aiming to offer up to 15 school pupils in the Levenmouth area a bespoke qualification and work placements from the Autumn 2024 school term. This will be part of a new initiative, called EMERGE.

Procurement

There are a number of priority areas the Procurement team are progressing in 2022/23 and the following years of the strategic plan. Key progress has been made in the following elements over the last quarter:

Community Wealth Building – The triage subsite developed in partnership with Fife Voluntary Action (FVA) and Public Health to facilitate more diverse and a greater number of community benefit bids from the local communities of Fife is now live. FVA have significant links to the local third sector. Our longer-term objective is that whilst they are working with a number of interest groups to review support opportunities; develop applications to support bids, they will through our partnership working approach redirect any applicable bids to the National site for registering. This will in turn increase the number of bids that NHS Fife can look to support where possible. Any bids that are made live, Procurement will liaise with existing suppliers to support prompt fulfilment wherever possible.

Supporting and improving the cashflow in the local economy; in response to the National Systems issue in early 2023, the Boards Payment performance metrics declined. Whilst the issue has been resolved at a National Level. Procurement have embarked on a workstream to reduce the length of time and the number of active queries outstanding on supplier invoices to support improved payment performance to suppliers in the coming months.

The procurement metrics are both clearly defined and sufficiently ascertainable, to allow comparisons to be drawn across further years and with other health boards to illustrate performance and monitor progression within NHS Fife.

The metrics provided confirms the total spend and percentage of total spend with both local and national businesses and SME's (Small & Medium sized Enterprises). In addition, NHS Fife total spend is confirmed with both supported businesses and third sector bodies in the reporting year. Work carried out by NHS Fife in relation to delivering community benefits is qualified and all successfully supported community projects have been detailed. The percentage of formal contracts awarded to the value of £50k and over has been detailed, this is where the successful supplier is real living wage accredited or is committed to paying the real living wage from an agreed future date.

All of the Procurement metrics align with the reporting contained in the Annual Procurement report produced and published on the NHS Fife Website to meet the Procurement Reform (Scotland) Act 2014.

Land and Assets

Many of the requested Anchor metrics have been achieved and the processes for embedding these metrics in new developments and our asset transfer process. Gaps relate to linking in with community groups and enabling the use of our land in conjunction with the themes in the greenspace strategy. It has been our focus to improve this over the last few months. Progress is being made with other strategic intentions such as renewable technology feasibility studies.

We have no policy for community use of our land yet, however we have created a suite of documents for use and our greenspace strategy demonstrates our commitment. We are currently working with community groups in Fife who will use some of our available land to develop their projects. An online event in February was hosted in conjunction with FCCAN (Fife Community Climate Action Network) to increase interest and uptake of our land. Creating these opportunities will bring an array of health and well-being benefits by creating better greenspaces for staff, patients, and the wider Fife community to enjoy. In partnership with Fife Council we hosted a stall at the Fife Climate Festival to network, raise awareness by sharing some of the work that we have been doing with communities. Attending and contributing within the newly formed Fife Green Health Partnership offers a great opportunity for NHS Fife to help add value to some of the work/programs they are looking to progress with. Plans are being made to update our progress onto the NHS Fife website.

Having recently explored renewable energy potential on our available land, we are looking to commit to the installation of battery storage and solar PV on roofs and car parks that will generate income for NHS Fife. As part of these commitments, we will apportion some of this income to support community benefit projects. Plans are being made with NHS Lothian, Scottish Government, the National Energy Manager and the recently appointed Procurement Officer to discuss and explore how we take forward such projects to develop power purchase agreements.

Corporate and Civic

The Anchor Operational Group has started making links to bring in corporate and civic dimensions. Volunteering has been explored reaching out to operational groups linked with the Royal Air Force and their veterans. The intention is not only to scope volunteering opportunities that NHS Fife can offer but to explore the wider Anchor ambitions and focussed areas through employability and procurements avenues.

In the meantime, to progress with our Anchor strategic ambitions, our next steps will include continuation of ongoing work, further engagement with key stakeholders with the organisation and partners to continue to strengthen links and networks. NHS Fife will forecast Anchor ambitions in tandem with the Population, Health and Wellbeing Strategy.

2.3.1 Quality / Patient Care

The quality of some of our support services may be improved by being more directly linked to local businesses and organisations. No direct impacts on quality or patient care have been identified.

2.3.2 Workforce

Widening access to employment will have a positive impact on reducing health inequalities of the local population. Staff health and wellbeing may be improved by having more direct links into for example the local food economy, and by improving our impact on the environment.

2.3.3 Financial

No additional financial costs have been identified.

2.3.4 Risk Assessment / Management

The development of this strand of the strategy will provide a benchmark for NHS Fife to progress all aspects of being an Anchor Institution. Operationally updating the progression framework and reporting to the Anchor Programme Board.

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

Operating as an Anchor Institution and contributing to community wealth building will impact positively on reducing health inequalities. An EQiA will be completed once identified areas of action have been agreed.

2.3.6 Climate Emergency & Sustainability Impact

The core of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment. Although no direct reporting of progress is required at this stage; Scottish Government acknowledged there will be ongoing progress through other focused areas of work.

2.3.7 Communication, involvement, engagement and consultation

Stakeholder Communications and Engagement

The Anchor Operational Group recognises the importance of engagement and consultation particularly with our own staff groups, and this will form part of the strategy.

Presentations have been delivered to Senior Leadership Teams within Acute on 27th July 2023 and HSCP on 7th August 2023. A further presentation was delivered on 25th March 2024 to the newly established HSCP Anchor Working Group.

Further engagement and consultation is being discussed for Area Partnership Forum, Integration Joint Board, Area Clinical Forum, other key stakeholders within NHS Fife and partners.

2.3.8 Route to the Meeting

This is an updated paper prepared for Public Health and Wellbeing Committee at the request of the previous Chair to aid with continuity. Updates on NHS Fife as an Anchor Institution have been presented to the Public Health and Wellbeing Committee on the following dates.

- 16th May 2022
- 29th August 2022
- 11th January 2023
- 15th May 2023
- 6th November 2023

This paper has recently been taken to the Anchor Institution Programme Board on 5th March 2024.

2.4 Recommendation

Discussion

Public Health & Wellbeing Committee are asked to review the metrics update and discuss NHS Fife baseline metrics.

Assurance

Public Health & Wellbeing Committee are asked to take Assurance from the work progressed by the Anchor Operational Group and note the baseline of metrics submitted by NHS Fife.

3 List of appendices

The following appendices have been included with this report:

- Appendix No. 1, NHS Scotland Delivery Plan Guidance
- Appendix No. 2, Place and Wellbeing Programme, metric development criteria and NHS Fife baseline metrics

Report Contact

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Delivery Plan Guidance

**Additional guidance on establishing
a baseline to inform Anchor
Strategic Plans**

November 2023



Scottish Government
Riaghaltas na h-Alba
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Contents

Introduction	3
1. Background	4
2. Reporting	5
3. Future reporting	5
Annex A – Baseline of anchor activity	6
Annex B – Data sources and additional notes	14
Annex C – Engagement	16

Introduction

As part of the [NHS Scotland Delivery Plan Guidance](#), issued in February 2023, the Scottish Government asked NHS Boards to develop the following:

***a clear baseline** in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community¹.*

The aim of the baseline is to support NHS Boards measure progress on their anchor activity to inform their Anchor Strategic Plans, as well as to provide an overview of the current position of NHS Scotland as an anchor institution.

This communication includes a template ([Annex A](#)) that NHS Boards should use to establish their baseline and which should be submitted to the Scottish Government by Friday 29 March 2024.

Further information on how the metrics were developed is outlined below along with a note on some caveats and limitations in relation to the proposed metrics and data sources.

¹ See Section 6.5 of the [NHS Scotland Delivery Plan Guidance](#).

1. Background

1.1 Process to develop appropriate metrics

Scottish Government Health and Social Care Analysts, in collaboration with NHS Boards, have developed a set of metrics to support NHS Boards establish a baseline to measure their impact at a local level as anchor institutions.

The process of developing a set of metrics involved extensive engagement with stakeholders to explore and review existing data sources and metrics. Other existing frameworks, such as the UCL Partners Anchors measurement framework, were also reviewed. Three Boards – NHS Ayrshire and Arran, NHS Forth Valley, and NHS Lothian – tested the final set of metrics to identify any practical issues in reporting.

Feedback received through this engagement process was fundamental in ensuring that the final set of metrics are feasible, manageable, and proportionate for NHS Boards to report on. The metrics were signed off by the Place and Wellbeing Programme Board on 12 October 2023.

1.2 Caveats and limitations

While we are confident that the proposed metrics are robust and feasible measures to support NHS Boards baseline their impact as anchor institutions, there are a number of caveats that should be acknowledged.

Some of the metrics are relatively blunt measures for the complex and nuanced outcomes around reducing health inequalities at a local level. However, as such outcomes are challenging to measure with the existing data, the proposed metrics should provide the most robust measurement possible with the available data.

For the land and assets strand, identifying appropriate metrics proved particularly challenging due to the lack of meaningful data as well as the complexity of outcomes. We have therefore included two qualitative questions to elicit a narrative on community use and barriers, which we recognise will not lend themselves to year-on-year comparison. However, they will provide some of the nuance needed to understand the current position around use and disposal of land and assets.

There are some issues around data incompleteness for the agreed metrics, in particular for the self-reported workforce equalities data. Incompleteness of self-reported staff equalities data is an analytical issue across all employers and sectors, and while this limits conclusions and interpretation, such data still provide valuable insights and are used widely in analysis and policy development.

For workforce, we have asked about Scottish Index of Multiple Deprivation (SIMD) to capture deprivation data relating to the proportion of staff, applicants, and leavers, which will provide amongst other things useful insights into the workforce geographical spread. However, as SIMD is primarily a measure of area-based deprivation we recognise there are limitations to the conclusions that can be drawn using SIMD, particularly in remote and rural areas.

It should also be noted that in a number of instances, we are asking NHS Boards to report on data that they report elsewhere. This is to signal that these data should be included and monitored as part of their Anchor Strategic Plans.

2. Reporting

All NHS Boards are asked to establish a baseline for their anchor activity using the template in [Annex A](#). The template should be completed and submitted to PAWSecretariat@gov.scot by **Friday 29 March 2024**.

To avoid additional burden on NHS Boards, the metrics draw on existing data. Data sources and additional notes to help complete the template are set out in [Annex B](#).

The baseline reporting period for the metrics will be the financial year 2022/2023.

If you have any comments or questions regarding the completion of the template in [Annex A](#), please contact PAWSecretariat@gov.scot.

3. Future reporting

The main aim of asking each NHS Board to establish a baseline is to support them measure progress on their anchor activity which should in turn inform future iterations of their Anchor Strategic Plans.

We recognise that if the metrics had been included with the guidance issued in June 2023, NHS Boards could have baselined their current activity to inform their Anchor Strategic Plan for 2023/24. However, the process of establishing appropriate metrics took significantly longer than anticipated due to the lack of appropriate data to measure complex outcomes.

Our intention is to ask NHS Boards to measure their progress against their baseline on an annual basis, and we will issue further guidance in 2024 on submitting data for the reporting year 2023/24.

It should be noted that we have agreed to review the metrics set out in [Annex A](#) once we have received the baselines, taking on board any feedback and comments from NHS Boards and other stakeholders.

Finally, we would like to recognise the significant input of the many individuals from the groups listed in [Annex C](#) who contributed to the process of identifying and agreeing the final set of metrics.

Una Bartley Team Leader, Place and Wellbeing Programme



Return dates
Baseline for Anchor Strategic Plans 2023/24
Friday 29 March 2024

Appendix 2

Annex A – Baseline of Anchor Activity

Reporting year: 2022/2023

NHS Board: NHS Fife

Workforce

Code	Metric	Response
W1	How many employability programmes were underway within your Board in the reporting year? (Please refer to guidance note)	<p>Kickstart Scheme Foundation Apprenticeships Modern Apprenticeships Graduate Apprenticeships Graduate Internships Career Ready Hand Picked for Schools Programme Early careers Mentorship Programme</p> <p>These initiatives covered a range of opportunities:</p> <ul style="list-style-type: none"> • Access to funded higher learning, • Employment placement programmes, • Advanced progression pathways, • Entry level apprenticeships and • Youth access programmes.
W2	How many people have you engaged through employability programmes in the reporting year?	83
W3	Are you accredited as a Real Living Wage employer?	Yes
W4	Are you accredited as Carer Positive?	Yes
W5	Are you accredited as Disability Confident?	Yes

Official

Code	Metric	Response
W6	Are you accredited as Equally Safe at Work?	In progress
W7	Are you accredited as Menopause Friendly?	Yes
W8	Are you accredited with the Young Person's Guarantee?	Yes
W10	Are you accredited with the Defence Employer Recognition Scheme?	In progress
W11	Do you publish a race pay gap?	Yes (equal-pay-audit-2023-appendix-1-pay-gap-analysis.pdf (nhsfife.org)) Monetary Variance White to Non White -£4.08 / -22.44%
W12	Do you publish a disability pay gap?	Yes (equal-pay-audit-2023-appendix-1-pay-gap-analysis.pdf (nhsfife.org)) Monetary Variance Non Disabled to Disabled £1.43 / 7.84%
W13	Do you have a clear strategy for engaging with Local Employability Partnerships (LEPs) within your Board area	Yes, represented on the Developing the Young Workforce Fife Board, engage with Fife Voluntary Action linking with LEPs, and have Employability, Youth Employment and Apprenticeships Strategy, including engagement with key LEPs.
W14	Does your Board have an identified LEP rep who attends regularly and contributes to the development, implementation and continuous improvement of the LEP	Yes Jessica McQueen, Employability Manager and Kirsty Martin, Service Manager

Official

Code	Metric	Response
	Investment Plan? Please provide name and title for the rep(s) within your Board.	
W15	Please state if you are actively targeting one or more of the following groups, either through recruitment, employability programmes or progression schemes, or through working with partners e.g. LEP, college, university. (Please tick all groups that you are actively targeting). (Please refer to guidance note)	<input checked="" type="checkbox"/> Care experienced <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Black and Minority Ethnic groups <input checked="" type="checkbox"/> People living in the 20% most deprived areas <input checked="" type="checkbox"/> Disabled people <input type="checkbox"/> Gypsy Travellers <input type="checkbox"/> Dependent on alcohol and drugs <input type="checkbox"/> Homeless people <input type="checkbox"/> Recently left prison <input type="checkbox"/> Refugees and asylum seekers Priority family groups at risk of child poverty, please state which: <input checked="" type="checkbox"/> lone parents <input type="checkbox"/> young mothers (under 25 years old) <input type="checkbox"/> minority ethnic families <input type="checkbox"/> large families (with three or more children) <input type="checkbox"/> families with a baby (under one) <input type="checkbox"/> families with a disabled adult or child Other (please state):
W16	Do you have plans to systematically collect data on any of these groups?	Yes If yes, which groups:

Official

Code	Metric	Response
		Those marked <input checked="" type="checkbox"/> above in W15.
W17	What is the distribution of your workforce by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	staff-governance-committee-meeting-papers-20230720.pdf (nhsfife.org)
W18	What is the distribution of your workforce leavers by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	Please see notes, NES to provide by March 2024, via TURAS Data Intelligence.
W19	What is the distribution of applicants and their success rate by protected characteristics and SIMD in the reporting year? (Please refer to guidance note)	Please see notes, NES to provide by March 2024, via TURAS Data Intelligence.

Procurement

Code	Metric (Please refer to guidance notes for each question below)	Response
P1	What is your total spend on local businesses in the reporting year?	Fife - £87,299,120 Scotland - £231,660,805
P2	What percentage of your overall spend is on local businesses in the reporting year?	Fife - 24.73% Scotland - 65.62%
P3	What is your total spend with SMEs in the reporting year?	£64,247,881
P4	What percentage of your overall spend is with SMEs in the reporting year?	18.23%
P5	What is your total spend on contracts with supported business in the reporting year?	£18,671
P6	What is your total spend with third sector bodies in the reporting year?	£4,903,502
P7	Please list all community benefits delivered through procurement during the reporting year.	Work Experience, Training and Visits (10 work experience placements, 3 site visits, 78 school visits, SME & 3 rd sector training to upskill members of the supply chain and 5 trained in building management and

Official

Code	Metric (<i>Please refer to guidance notes for each question below</i>)	Response
		<p>efficient use of building to improve carbon performance).</p> <p>Local Apprentices & Recruitment (26 posts in total including, 4 existing, 7 additional recruits, 9 graduate recruits and 6 others (cleaners and site assistants).</p> <p>Community Projects (Office furniture and equipment to furnish new location for Fife Employment Access Trust, Your Health Your Choice Seminar, Signage, Fife Health Charity, Donated products, Volunteering, Local food charities, Landscaping, Beach clean ups, and Considerate Constructors Scheme score of 49 achieved).</p>
P8	What percentage of your newly awarded contracts are with suppliers that are Real Living Wage Accredited or committed to pay the Real Living Wage, for the reporting period?	100% (Based on contracts of £50K and over, of which 11 were delivered in 2022/23. If this were all contracts over £5K this would be a significantly higher number, albeit the percentage would not be 100%)

Land and Assets

Code	Metric	Response
LA1	How many asset transfer requests have you received to date? (Please refer to guidance note)	1 (information contained on NHS Fife website and updated every April. Community Asset Transfer NHS Fife)
LA2	How many asset transfers have been awarded to date? (Please refer to guidance note)	1
LA3	Do you have a process in place for embedding anchor procurement activities in new developments? For example, working with local suppliers.	Yes We use the NSS Framework for minor works and Frameworks Scotland for large projects.
LA4	Do you have a process in place for embedding anchor employment and activities in new developments? For example, providing local employment opportunities (including apprenticeships) through direct or indirect employment through suppliers.	Yes As per LA3. Each Framework has provision for community benefits.
LA5	Do you have a process in place for embedding anchor sustainability activities in <ul style="list-style-type: none"> a) new developments (e.g. energy supply through renewable sources and utilising opportunities for energy generation where surplus energy can be used by target populations) b) existing sites (e.g. green space, café, bookable multipurpose spaces)? (Please refer to guidance note)	a) Yes For large project we are obliged to use the SHTN 02-01 Sustainable Design and Construction Guide. b) Yes We have a Greenspace Strategy. We are also in the process of completing an Agile Working Policy and have implemented agile/bookable rooms in areas across our estate.
LA6	Does your strategy for new building and estates development include provision for community use <ul style="list-style-type: none"> a) now (e.g. green space, café, bookable multipurpose spaces) 	a) Yes

Official

Code	Metric	Response
	<p>b) in the future (e.g. disposal or redevelopment, suitability for conversion to housing, education)?</p> <p><i>(Please refer to guidance note)</i></p>	<p>For our recent Health and Wellbeing Centres at Kincardine and Lochgelly, the facilities were very much community driven with options to utilise the assets beyond their core purpose. Initiatives are developed through a stakeholder engagement process.</p> <p>b) Yes/No</p> <p>This is central to our Property and Asset Management Strategy and supporting our Greenspace Strategy. We are in the process of developing a Whole System Strategy which will inform site requirements for the future and what might be surplus. We are also working closely with Fife Council on their new Development Plan.</p>
LA7	<p>Do you have a process in place for engaging with the local community in planning the design and use of new developments?</p>	<p>Yes</p> <p>On new developments this is a requirement of the Scottish and Capital Investment Manual. We believe we are good at involving external and internal stakeholders in helping to develop our plans.</p>
LA8	<p>Does engagement with the community on new developments include any of your Board's target populations and/or target organisations?</p>	<p>Yes</p>
LA9	<p>Do you engage with other anchor partners in planning new developments (e.g. local authority, college, university)? <i>(Please refer to guidance note)</i></p>	<p>Yes</p> <p>We have made good connections with Fife Council and Fife College. In particular, we are working in conjunction with St Andrews University to improve medical education capacity within Fife.</p>

Official

Code	Metric	Response
LA10	Do you have a policy or strategy in place for local community use of existing land and buildings?	No policy but per our Greenspace Strategy, we are looking at stakeholder workshops to increase uptake of community use of land.
LA11	Do you have a process for local community to engage with the organisation to request use of existing sites?	No but once above develops, a process will be created.
LA12	Does engagement with the community on existing sites include any of your Board's target populations and/or target organisations?	Yes
LA13	Do you have a mechanism in place for community and partners to be notified of assets that are surplus/ could be transferred?	No – any community organisation can view our assets list on the NHS Fife website (asset transfer page).
LA14	Please list the current use of land and assets by community groups and activity type (including retail space).	Current CAT request being progressed (Lucky Ewe – CATS – sheep farming @ Stratheden). There are several informal uses of our sites for leisure and sport related activities that will be documented as part of our Greenspace Strategy going forward.
LA15	Please list the known key barriers to use/disposal of land and assets by community groups.	We need to have confidence in our long-term strategy as this will inform site/space requirements for the Board. It will then help to highlight what sites/land may be surplus to requirements for anchor development.

Annex B – Data sources and additional notes

Workforce metrics

Key data sources: Staff Governance Monitoring; NES TURAS.

Additional notes on Workforce metrics

- **W1:** Definition of Employability: Employability covers a range of activity to help participants gain skills, confidence and experience supporting them to progress towards and access employment opportunities, and to sustain and progress in work.
- **W15:** When we ask about the following groups – dependent on alcohol and drugs, homeless people, recently left prison – we are referring to a people with lived experience of addiction, homelessness and the criminal justice system.

When we ask about ‘Priority family groups at risk of child poverty’ we are referring to those identified within the Government’s [Best start, Bright Futures: tackling child poverty delivery plan](#). We recognise the challenge in identifying these groups as they are quite specific, however we are seeking this information to understand where NHS employment could help to mitigate against child poverty, which we know can lead to health inequalities.
- **W17 – W18:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024. When available, we will write to Anchor Leads with instructions on how to access the data.
- **W19:** NHS Education Scotland will provide the data via Turas Data Intelligence by March 2024, providing data sharing agreement is reached with sufficient time to undertake analysis and quality assurance. If available, we will write to Anchor Leads with instructions on how to access the data.

Procurement metrics

Key data source: Procurement Annual Report Annex A.

Additional notes on Procurement metrics

- **P1 – P2:**
 - ‘Local’ is defined using the invoice address as registered on Spike Cavell/DXC.
 - For territorial NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within the local authority areas covered by the territorial Health Board.
 - For national NHS Boards, local spend is classified as expenditure with suppliers whose postcodes within DXC Spend Analytics are located within Scotland.
- **P3 – P4:** ‘Small and medium enterprises’ (SMEs) means businesses with no more than 250 employees.

Official

- **P4:** We are aware this is not reported as part of procurement annual reports. This should be calculated by dividing the total spend with SMEs in reporting year (metric P3) by your total overall procurement spend in the reporting year.
- **P5:** 'Supported business' means an organisation whose main aim is the social and professional integration of disabled or disadvantaged persons and where at least 30% of the employees of the organisation are disabled or disadvantaged persons.
- **P7:** Community benefits are defined as relating to training and recruitment or availability of sub-contracting opportunities; or which is otherwise intended to improve the economic, social or environmental wellbeing of the contracting authority's area in a way additional to the main purpose of the contract in which the requirement is included.

Land and Assets metrics

Key data source: Asset Transfer Request annual report.

Additional notes on Land and Assets metrics

- **LA1 – LA2:** This should be counted from the earliest available data on asset transfers up to and including the reporting year 2022/23.
- **LA5, LA6 and LA9:** We have provided examples of the types of activities that may feature as part of Anchors Land and Assets work however, these are not exhaustive.

Annex C – Engagement

To develop the metrics to support NHS Boards establish a baseline, we engaged with representatives from the following groups and organisations:

- Anchors Delivery Group
- Anchors Workforce Strategic Group
- Land and Assets Task and Finish group
- National Services Scotland
- NHS Ayrshire and Arran
- NHS Forth Valley
- NHS Lothian
- NHS Education for Scotland
- NHS Procurement Services Senior Management Team
- Procurement Task and Finish group
- Public Health Scotland
- Scottish Property Advisory Group
- Scottish Government NHS Workforce Policy
- Scottish Government Procurement Policy and Analysis
- Scottish Government Wellbeing Economy Analysis
- Supplier Development Programme
- UCL Partners (Health Foundation).

Meeting:	Public Health and Wellbeing Committee
Meeting date:	13 May 2024
Title:	Draft Public Participation and Community Engagement Strategy 2024-2028
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Kirsty MacGregor, Associate Director of Communications

1 Purpose

This report is presented for:

- Assurance
- Discussion
- Decision

This report relates to:

- 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

The draft NHS Fife Community Engagement and Public Participation Strategy 2024-28 was originally presented to EDG on 7th December 2023 and following feedback was discussed and approved by EDG on the 18th of April 2024. The strategy will then go to the NHS Fife Board on the 26th May 2024 for formal adoption.

2.2 Background

This Public Participation and Community Engagement Strategy 2024-2028 has been developed to reflect the aims and objectives of the new NHS Fife Population Health and Wellbeing Strategy 2024/2028 and to complement our programme of Re-Form, Transform and Perform (RTP).

In March 2023, the NHS Fife Board approved its new Population Health and Wellbeing Strategy for the next five years, with a commitment to providing high-quality health and care services for all Fife citizens.

The strategy focuses on addressing health inequalities and supporting the improvement of overall health and wellbeing. While the strategy does not outline specific actions, it serves as a declaration of the organisation's vision and intent.

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy along with our new Re-form, Transform and Perform (RTP) activity. The organisation will regularly update staff and the public on progress while seeking feedback and ideas and suggestions from service users and communities across Fife to help shape current and future service delivery inline with the ambitions outline in NHS Fife's strategy and our RTP financial targets.

Collaborating with other partner organisations involved in planning and providing services will be essential to achieving the strategy's objectives and our community engagement ambitions.

Our new NHS Fife Public Participation and Community Engagement Strategy outlines the best practice methods for achieving this and will complement the objectives detailed in the new Corporate Communications strategy (currently being refined to reflect our new RTP objectives).

Once formally approved by the NHS Fife Board in May, the new Public Participation and Community Engagement Strategy 2024-2028 will then be used to develop a supporting community engagement delivery plan and identify resource allocation and investment required to deliver this new service for NHS Fife.

2.3 Assessment

Given the current context, of post covid recovery the NHS Fife the Public Participation and Community Engagement Strategy 2024-2028 connects succinctly with a range of existing NHS Fife strategies including our Population Health and Wellbeing Strategy, Public Health Strategy, Digital and Information Strategy ,Estates Strategy as well as our commitments as an Anchor Institution.

2.3.1 Quality, Patient and Value-Based Health & Care

The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 will be a significant enabler for delivery of the Population Health and Wellbeing Strategy together with other local strategies. Therefore, it will contribute towards improving Quality / Patient Care.

2.3.2 Workforce

The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 will make a significant and positive impact on our communications and engagement with our workforce to help ensure they feel informed and supported to carry out their duties and

understand how they contribute to the delivery of the strategic ambitions of the organisation and how they can display the values of NHS Fife.

2.3.3 Financial

Putting the NHS Fife Public Participation and Community Engagement Strategy 2024-2028 into practice will require dedicated resources. Work has already started with colleagues in Finance and Workforce to reflect this new ask and how funding might be achieved in relation to the ambitions and priorities outlined in the new strategy.

2.3.4 Risk Assessment / Management

The financial outlook remains a challenge to deliver the scope and speed of our ambition - prioritisation of public participation and engagement plans to support delivery of the NHS Fife strategy and RTP will therefore become a requirement as we review current spend across the organisation on current engagement related activity. In relation to managing risk there is an opportunity to link in with Fife HSCP Engagement team and Fife Council Engagement team to see if there are opportunities to work in partnership or certain elements of engagement activity with the population of Fife to ensure best value and coordinate our efforts.

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

We have worked with Healthcare Improvement Scotland to ensure our strategy complies with our statutory requirements and best practice. When we look to operationalise the strategy in relation to specific programmes of work, we will look to complete EQIA Stage 1 returns. The NHS Fife Public Participation and Community Engagement Strategy 2024-2028 also aligns with our ambitions as an Anchor Institution.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability Impact falls under one of our NHS Fife strategic priorities within the Population Health and Wellbeing Strategy and is expected to form part of our public participation and community engagement operational activity.

2.3.7 Communication, involvement, engagement, and consultation

Working with a range of services, committees and partners have helped to inform the development of this draft strategy. The strategy was also developed in line with industry best practice in the public sector and national guidance and legislation through Health Care Improvement Scotland. Once approved the principles outlined within the strategy and in line with resource being established to support our strategic ambition. A period of engagement will commence with our partners and community groups to seek feedback and inform the development of our new engagement delivery/ operational model.

2.3.8 Route to the Meeting

The development of the communications strategy was shared with the Director of Finance & Strategy and Director of Nursing to ensure that the evolving strategy could help support the strategic needs of the organisation and the ambitions outlined in the NHS Fife Population

Health and Wellbeing strategy. The draft has been approved at EDG and discussed at the Board Development session in April before going to the full Board meeting on 26th May 2024 for adoption.

2.4 Recommendation

To agree with the principles outlined in the draft strategy to enable engagement to seek input from NHS Fife services including Governance, Project Management, Patient Experience team (including Equalities and Diversity lead) and Public Health. Our partners in the HSCP Engagement team, Fife Council Engagement, Fife Voluntary Action, and Health Care Improvement Scotland to create our new engagement delivery/ operational model for NHS Fife based on the strategy aims and objectives.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Draft NHS Fife Public Participation and Community Engagement Strategy 2024-2028

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Associate Director of Communications

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Public Participation and Community Engagement Strategy

2024-2028 – Final Draft

NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services and in decisions that will significantly affect how services are run.

Scottish Government – Planning with People, February 2023

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www.nhsfife.org

Contents

- 1. Introduction4
- 2. Purpose7
- 3. Scope.....7
- 4. Our engagement objectives8
- 5. How this strategy has been developed9
- 6. Our engagement goal.....10
- 7. Engagement terms and definitions12
- 8. Our engagement cycle14
- 9. NHS Fife our adopted model of engagement17
- 10. Understanding our stakeholders.....18
- 11. Our duties and responsibilities20
- 12. Creation of a dedicated engagement function within NHS Fife.....21
- 13. Conclusion22

DRAFT

1. Introduction

This Public Participation and Community Engagement strategy outlines the approach NHS Fife will take to engage with its stakeholders, including staff, patients, stakeholders, and communities across Fife. It incorporates the principles and guidelines of Scottish Government's "Planning with People" guidance. The strategy aims to enhance existing corporate communications activities as outlined in NHS Fife's Corporate Communications Strategy, to help promote transparency and foster meaningful collaboration to improve healthcare services in Fife.

NHS Fife Corporate Communications Strategy 2024-2028

[nhsfife/](#) Insert OR code link to NHS Fife Corporate Communications Strategy when published.



Health and social care – Planning with People: community engagement and participation guidance

gov.scot/publications/planning-people-community-engagement-participation-guidance/

Living well, working well, and flourishing in Fife

Engaging with and involving people is an integral part of the design and delivery of NHS services. People are routinely asked for their views and their experience of services, through Care Opinion, the UK's independent non-profit feedback platform for health and social care, which contributes to staff training and service development.

The key national policy drivers make it clear that we must carry on embedding engagement as good practice in all that we do. By inviting the views and opinions of patients, service users, carers, stakeholders and local people, organisational decision-making will be better informed.

With the introduction of NHS Fife's 5-year Population Health and Wellbeing Strategy and our Re-form, Transform and Perform (RTP) Framework, NHS Fife has made a commitment to maintaining and developing our engagement work through patient and public involvement. This new Public Participation and Community Engagement strategy reflects this desire. It outlines how we need to continue building on and embedding engagement into everyday practice alongside other policy and performance requirements.

As part of this commitment, we also need to support colleagues across NHS Fife to understand the importance of engaging and involving people in planning and

decision-making, when to do so, how to do so, and to be aware of the range of approaches which can be used to achieve this.

Early and continuous engagement and involvement with our stakeholders leads to successful and meaningful decision-making. Our engagement activity should be inclusive, informed, and fit for purpose: transparent, influential, reciprocal, and proportionate to the issue.

The case for community engagement

Effective and ongoing engagement brings many benefits, including:

- Allowing organisations to hear new ideas and understand issues affecting communities.
- Creates opportunities to identify sustainable solutions to service challenges and allow our stakeholders to influence future planning.
- Ensuring communities, especially vulnerable and underrepresented groups, are connected and engaged with services, improving access to care services and health outcomes.
- Improving public confidence and decreasing resistance to change due to a better understanding of the reasons for change.
- Reducing the risk of legal challenges resulting from concern about the process of engagement.

Defining community engagement

Effective services must be designed with and for people and communities – not delivered top down for administrative convenience. In order to be effective, community engagement must be relevant, meaningful and have a clearly defined focus. NHS Boards, Integration Joint Boards and Local Authorities should engage with the communities they serve, following the principles set out in the National Standards for Community Engagement.



National Standards for Community Engagement

scdc.org.uk/what/national-standards

These standards define 'community engagement' as:

'A purposeful process that develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them, and taking joint action to achieve positive change.'

National Standards of Community Engagement

DRAFT

2. Purpose

This strategy describes how NHS Fife will actively engage with, involve, and consult with our patients, their families and carers, members of the public and other key stakeholders to evaluate existing services and when redesigning services.

The strategy considers all relevant legislative requirements, standards, and guidance to ensure best practices in all our engagement activities.

It provides a clear guide, ensuring that patient and clinical voices are central to our work as an organisation. From the outset, it is also important that any supporting public engagement plans have clarity of purpose and clearly defines the reason for engagement. Often, the issue under consideration may be better suited to formal consultation or another approach to gathering community views.

3. Scope

The Public Participation and Community Engagement strategy is a resource for all NHS Fife colleagues. It applies to our patients, their relatives and carers, members of the public, our partners, and all NHS Fife stakeholders.

Community engagement at NHS Fife should be a flexible and evolving model that continually adapts, experiments, and draws upon input and feedback, including taking advantage of digital communications opportunities and partnership working.

This includes collaborating with the Fife Health and Social Care Partnership's Engagement team to work in partnership to build services around people's needs and aspirations and work with individuals and communities to build their resilience so that people in Fife are supported to live healthy, independent lives.

It is also important as part of our engagement activity that we embed and promote a clear point of access for users of services and the public to provide feedback, or make suggestions for improvement, with feedback on services being open, transparent, and accessible. This feedback can also be used to address issues proactively and share our service improvement plans with local and national politicians, representing local constituents. Our engagement activity will also complement our complaints procedure managed by NHS Fife's Patient Experience team.

4. Our engagement objectives

Whatever form of engagement or community involvement is being undertaken, our reasons for doing so will always be:

- To discuss the ideas put forward by patients, service users, carers and colleagues, their experiences, why services need to change, our plans, and how to make the best use of resources.
- To develop insight into what patients, service users and carers want from services, to better understand their needs and preferences, including underrepresented groups.
- To ensure that the services we are responsible for meet the needs and preferences of the people we serve.
- To continually improve our services.
- To facilitate mutual understanding.
- To ensure that NHS Fife has the mechanisms to engage with communities at a local level, including planning and co-ordinating our activity with our partners in Fife Health and Social Care Partnership, Fife Council and Fife Voluntary Action.
- To raise the profile and understanding of public participation and community engagement and make it more accessible to communities and individuals.
- To address statutory requirements for collaboration with local communities, under various Community Empowerment legislation and guidance.
- To establish opportunities for collaborative working across sectors with an ability to build capacity for public engagement.

5. How this strategy has been developed

This strategy has been informed using best practice applied in a range of organisations and guidance outlined in the following publications including:

- Scottish Government – Planning with People
- Healthcare Improvement Scotland
- Fife Health and Social Care Partnership Engagement Strategy 2022-2025.
- Scottish Community Development Centre.
- Fife Council Consultation and Engagement.

In response to the ambitions outlined in NHS Fife's Population Health and Wellbeing strategy and our RTP Framework, this draft strategy will be developed with input from a range of services in NHS Fife, Fife Health and Social Care Partnership, and Healthcare Improvement Scotland with the final approved version of this strategy being used to inform and educate future engagement activity, planning and delivery in support of specific projects and initiatives with the public of Fife and NHS Fife.

6. Our engagement goal



The revised National Standards for Community engagement has set out five levels for engagement:

1. **Inform** – To help stakeholders understand the problem, alternatives, opportunities, and solutions.
2. **Consult** – To obtain stakeholder feedback and listen to and acknowledge concerns and aspirations.
3. **Involve** – To involve stakeholders throughout the process, ensuring their specific concerns and aspirations are understood and considered and to provide feedback on how their input influenced the decision.
4. **Collaborate** – To work in partnership with stakeholders, seeking their perspectives and encouraging their ideas and solutions to inform priorities and planning.
5. **Empower** – To involve stakeholders in shared decision-making about strategic priorities and service delivery.

The 4p's of NHS Fife's engagement activity will also focus on

1. People

To have a well-informed, skilled, innovative, compassionate, and caring workforce, where colleagues are empowered to act, and where patient-centred care, clinical leadership and two-way communication with colleagues and stakeholders are at the heart of our services.

Team and Service Leads and Managers – All team, service leads, and managers are responsible for ensuring their team members are aware of the Public Participation and Community Engagement Strategy and their responsibilities within it. They are also responsible for supporting the strategy's implementation within their area(s) of work.

All Staff – All staff should be aware of the Public Participation and Community Engagement strategy and the Scottish Governments' Planning with People Guidance and ensure they follow and comply with it as required. All staff must ensure they are aware of their responsibilities in relation to the strategy and comply with these on a day-to-day basis.

NHS Fife Governance – Monitoring and reporting of engagement activity will be via regular activity reports and updates to the Population Health and Wellbeing Committee

2. **Public** – Working together from design to delivery, sharing information and opportunities to inform the ways to deliver services and strategic decision-making.
3. **Purpose** – To transform and deliver high-quality, efficient, integrated services informed by appropriate levels of engagement that enable the best possible outcomes.
4. **Promotion** – To promote NHS Fife services, listen to and communicate clearly, effectively and in a timely manner with all our stakeholders.

7. Engagement terms and definitions

The principles that inform this strategy promote a change of focus from a culture of 'telling' to one of 'listening' when it comes to community engagement. Consistent, relevant, open communication between all parties is vital, and there is an expectation for organisations to do more.

For this strategy, and to ensure continuity and consistency when describing engagement activity, the following definitions apply.

Community: refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse, and that people can belong to several at one time.

Engagement: covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influencing how services should be delivered to giving communities the power to inform decisions. For NHS Fife, this also outlines the process by which patients, service users, carers, and members of the public are informed, listened to and asked for their opinions.

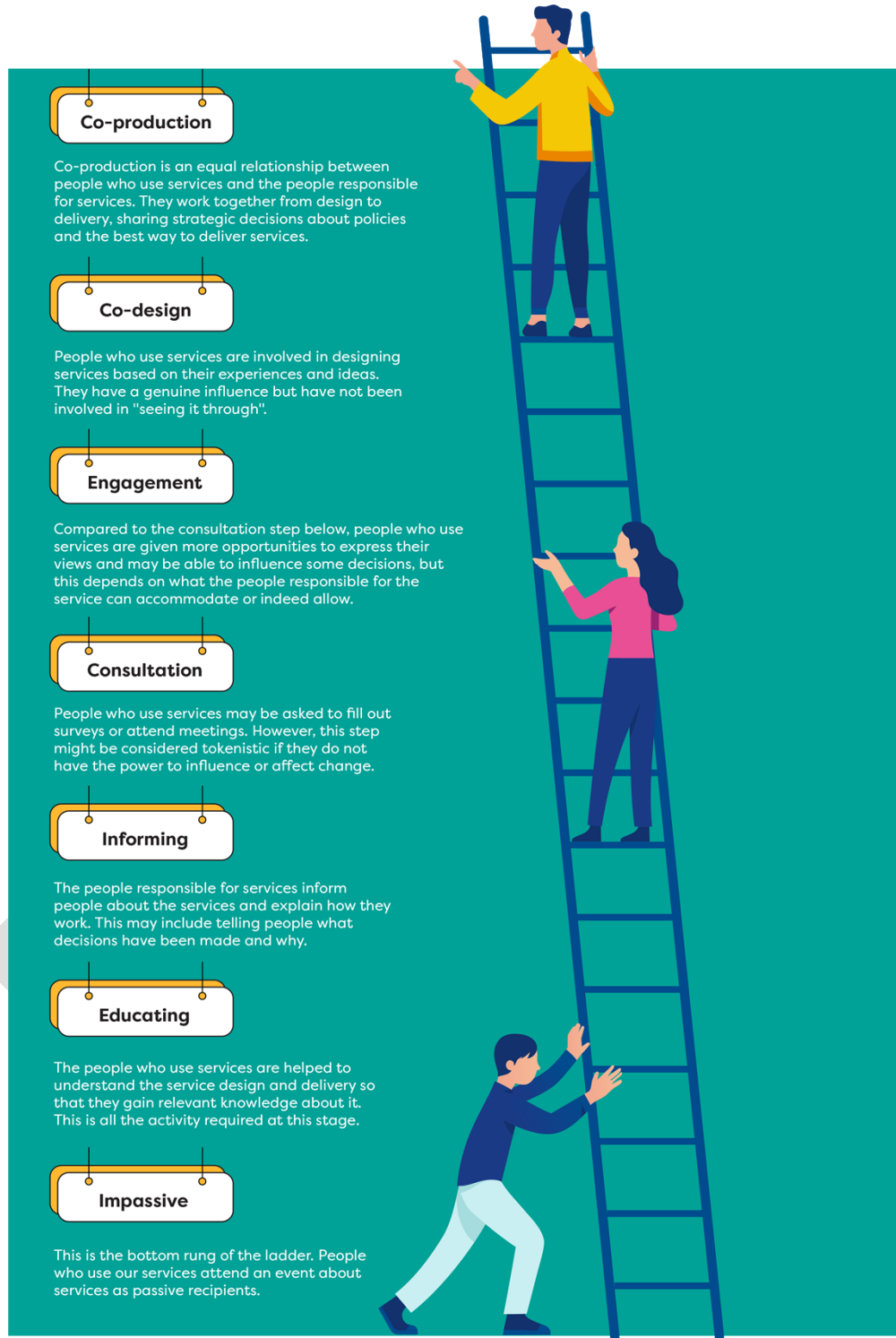
Consultation: there is a specific requirement for NHS Boards to formally consult with patients, carers, communities, and members of the public on issues which are considered major service changes, as set out in the Healthcare Improvement Scotland guidance.

Fundamentally, consultation is the process of dialogue leading to a decision and describes more formal engagement and involvement when reaching an important decision. Consultation also forms an essential element of structured engagement and participation plans for any change process being considered, as having a defined beginning, middle and end: it might be part of an ongoing engagement period, but it is a process in its own right. Its remit should be finite and the scope for stakeholder input and influence should be clearly stated.

Involvement: the opportunity and process by which individuals and representatives of communities directly influence and shape health and social care services. The term 'involvement' indicates a greater degree of working together with an organisation to influence decision-making profoundly or to reach a decision in partnership.

Co-production: the process of active dialogue and engagement between people who use services and those who provide them. Co-production requires people to act together equally, contributing their lived experience, skills, and ideas about what works to improve our communities. By adopting a co-production approach, decisions affecting people are made with them, not for them.

Public Participation and Engagement terms and levels of involvement



Guidance on identifying major health service changes

www.hisengage.scot/service-change/resources/identifying-major-service-change/

8. Our engagement cycle

Colleagues, patients, carers, and the public should be involved in a systematic way that is integrated into everyday practice. This links members of the community through different clinical areas to strategic decision-making and impacts the way NHS Fife organises and delivers care. Building a system of engagement for evaluating and developing services is complicated and will take time and dedicated resources.

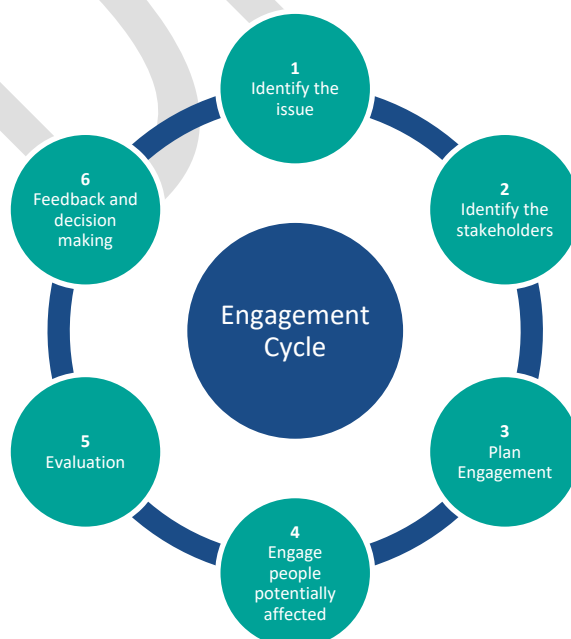
Engagement should not be a one-off activity but part of an integrated system. A systematic approach helps ensure that changes address people's views and are regularly evaluated.

Undertaking a specific engagement activity, for instance, a patient satisfaction questionnaire, is likely to tell you how the individual who completed the survey felt about the information provision at that time. It might suggest things that you could do to improve it. However, we would need to go around the cycle again to repeat the survey to check that the changes put in place are real improvements. So, repetition holds the key to ensuring that changes inspired by the views and experiences of people make the service better. Without repetition, there is no way to be sure that engagement activities are being successfully used for service development.

Engagement Cycle – 6 simple steps:

The engagement cycle illustrated below is underpinned by principles of the National Standards for Community Engagement and should be followed to demonstrate good practice. Each stage is important and should be applied proportionately to the scale of the proposed activity and level of change.

The engagement cycle presents a way of thinking systematically about the different phases and processes that are involved.



1. Identify the issue

Agree on a clear purpose to identify engagement objectives, anticipate outcomes, and help determine the scope of the engagement. At the outset, the objectives should be clear and shared to help shape the process and identify the best methods to reach people and communities. Project goals may evolve as engagement progresses, but they are necessary to keep the process focused.

2. Identify stakeholders who may be affected by the issue

Stakeholder mapping is important to identify all groups and individuals within the community who may be affected or who might have an interest in the proposal. Existing networks can help to identify potentially affected people, including those who do not find it easy to share their views. Recruiting representatives of communities to the engagement planning team at the earliest possible stage will help to inform the process and ensure an effective approach.

3. Plan engagement

Identifying the best approaches to reach the people whose views need to be shared is vital. All steps in the cycle, Equality Impact Assessment (EQIA), including an early evaluation of the project's development so far, should be considered to ensure an inclusive approach from the outset. Involving community representatives and providing any support they may require will help encourage the flow of ideas and suggestions, resulting in better engagement and robust and sustainable outcomes.

4. Engage those potentially affected

Every effort should be made to engage with the right people throughout the planning, development, and appraisal of potential options or models. There are many different engagement methods, and no one method will suit all engagement purposes. A range of methods should be considered at the planning stage. This ensures that all views are heard and considered.

5. Evaluation

It is important to carry out evaluation throughout the engagement process to ensure that outcomes set at the beginning, are being met. Ongoing evaluation also demonstrates that people are being listened to by adapting the approach where appropriate. Evaluation can also identify improvement areas and help you understand what works and what doesn't. All information gathered from the engagement process should be captured and evaluated to support future learning.

6. Feedback and decision-making

It is important to keep participants informed about a project's development throughout the engagement cycle and to encourage ongoing feedback. This helps to improve project and programme management by supporting two-way communication, as well as continuous review and reflection. It also helps monitor progress towards the goals outlined at the planning stage and improves accountability by fully reporting what is being done and achieved.

Some statutory guidance, such as the Community Empowerment (Scotland) Act 2015, set out defined processes and timelines for engaging with local communities, such as the establishment of an Outcome Improvement Process, with defined steps and reporting, which we need to follow if we are the named Public Service Authority.

Decisions must be made throughout the engagement process, and community representatives must be involved so that robust, evidence-based, and person-centred outcomes are achieved. When engagement activity reaches its conclusion, NHS Boards, Integration Joint Boards, and Local Authorities must approve or reject recommendations. Decision makers should consider the quality of the engagement process and note that Healthcare Improvement Scotland also has a duty to assure the engagement process, particularly in relation for major service change.

Cyclical process

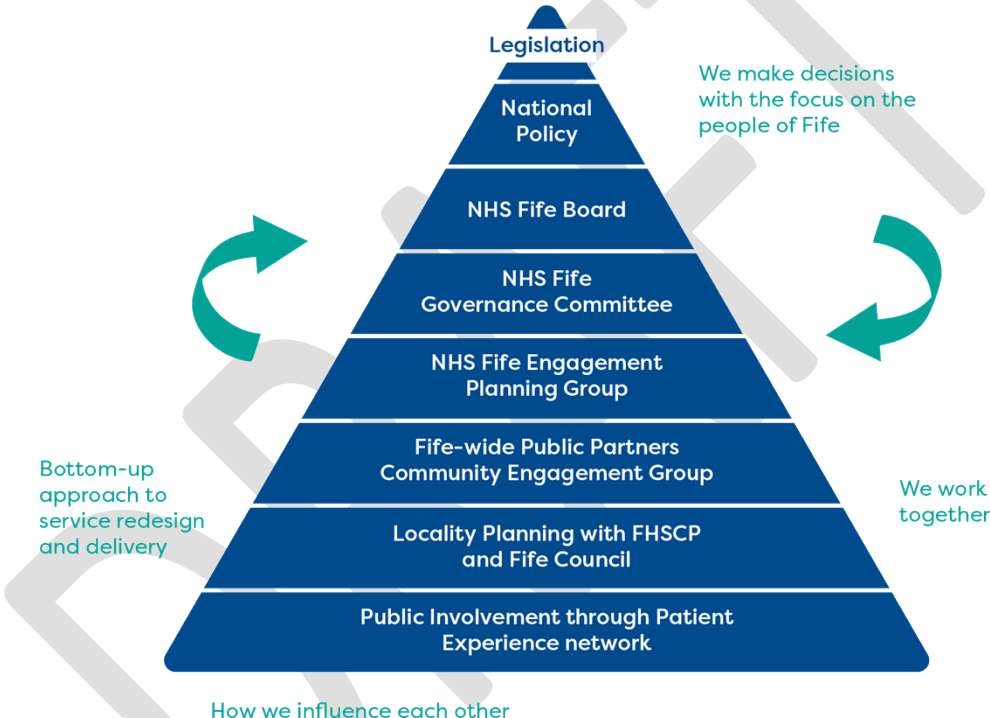
The different components of the cycle relate to one another, and each phase of the process (or cycle) builds on and leads to the next phase. This cyclic process helps ensure that you conduct engagement activities in a planned way that links directly to changes in service organisation and provision, and that people, staff, and clinicians continually evaluate these changes.

9. NHS Fife our adopted model of engagement

Working from a "top-down" "bottom-up" approach, NHS Fife's model is based on Fife Health and Social Care's "New Model of Engagement and Participation".

This model was sent out to wider participation networks in Fife in April 2020. There were a total of 71 respondents. Most respondents agreed with the proposed approaches, agreeing that they would make it easier to have their voice heard. NHS Fife has adapted this model to reflect our organisational position and structure.

NHS Fife model of engagement diagram



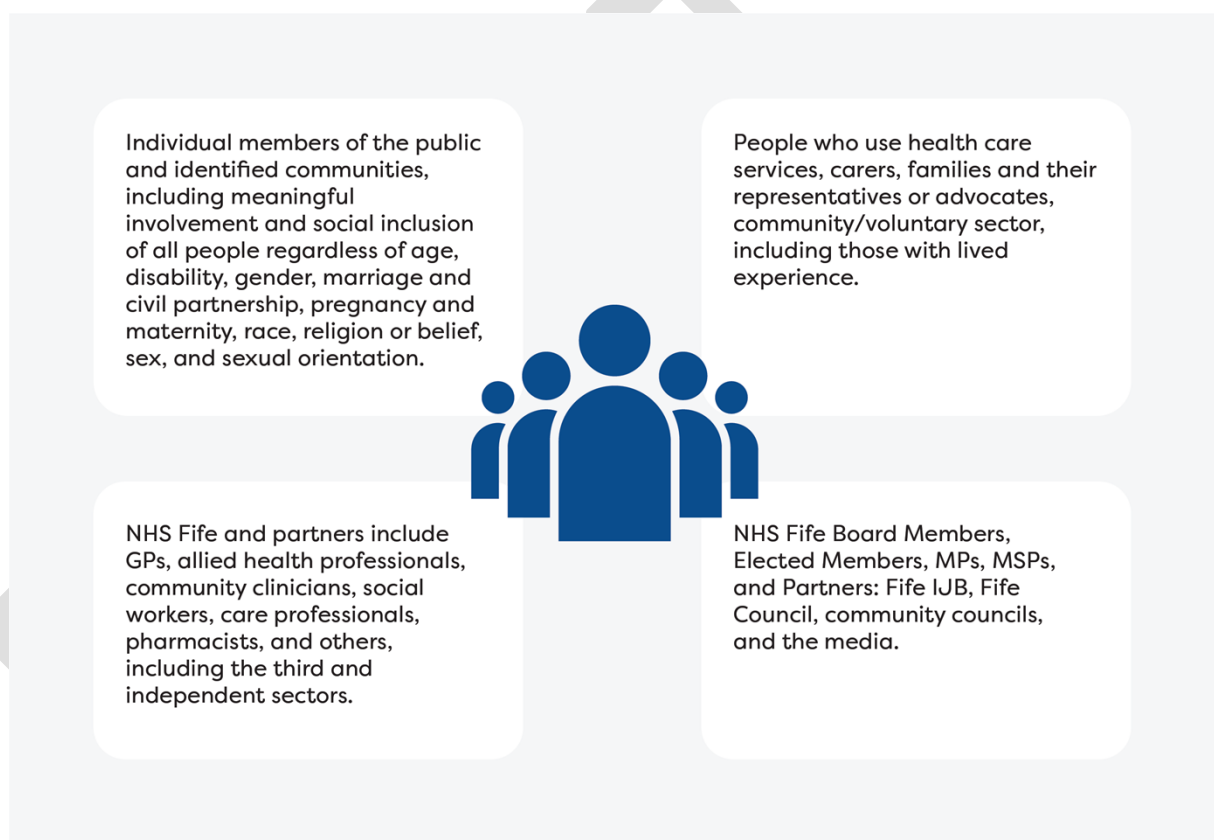
Fife Health and Social Care Partnership – Participation and engagement network

fifehealthandsocialcare.org/about-us/participation-and-engagement-network

10. Understanding our stakeholders

As part of our engagement activity, we need to identify and categorise key stakeholders within NHS Fife, including staff, patients, community groups, local authorities, healthcare partners, and other relevant organisations, to ensure effective engagement. Developing a comprehensive stakeholder map is essential in helping us understand the needs, interests, and expectations of stakeholders regarding healthcare services and in helping to shape and inform engagement plans and delivery models. This stage will be complemented by an EQIA as not everyone will identify themselves as stakeholders.

NHS Fife Key Stakeholders



What approaches will be used to obtain stakeholder views?

NHS Fife will work to identify the best method of consulting, engaging, and involving patients, service users, carers, relatives, and other stakeholders. The method may vary depending on the target audience, and the best approach will be agreed upon in advance when developing a consultation or engagement action plan as part of our project management approach.

Methods for obtaining views and feedback will include:

- Formal and informal consultation, due to service redesigns and service delivery.
- General ongoing engagement with both internal and external stakeholders, primarily through social media and StaffLink NHS Fife's employee communication and engagement App.
- Patient Satisfaction Surveys.
- Experience-based co-design is an approach that enables staff and patients (or other service users) to co-design services or care pathways together in partnership.
- Patient and Service User representation at formal meetings, project boards and committees.
- The Patient Experience Network database or mailing list.
- Service and condition-specific participation groups for patients and carers.
- Mystery Shopper programme.
- Focus Groups.
- Use of web feedback form.
- Public and stakeholder events.
- Identifying people with lived experience.
- Face-to-face during clinical interventions.
- Through patient stories and customer journey mapping.
- Through the Patient Experience team and Complaints management process.
- By using external feedback websites such as Care Opinion.
- Through the use of Volunteers network.
- Collaboration with Fife Health and Social Care Partnership Engagement Team and Fife Council.
- Elected members briefing sessions and engagement with local political representatives through Community Councils.
- Internal surveys, polls, and feedback tools.

How will the views of stakeholders be used?

The views of stakeholders will be used to influence and evidenced in the Board's decision-making where appropriate and to improve services and the quality of care where required. We will work with our patients, service users and any other identified stakeholders to develop and enhance the services we provide to the community. Where changes in service delivery will occur, those affected will be given the opportunity to tell us how this may potentially affect them, and we will work with them to reduce any negative the impact where possible.

11. Our duties and responsibilities

NHS Fife Board

The NHS Fife Board is responsible for the Public Participation and Community Engagement Strategy and ensuring adequate resources are available for its implementation in line with Planning with People's best practice and guidance.

Fife Health and Social Care Partnership – Integration Joint Board (IJB)

The Fife Integration Joint Board has a statutory duty to engage. The IJB's engagement and participation duties are specified by the Public Bodies (Joint Working) (Scotland) Act 2014. The duty to involve people in the design and delivery of care services was strengthened with the introduction of the Community Empowerment (Scotland) Act 2015.

The Scottish Government Planning with People, Community Engagement and Participation Guidance for Health and Social Care was updated in April 2023. The guidance supports Integration Joint Boards in carrying out their statutory duty to consult as part of any service change process.

Accountable Officer

The Chief Executive, as Accountable Officer, with the Director of Nursing is responsible for ensuring that the Public Participation and Community Engagement strategy is implemented across NHS Fife services. Through the Executive Directors, this responsibility is delegated to individual portfolios and services.

Population Health and Wellbeing Committee

The Population Health and Wellbeing Committee will monitor the implementation of the Public Participation and Community Engagement Strategy and provide comments on any associated actions on a quarterly basis.

NHS Fife Corporate Communications and Engagement Directorate

The newly designated Director of Communication and Engagement will be responsible for the operational oversight of the NHS Fife Public Participation and Community Engagement Strategy, working with the Patient Experience team Project Management Office, Governance, Public Health and coordinating plans and activity the Fife Health and Social Care Partnership engagement team and in partnership with Fife Council.

Fife Engagement Network

NHS Fife will be represented on the Fife HSCP newly created Fife Engagement Network to help coordinate and collaborate on Fife wide engagement activity.

12. Creation of a dedicated engagement function within NHS Fife

To engage effectively, NHS Fife will be required to dedicate resources to engagement activity. Depending on the operational delivery model adopted this may include:

Engagement and inclusion champions – senior staff to promote and support meaningful engagement and inclusion. Executives and Board non-executives need to understand why engagement is essential and must ensure that engagement is undertaken effectively. Organisational barriers that could hinder or impact negatively on engagement should be identified and addressed by effective leadership.

Engagement and inclusion leads – members of staff who know how to help individual services reach communities and access any support that may be required forming part of a new NHS Fife Engagement Planning Group.

Dedicated Engagement team – appointment of two skilled staff (Engagement Manager and Engagement Officer) to sit within the reconfigured NHS Fife Corporate Communications and Engagement Directorate. To ensure that engagement activity is conducted in-depth, monitored, and evaluated in line with wider corporate communications activity.

Dedicated budget – there are costs associated with community engagement, depending on the scale. Recognising the current financial climate, services will need to be creative in managing costs within existing resources.

Sufficient time – effective engagement cannot be rushed. Adequate time is required to reach affected community members, and flexible and innovative approaches may be required as part of project management.

Collaboration – NHS Fife will work with Healthcare Improvement Scotland to ensure best practice. We will also strengthen our existing partnerships with Fife Health and Social Care Partnership, Fife Council, Fife Voluntary Action, and other independent, third-sector groups to help promote engagement efficiency and effectiveness and avoid participation fatigue. Potential to establish a Fife wide Public Partners Community Engagement Network.

Equality and diversity – Equity of access and accessible material including translations, easy read and EQIAs should be embedded as part of all engagement activity plans.

13. Conclusion

By adopting the Scottish Governments Planning with People guidance and aligning with HIS best practice, NHS Fife aims to strengthen its engagement activity and create an in-house multi-disciplinary team to help design and develop opportunities for effective engagement and working with our partners to ensure a co-ordinated and timely approach and to ensure we fulfil our commitment outlined in our Population Health and Wellbeing Strategy.



Population Health and Wellbeing Strategy

nhsfife.org/strategy

When done well, the process of community engagement should lead to improved community participation so that communities can have more influence over the services and decisions that affect their lives. Some of the benefits of good community engagement and better participation include:

- The way in which public services are planned, developed, and delivered is influenced by, and responds to, local community need.
- People who find it difficult to get involved (for example, because of language barriers, disability, poverty, or discrimination) help to influence the decisions that affect their lives.
- The various strengths and assets in communities and across public and private sector agencies are used effectively to deal with the issues communities face.
- New relationships are developed between communities and public sector bodies which build trust and make joint action possible.

These principles also help to ensure that NHS Fife's organisational mission and values are also achieved.

Our mission - Transforming Health and Care in Fife to be the best.

Our values

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

On request we can provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.





Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

NHS Fife

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Meeting: Public Health & Wellbeing Committee

Meeting date: 13 May 2024

Title: Fife Alcohol and Drug Partnership Strategy 2024-27

Responsible Executive: Nicky Connor, ADP Chair & Integration Joint Board Chief Officer

Report Author: Elizabeth Butters ADP Service Manager

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- 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

Fife Alcohol and Drug Partnership (ADP) is a strategic partnership in Fife. Its primary strategic aim is to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife. This involves contributing to prevention approaches, commissioning early intervention services and maintaining a recovery based, trauma informed system of care and support for people, their families and community members. Membership includes senior officers from Fife Council, Fife Health and Social Care Partnership, NHS Fife, Fife Constabulary, Third Sector representatives, HMP Perth Prison and members with lived experience.

The current ADP Strategy expired in 2023 and over the last six months following a detailed project plan, a new three-year strategy has been developed. The ADP strategy is part of the Health and Social Care Partnership's (HSCP) transformational strategies for 2023 to 26 and is cognisant of the key themes of local, sustainability, outcomes, wellbeing and integration.

Additionally, the redevelopment of the ADP Strategy is aligned to other local strategies including the Health and Social Care Strategic Plan, NHS Fife Population Health and Wellbeing Strategy and The Plan for Fife.

2.2 Background

The ADP strategy 2020 – 2023 was based on national strategies “Rights, Respect, Recovery 2018” and “Alcohol Framework: Preventing Harm, Our Next Steps on Changing our Relationship with Alcohol” 2018. These strategies are now partly superseded by new national strategies, guidance and initiatives. Some of which are:

- Drug Death Taskforce Recommendations (2023)
- Drug Mission Priorities (2022 – 2026),
- Medication Assisted Treatment (MAT) Standards 5-year implementation programme, (2022 - 2026)
- Other improvement work for:
 - i. residential rehabilitation access, pathways and priority groups
 - ii. lived/living experience panel development.
 - iii. whole family support and family inclusive practice

This has all been taken into account in the development of the new Strategy which must be redeveloped every three years based on national and local policy drivers, local evidence including a local Public Health Need Assessment and the voices of people, families and communities with lived and living experience.

2.3 Assessment

The ADP Support Team developed a project plan, working group and installed a project board to produce the new strategy. The 2020 – 2023 ADP Strategy was reviewed during six focus sessions with the working group, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy.

Wider consultation occurred during two events in August 2023. In addition, NHS Fife Public Health developed a Needs Synthesis 2023 and analysed national and local data on use of substances and a focus on groups experiencing additional needs or vulnerabilities. Its research consisted of a synthesis of five service user and people with lived and living experiences evaluations commissioned by the ADP.

During October to December 2023, a consultation plan was developed, bringing together the views of communities, the general public and people with lived experience of substance use or working in services.

The above approach enabled the ADP to develop the vision, mission statements, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented.

The new ADP vision for 2024 – 2027 is, “To enable all the people of Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma”.

The strategic themes focus on the following 5 areas:

- WELLBEING - Prevention and early intervention
- LOCAL - Risk is reduced for people who take harmful substances.
- INTEGRATION - Treatment and recovery services are easily accessible and high quality.
- OUTCOME - Quality of life is improved to address multiple disadvantages.
- SUSTAINABLE - Children, Families and Communities affected by substance use are supported.

Mission Statements and values underpinning delivery are detailed more fully in the strategy in Appendix 1. They have informed the three year delivery plan contained within the strategy under each of the themes

2.3.1 Quality, Patient and Value-Based Health & Care

The new strategy includes review of the achievements made over the previous strategy and how this will be maintained and enhanced over its life cycle. Part of this was to re-examine values and to align this to the rights-based approach adopted through the delivery of the MAT (Medication Assisted Treatment) Standards and as detailed in the National Collaboration’s Charter of Rights for people affected by substance use, currently in draft form.

Contained within the strategy is the three-year delivery plan of improvements and this includes the governance arrangements for reporting, escalating and providing assurance to the ADP Committee through the quarterly flash reports from subgroups, the annual report and the performance monitoring framework and impact measures.

Quality is also measured on a six-monthly basis via an activity, output and outcome report from all commissioned services (statutory, voluntary sector and independent) and scrutinised by the ADP Joint Commissioning Group.

The ADP also have a lived experience panel and regularly commissions independent evaluation reports on the experience of services users or those who could benefit from services. This provides additional feedback from those directly impacted by the strategy on how well it is delivering its vision and mission statements for the people of Fife.

The quality of care has greatly improved for the people in the current system with implementation of the MAT Standards as a human rights-based approach. This has recently been evidenced from qualitative interviews with 58 people with lived experience as part of the end of year submission to Public Health Scotland.

2.3.2 Workforce

The strategy places a greater emphasis on supporting the workforce through continued professional development and most particularly through the investment in ADP system workforce development. This is particularly evident in psychological interventions and

trauma informed approaches within the MAT standards programme but also in commitments to improve assertive outreach, harm reduction and family inclusive practice.

2.3.3 Financial

The strategy summarises the investment the Scottish Government and the Health and Social Care Partnership allocated for people affected by alcohol and drug use in Fife. The ADP receives an income of £7.539 per annum from both sources.

The Joint Commissioning Group on behalf of the ADP monitors the commissioning of services.

2.3.4 Risk Assessment / Management

A risk register for the delivery of this strategy is in development and linked to the three year and yearly delivery plan. Risks are initially managed within the ADP structure and the subgroups are responsible and accountable for specific projects. Reporting of risk is highlighted quarterly to the ADP Committee from the subgroups specifically for escalation of risk not able to be managed at subgroup level and/or reporting of risks not on target or where risks are migrating to issues.

Operational risks are included in ADP commissioned services' own risk registers, and these are outlined in six monthly monitoring reports submitted to the ADP support team and the Joint Commissioning Group. Escalation of serious risk impacting on delivery can be reported between these time periods and both Contract Officers and ADP support team will support organisations to prevent and mitigate impact of risk to service deliver.

There will be further strengthening of governance in the coming year as the Alcohol and Drugs Partnership is aligned to report to the Chief Officer Public Protection Group in the coming months.

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

The strategy fully supports the Public Sector Equality Duty. An Equalities Impact Assessment and Children's Rights and Wellbeing Impact Assessment was completed to consider those with protected characteristics, the gaps and how these will be addressed. Some of this is included in strategic theme 5 of the strategy.

2.3.6 Climate Emergency & Sustainability Impact

Environmental impacts are considered within ADP service planning and service delivery. No additional environmental impact is anticipated.

2.3.7 Communication, involvement, engagement and consultation

A comprehensive participation and engagement process was conducted. The questionnaire was promoted through locality planning groups, social media and by partners and consultation sessions were also offered. This consultation process managed to gather responses from 138 people, 21% whom had lived experience of substance use.

All ADP commissioned third sector services were invited to be part of the working group and have been consulted on the final draft of the Strategy. Lived and living experience

engagement occurred by focus groups at the ADP panel, the living experience group and focused sessions at family support groups. The youth forum linked to a commissioned service was also consulted on the strategy.

Specific events organised by Fife Alcohol and Drug Partnership included a wider Stakeholder Event with lived/living experience, family members, commissioned services and stakeholders – 23rd August 2023 with over 100 people in attendance.

2.3.8 Route to the Meeting

This paper was 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 Strategy was considered by the Alcohol and Drug Partnership Committee on 20th February 2024. Amendments were made to reflect affordability of the strategy within the current budget.
- The Strategy was considered by the Strategic Planning Group on 7th March 2024. Amendments were made to increase visual accessibility of the document.
- HSCP SLT Assurance Meeting 29.4.24
- Executive Directors Group Meeting 2.5.24

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – For members' information on the Fife ADP Strategy 2024 - 27 as an effective mechanism to prevent, address and intervene early, treat and support people including, children, young people, families and communities affected by substance use throughout Fife. NHS Fife are full and active partners within the work of the ADP committee and subcommittees and key delivery partners for services that support people.
- **Discussion** – For examining and considering the implications of the Fife ADP Strategy's delivery over the next three years.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Fife ADP Strategy 2024 – 2027

Report Contact

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Fife Alcohol and Drug Partnership

Prevention, Protection, Early Intervention, Treatment & Recovery



FIFE ALCOHOL & DRUG
PARTNERSHIP

Strategic Plan

2024 - 2027

Table of Contents

03

An introductory message from Our Chair

04

Introduction - Fife ADP

07

Equality, Diversity & Human Rights

08

About Fife - The Challenges We Face

11

Drug Use

12

Alcohol Use

14

Localities Alcohol & Drug Use Harm

15

Strategy Review & Development

16

The Process

17

ADP 2020 - 23 Summary of Achievements

19

Wider Consultation

20

Vision, Mission, Themes & Values

21

ADP Current Operational Delivery

22

Financial & Commissioning Position

23

Prevention

28

Protection

30

Service Access & Quality

34

Quality of Life

37

Families

41

How Will We Measure Success & Impact

42

Impact Measures

45

Glossary of Terms

46

Index of Appendices

47

Appendices

It is a pleasure to present Fife's Alcohol and Drug Partnership Strategy 2024 – 2027 which represents our approach to addressing the needs of people and communities affected by alcohol and drugs. The Plan has been developed over several months with people with lived and living experience, our partners, and service providers and takes in to account a number of

local and national policies as well as our Public Health Needs Synthesis Assessment (2023). The strategy includes the current picture of where we are in Fife and the challenges we face to prevent harm and promote and support recovery for all individuals, their families including children and young people, and their wider communities.

Over the last year, in my position as Chair I have been impressed by the commitment and the partnership working, I have seen, not only at the committee but within ADP services. Across all sectors, we want to see the people of Fife affected by alcohol and drug issues get well, achieve their potential and live productive and enjoyable lives.

However, there are still very significant challenges which face us and the people of Fife. Firstly, the rate of drug and alcohol related deaths in Fife are a loss to us all. Across Scotland, long before Covid 19 or the cost-of-living crisis, Alcohol and Drug Partnerships have been attempting to reverse this public health crisis locally. Fife is no exception and for this reason, we will continue with our public health surveillance group to understand drug related deaths and where we can improve within our own system of care and where we can support and inform changes across the whole system. Locally in partnership we have commissioned research to understand better alcohol specific harm and deaths. That research has concluded and, supported by the people and their families with lived and living experience, we now have a clear set of recommendations to implement over the life of this strategy. More than ever, we will need our partners to work collaboratively with us across all sectors and develop innovative ways of working together making the most of our resources and the knowledge and experience we have gained. Crucially, we will continue to place people and families with lived and living experience at the start of decision making and the centre of service redesign

Secondly, we need to reemphasise our messages of prevention and early intervention and the recovery orientated system of care to services and partnerships across the NHS, Council, third and independent sectors. By doing this we hope to intervene earlier with people at risk, reduce barriers, promote awareness of our services, address stigma and create a much more tailored trauma informed response to those affected by alcohol and drugs wherever they need help.

Thirdly, the ADP will review how we work. This will involve changes to our structure and subgroups, scrutinising activity and its impact by continuing to build a performance monitoring framework and ensuring it achieves good outcomes for the targeted client groups, improving processes and procedures so we can respond quickly to emerging risks, changing our strategic approach if required.

The plan we have set for ourselves is ambitious but in my view, absolutely necessary, if we are to achieve our aims. I believe we have some strong assets in our capable, creative and knowledgeable ADP Committee, Support Team, Service Providers and those with lived experience and living experience and I am confident, we can deliver this strategy. I look forward to working together with you all over the next three years.

Introductory message from our chair



Nicky Connor

Nicky Connor

Chair: Fife Alcohol & Drug Partnership Committee

Introduction – Fife ADP

Fife Alcohol and Drug Partnership (ADP) is a joint strategic partnership. It is cross partnership based and as such reports to the Communities and Wellbeing Partnership and through this, reports to the Fife Partnership Board.

The ADP's primary strategic aim is to reduce the prevalence, impact and harms associated with alcohol and drug use throughout Fife. This involves contribution to broad prevention approaches to reduce prevalence of drug and alcohol use, early intervention, protection through harm reduction approaches, and maintains and continuous improvement to the recovery based, trauma informed system of care and support for people, their families and communities affected by substance use. The ADP provision is planned, delivered, and evaluated in three-year strategic cycles.

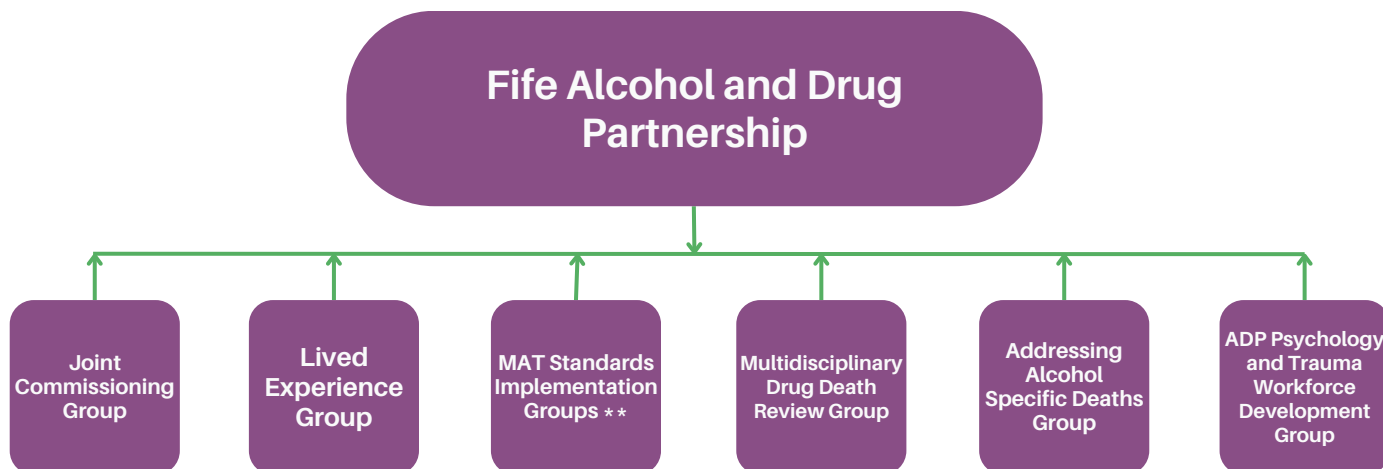
The ADP structure and governance involves an executive committee with delegated responsibility for strategic planning, financial governance,

commissioning and implementing national policy locally dependent on needs of the Fife population. The ADP is required to submit its annual performance report to the Drug Mission Policy Division within the Population Health Unit of the Scottish Government.

Members of the ADP executive committee partnership are senior managers of statutory services and third sector agencies and representation from those with lived and living experience. All have an interest and/or shared responsibility for delivering the ADP strategic priorities and overseeing the annual delivery plan and report.

The ADP's internal structure currently consists of eight subgroups, each led by a member of the ADP Committee and by the ADP Support Team (see Appendix 1 for full list of membership). Each of these subgroups complete projects from the ADP Delivery Plan and submit a flash report to the ADP Committee on a quarterly basis for assurance and escalation purposes.

ADP Organisational Chart



** MAT Standards Implementation Groups now include:

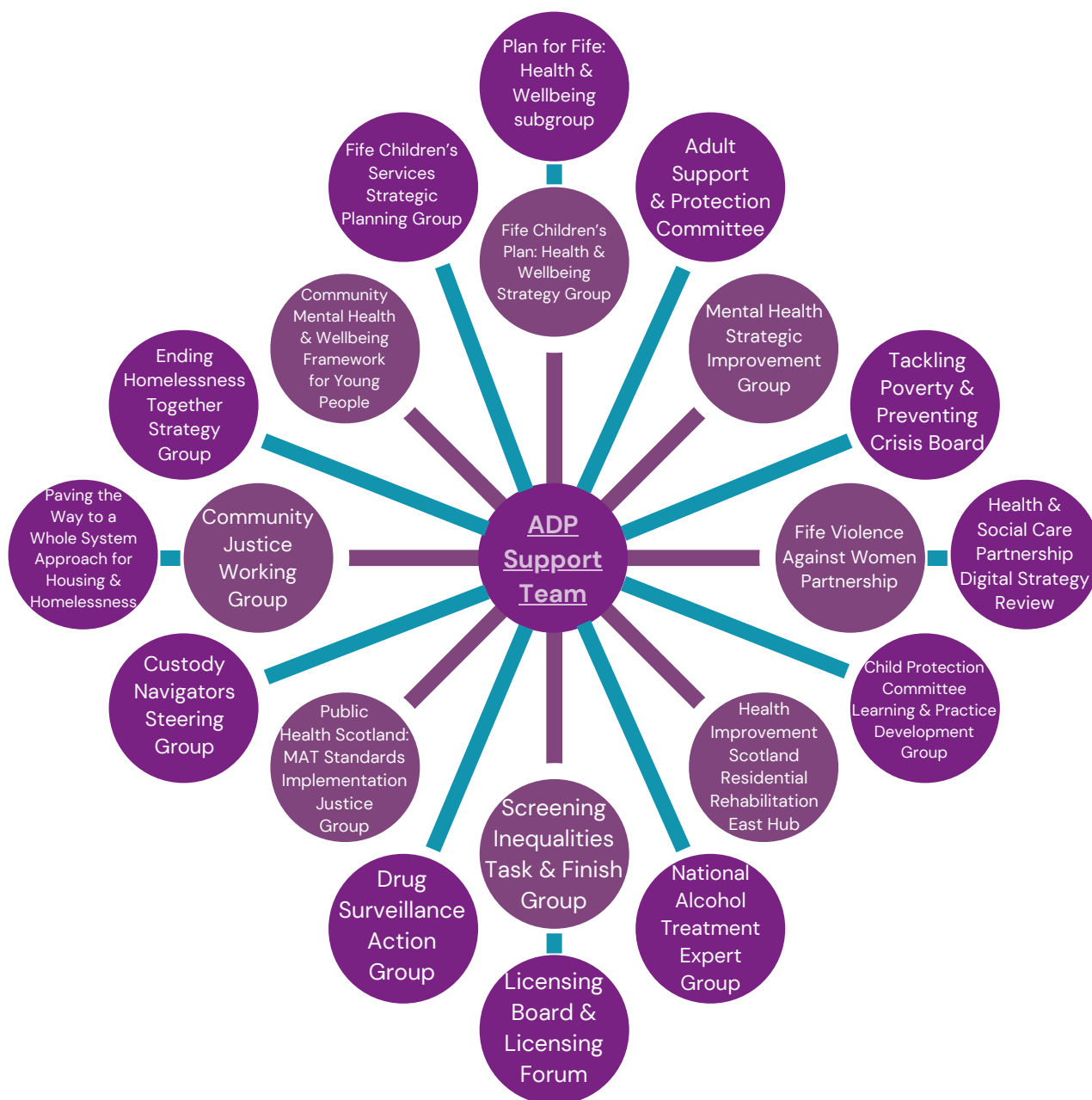
- MAT 7 - Primary Care Shared Model of Care
- MAT 9 - Mental Health and Substance Use Implementation Group

For completion of the strategy and its priorities over the next three years, the ADP Committee during 2024/25 will review its current structure ensuring that subgroups are still aligned with priorities and can be effective in their delivery. This will also include a review of the Executive Committee's terms of reference and all those of the current subgroups except the Lived Experience Group, an autonomous subgroup of the ADP Committee. New subgroups might need to form based on local research and changes in strategy direction. Similarly some subgroups will be dissolved as work has concluded. The ADP aims to complete this work within the first year of its new strategy.

The ADP Support Team has several short life working groups (SLWG) for the purpose of implementing learning from local or national standards and research. These are usually cross partnerships and report into an ADP subgroup, for example:

- **Multiple Drug Death Expert Group**
- **Living Experience Group Services and Management Group**
- **ADP Strategy Development Project Planning Group**
- **MAT 10 Operational Implementation Group**
- **Cowdenbeath Locality and Kirkcaldy Locality One Stop Shop Development Groups**
- **Localities Overdose Awareness and Take-Home Naloxone Group.**

The ADP aligns its support team with several other strategic partnerships mainly local and where there is joined accountability for outcomes to be achieved through synergy of resources and shared project planning and delivery. This involves strategic links to HSCP transformational and supporting strategies of the HSCP and where integration of delivery plans improves outcomes for the people of Fife.



Equality, Diversity & Human Rights

Fife Alcohol and Drug Partnership works in line with Health and Locally Authority policies on Equality and Diversity. The Alcohol and Drug Partnership are committed to providing fair and accessible services to all members of the community as outlined within the strategy.

The Equality and Diversity Outcomes (2021–2025) set out priorities in relation to all protected characteristics under the Equality Act 2010, on achieving positive outcomes for service users, staff and customers. By advancing equality of opportunity it is ensured that the community is able to access services in a way which meets their needs.

Given the remit and responsibilities of the Alcohol and Drug Partnership, the drivers of health inequalities have been recognised for some time. As has a commitment to be inclusive and strategically and operationally be diverse for all groups. People needing support for alcohol and drug use will face multiple health inequalities due to deprivation, poverty, stigma and access to services but there are additional unintended barriers created, if the strategy and services do not respond well to protected characteristics. The roll out of the National Collaborative Draft Charter of Rights for People affected by substance use (2023) when finalised, will enshrine an approach which protects and ensures people's human rights across multiple public service delivery

and locally the ADP will be required to lead on this work.

Both the EQIA completed as part of the development of this strategy has highlighted the consideration of this and the Public Health Needs Assessment Synthesis has developed a deeper recognition of the differing needs of people within the care group. This applies to understanding the increased risk of prevalence of problematic substance use for some groups and increased difficulties for access and retention in services. The needs assessment identified the groups below as requiring a specific focus over the course of the strategy:

- **Women**
- **Young People**
- **People who are trauma experienced**
- **People with a risk of homelessness and/or homeless**
- **People in the criminal justice system**
- **People with wider health needs**
- **People of an older age**
- **People with mental ill health**
- **People with a disability**

It is entirely incumbent on services for change and improvement and people must be viewed holistically and service delivery adjusted to meet their needs. The ADP will develop as part of its commissioning approach and improving how we work, a review of operational delivery in meeting the needs of these specific groups.

About Fife – The Challenges We Face

Drug Use Prevalence, Treatment Access, Hospital Stays and Drug Related Deaths

We are aware that the most recent prevalence data was produced in 2015/16 and is therefore considerably out of date. Public Health Scotland is due to publish up to date findings during 2024/25. This will be reviewed at that point to ensure that our strategy remains up to date with the most accurate figures available to Fife ADP. This will allow us to make fully informed and targeted representations.



National Figures



Location Specific
Data

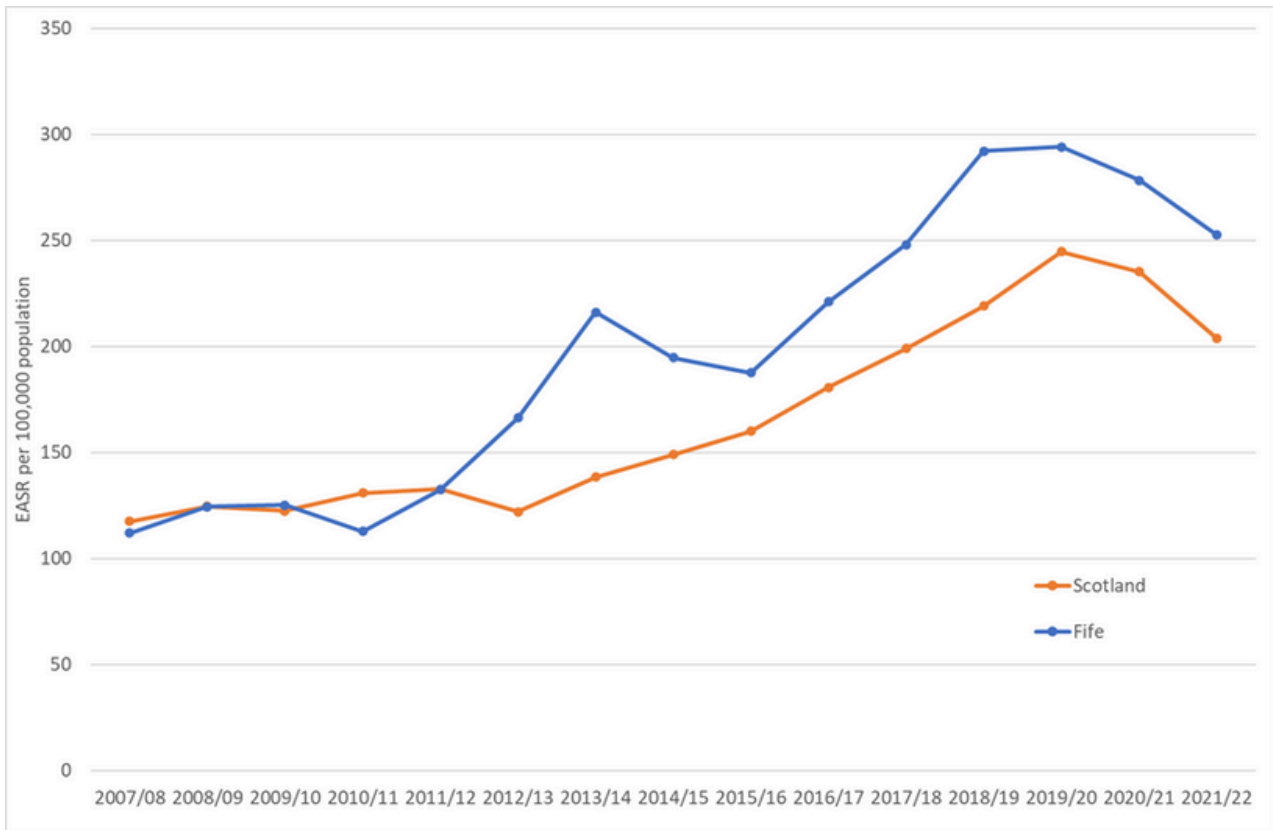


Reviewing Trends

More up to date information indicating use of services throughout can be provided by the Drug Alcohol Information System (DAISy) updated locally by tier 3 services. During 2022/23, 311 (30%) individuals referred to specialist tier three and four interventions were referred for treatment for drug use and 133 (13%) were referred for co-dependency. This compares with the Scottish average of 35% referred for drug use and 12% referred for co-dependency.

A total of 1,011 referrals for drug use were discharged in Fife, of which 446 (44.1%) were discharged before treatment. This compared nationally with a total of 12, 620 referrals for drug use discharged over the year, of which 3,842 (30.4%) were discharged before starting treatment.

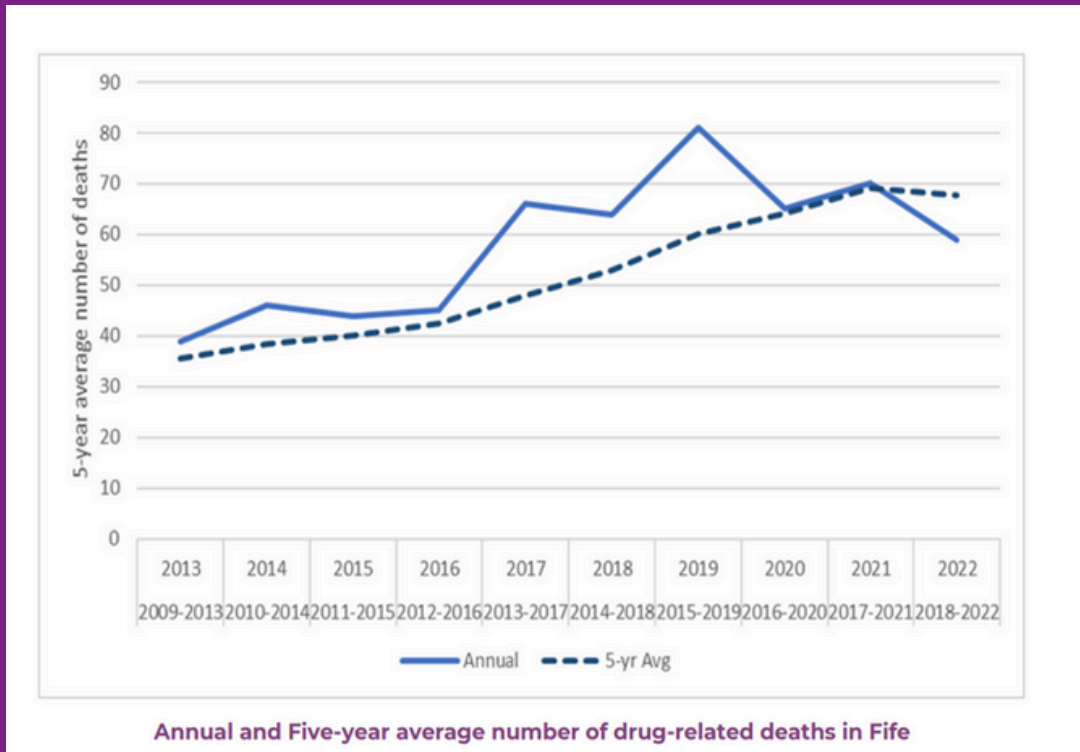
Drug related hospital stays involving Fife residents in acute hospitals



In 2021/22 there were 873 drug-related hospital stays involving Fife residents in acute hospitals. 98% of these stays were as a result of an emergency admission to hospital. In each of the last 10 years emergency admissions have accounted for more than 90% of drug-related stays and in the last five years more than 95%.

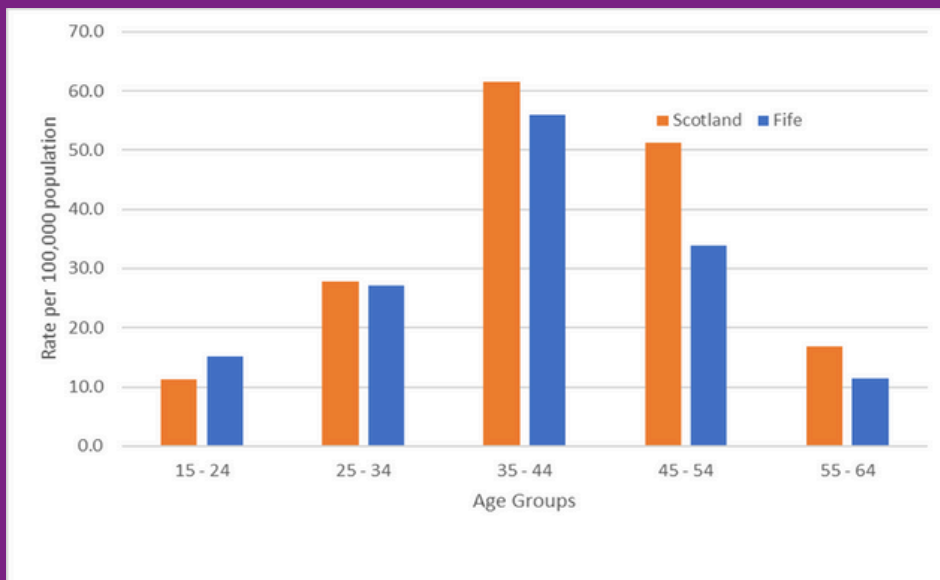
Although hospital stays fell in 2020/21 and 2021/22, which may have been expected due to impact of the COVID-19 pandemic, rates in Fife are currently more than double the rate reported in 2007/8 and 52% higher than the rate in 2012/13. (Please see table above for more details).

In this report rates of admissions and deaths refer to European Age-Sex Standardised Rates



Sadly, in Fife, 59 people lost their lives to a drug related death in 2022. This was a decrease from the previous year of 70 in 2021 and the highest total recorded in Fife in 2019 of 81 deaths (as highlighted in the table above). Five-year averages show that an increasing trend in drug related deaths has stabilised and then slightly fallen for the first time since 2015.

The average age for drug related deaths in Fife was 42 in 2022 (please see table below). This is slightly higher compared to 40 in 2021. Across Scotland the age profile of drug-related deaths has become older. Since 2000 the average age of drug deaths has increased from 32 to 45. 63% of drug-related deaths were in those aged 35- 54 in 2022 compared to 29% on 2000. The below graph shows the age categories specifically in Fife compared to Scotland in 2022:



Five-year average age-standardised rates per 100,000 population of drug-related deaths by age group 2018-2022; Fife and Scotland

Five-year average age-specific rates for 2018–2022 show that the highest rates are seen in the 35–44 age groups for both Fife and Scotland. Over the same time period, Fife has a 15.1 per 100,000 population in the youngest age range (15 to 24 years old) compared to 11.2 for Scotland. Lower rates were seen in the 45–54 and 55–64 age groups in Fife compared to Scotland.

Overview – Drug Use in Fife

Opioids continue to be associated with significant harm in Fife. Between 2019 and 2022, opiates/opioids were implicated in the vast majority of drug related deaths in Fife (81% in 2022) and Scotland (82% in 2022). Methadone (prescribed and illicit) is implicated in more deaths than heroin/ morphine in Fife and Scotland in 2022, 2021 and 2020. 11% of drug related deaths in Fife involved prescribed opioids (excluding OST), these were dihydrocodeine, morphine and codeine. Opioids are the most common drug category recorded in mental and behaviour disorders stays and the second highest in overdose stays in Fife.

There are increasing harms associated with benzodiazepines as measured by drug related hospital admissions. After opioids, the most commonly implicated substance group in drug related acute hospital stays are sedatives/ hypnotics (benzodiazepines and z drugs) (29%). The rate of sedatives/hypnotics stays have increased significantly since 2015/16, more than for any other substance and Fife has higher rates than in Scotland. They were the most reported drugs associated with overdose stays in Fife in 2021/22. Benzodiazepines were the group of drugs most commonly implicated in drug related deaths after opioids, followed by gabapentinoids.

There is an increasing picture of harms associated with cocaine use in Fife. Cocaine was implicated in 41% of deaths in 2022. The proportion of deaths where cocaine was implicated was higher in 2022 and 2021 compared to recent years and compared to Scotland and has been increasing in Fife, whilst staying stable in Scotland. Few drug related deaths involve amphetamines.

Increasing harms are also seen in terms of increasing hospital stays/ overdose, particularly in the under 45s. A sixfold increase was seen in the rate of cocaine overdose stays between 2015/16 and 2020/21. There are also reports of emerging trends of ketamine and cocaine being used together by young people which increases the risk of harm of each substance.

Cannabis is rarely implicated in drug related deaths but cannabinoids are the third most commonly attributed drug in drug-related acute stays in Fife. Rates of cannabinoid-related acute hospital stays have been increasing and exceed those in Scotland. In 2021/22 the rate of cannabinoid stays was more than 4 times the rate in 2007/8 with increases particularly in the under 45s. Synthetic cannabinoids and increased complexity of patients due to co-morbidities and prolonged cannabinoid use may be contributing to this trend. People who use cannabis represent a larger proportion of people accessing tier 3 and 4 services in Fife compared to Scotland.

Overview – Alcohol Use in Fife

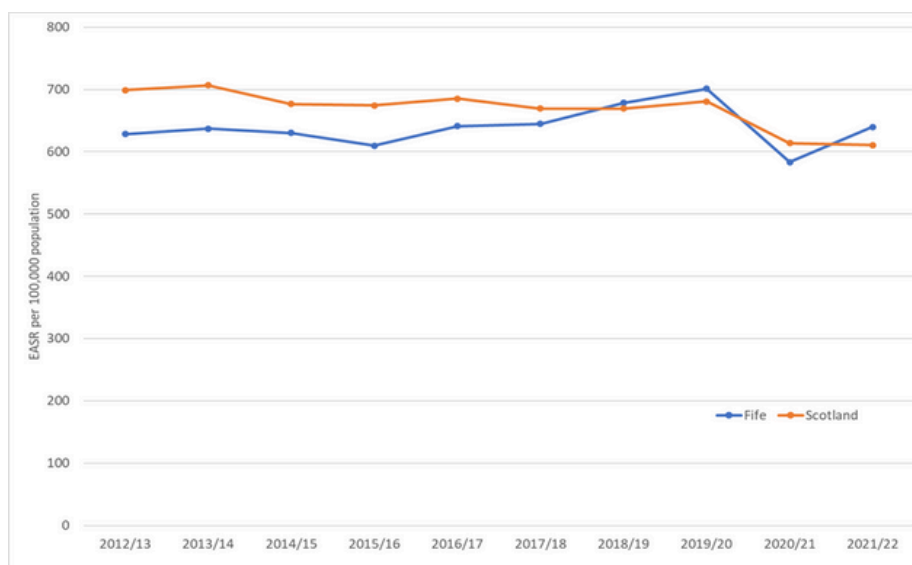
In the 2021 Scottish Health Survey, 1% of all respondents aged 16 and over were assessed as drinking alcohol at harmful levels. In Scotland, this would equate to 45,684 people drinking at harmful levels of which 9,266 (20.3%) were referred to specialist tier 3 and tier 4 services for alcohol use. Data is only available at the Scottish level but if the 1% is applied to the Fife population, this would equate to 3110 people drinking at harmful levels of which 620 (19.9%) were referred to specialist tier 3 and tier 4 services for alcohol use.

In Fife, 620 (59%) individuals referred to specialist tier three and four interventions were referred for treatment for alcohol use, 39% were discharged before starting treatment, higher than the Scottish average of 30%.

There is some evidence of increasing alcohol related harms as measured by alcohol hospital admissions prior to the pandemic. Acute alcohol related hospital stays had increased over time prior to the pandemic but since are lower and are currently slightly lower than in Scotland overall. There are considerably higher rates of alcohol related acute hospital stays in the 11-25 year age group, than in Scotland. In 2021/22 there were 2,370 alcohol-related hospital stays involving Fife residents in acute hospitals. Consistent with previous years more than 90% of these stays were as a result of an emergency admission to hospital.

Rates of alcohol-related acute hospital stays (please see table below) increased in Fife between 2015/16 and 2019/20 to a rate higher than Scotland which had seen rates remain fairly stable in that time. As a possible consequence of the COVID-19 pandemic stays fell sharply in 2020/21 and then increased in 2021/22, but to a level lower than seen in 2019/20, whilst Scotland experienced a further small decrease.

Figure 1: Alcohol-related acute hospital stays; Fife and Scotland 2012/13 to 2021/22



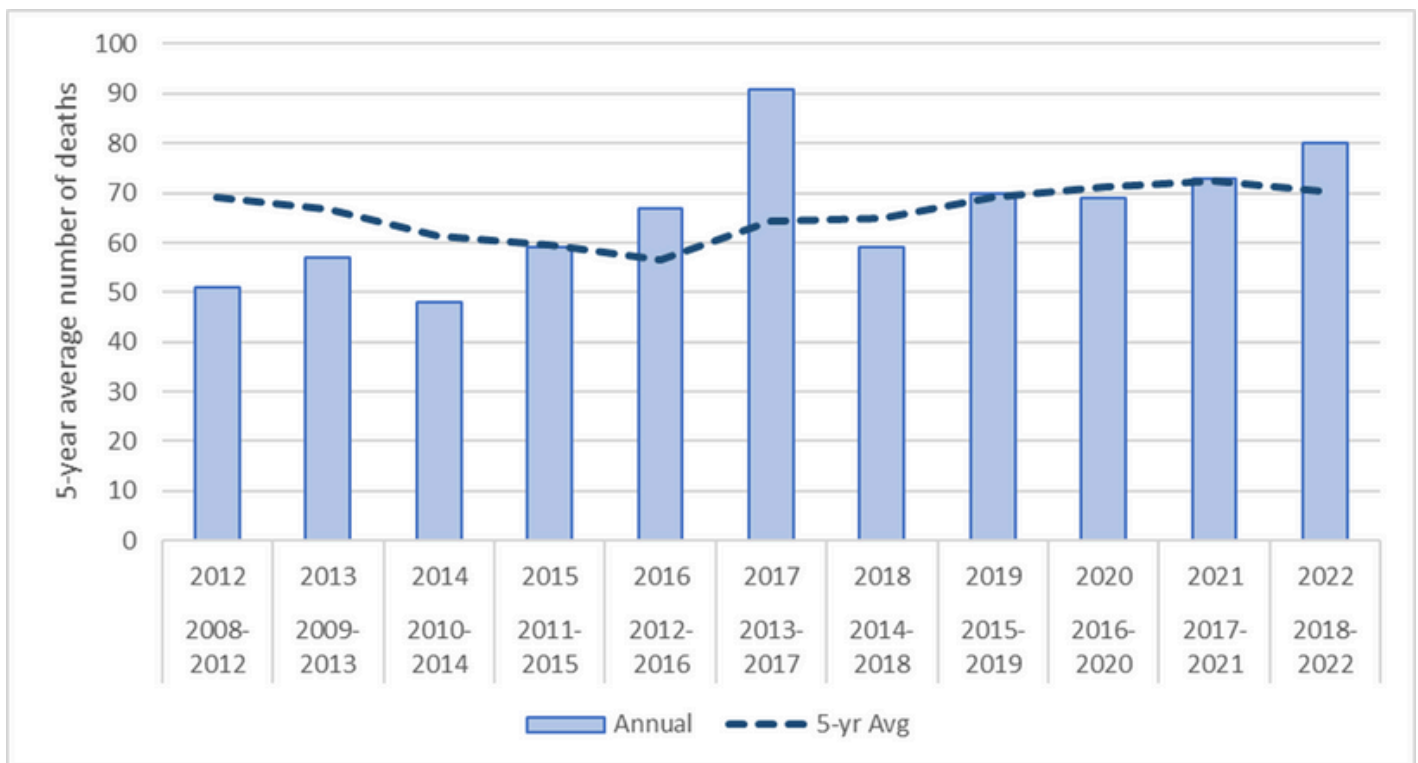
*Source: Public Health Scotland

At a population level alcohol use is also causing significant harm with an estimated 6.5% of all deaths among adults aged 16 and over across Scotland in 2015 attributable (wholly and partly) to alcohol use. Among adults aged 16–44 years just under 1 in 5 (19%) deaths were attributable to alcohol use. Harms associated with alcohol use are expected to increase significantly due to the impact of COVID-19. Particularly due to levels of drinking in people already drinking at harmful or hazardous levels.

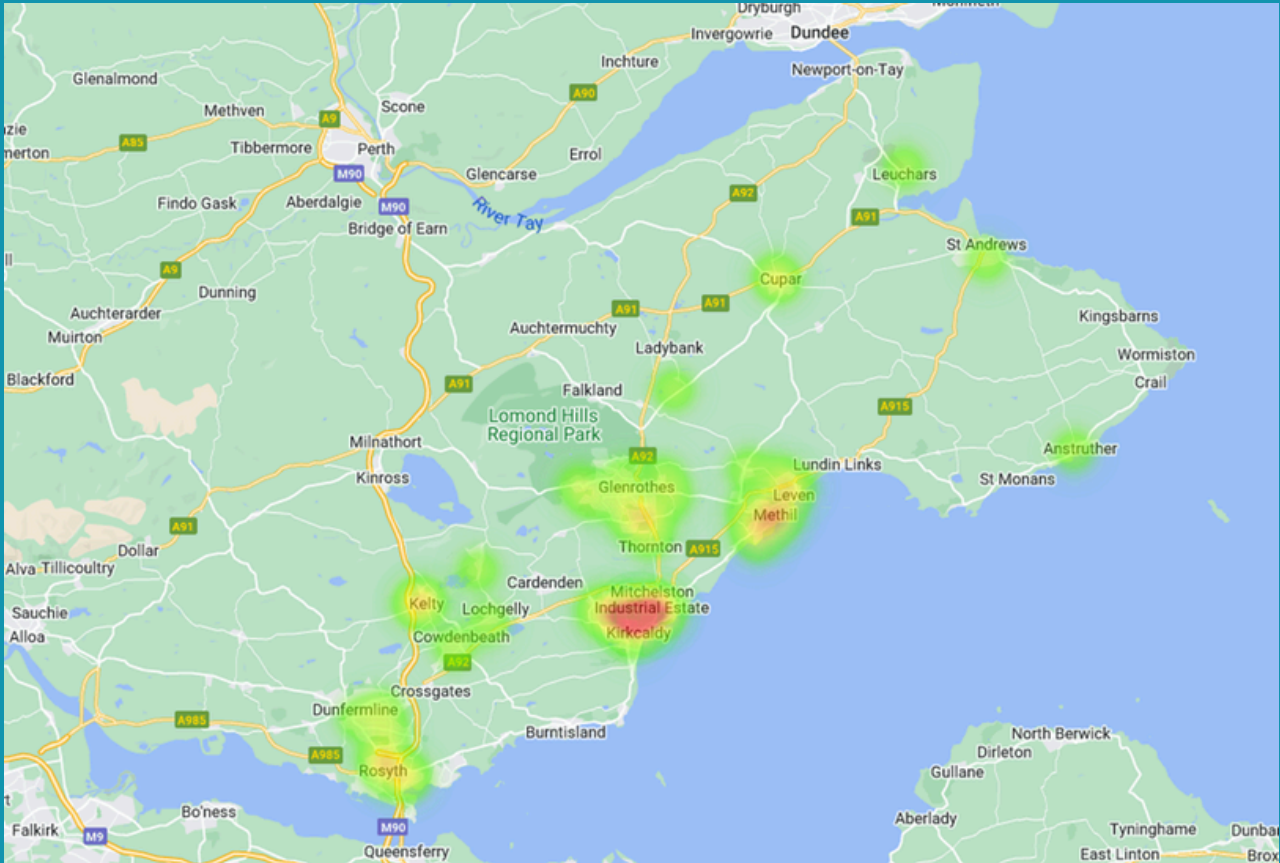
In 2022 there were 80 alcohol-specific deaths in Fife. This was an increase from the 73 deaths in 2021 and the third highest annual number of alcohol-specific deaths in the last 10 years.

Annual numbers of alcohol-specific deaths in Fife fluctuate year on year. Five-year averages are used to smooth out some of this fluctuation (please see table below). The five-year averages of alcohol-specific deaths in Fife have generally risen since 2012–2016 following a period of declining numbers. Scotland has seen a general increase in numbers since 2012.

Figure 2: Annual and five-year average alcohol-specific deaths in Fife (Source: NRS)



Localities Alcohol & Drug Use Harm



Heatmap showing the locations where a drug related death has occurred in Fife in 2022.
Note that this is by location and not by population as stated above.

Some localities have higher rates of harm. Levenmouth, Glenrothes and Kirkcaldy, Cowdenbeath have consistently had higher rates of alcohol related acute hospital stays and deaths compared to the other localities. Over the same period, the same HSCP localities also had higher rate of drug-related hospital stays compared to the other HSCP localities. In the recent past, Levenmouth locality has had higher rates of alcohol –specific deaths, alcohol-related acute hospital and drug related hospital stays than the other localities.

Strategy Review & Development

Over the course of 2023, the ADP Support Team led a review and development process to produce a new three-year strategy for 2024 – 27 reflective of the needs of the people of Fife. The strategy is based on continuous improvement of the current delivery started within the previous strategy and creating new work to fill gaps in provision or address needs in more innovative and better ways.

The strategy is informed by the Needs Assessment Synthesis requested by the Scottish Government in the refresh of the Partnership Delivery Framework (2021) and completed by NHS Fife Public Health in December 2023. The HSCP participation and engagement survey completed in November 2023 has also been a significant driver of the strategy themes and improvement work.

The new HSCP Strategic Plan for 2023 to 26 provides a strong basis for the development of the new ADP Strategy. There is cognisance of the key themes of local, sustainability, outcomes, wellbeing and integration threaded throughout the improvement within this strategy and thus is naturally reflective of the National Wellbeing Outcomes and the Public Health Priorities for Scotland. Strategic alliances with other supporting HSCP strategies including Mental Health, Advocacy and Primary Care are also included within the improvement tables and reflect that the

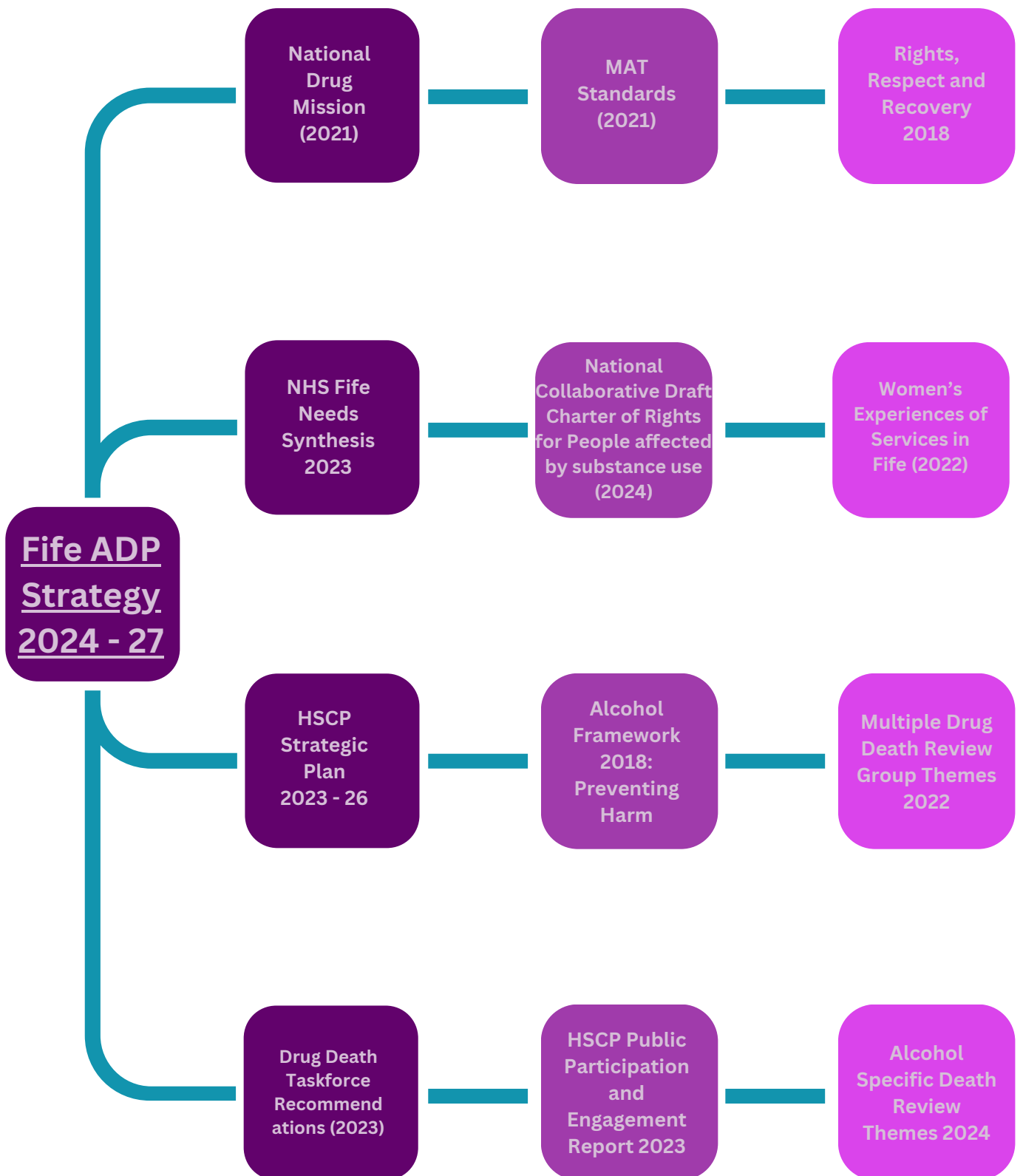
vision and mission of the ADP cannot be achieved without collaboration and coproduction with other transformative strategies.

The Process:

The ADP Support Team developed a project plan (Appendix 2) for the production of the strategy. Several new national strategies, guidelines and research are drivers for the new Fife ADP Strategy, including Drug Death Taskforce Recommendations (2023), Drug Mission Policy (2021), MAT Standards (2021), National Collaborative Draft Charter of Rights for People affected by substance use (2023), Alcohol Framework 2018: Preventing Harm and Rights, Respect and Recovery 2018.

There are also national policies based on improvements for residential rehabilitation pathways, lived and living experience and support for family members including whole family support and family inclusive practice framework. Local research and evaluations in particular the Women's Experiences of Services in Fife (2022), the Multiple Drug Death Review Group findings and the quantitative and qualitative research led by Public Health and SDF overseen by the ADP Addressing Alcohol Specific Deaths subgroup are all key components of the review of the current strategy and the improvements needed for the redevelopment.

The Process – Driver Diagram



ADP 2020 – 2023 Summary of Achievements

The 2020 – 2023 ADP Strategy was reviewed during six focus groups with services delivering the current strategy, two sessions with the lived experience panel and the living experience group and four sessions with family members attending Scottish Families Affected by Alcohol and Drugs (SFAD) support groups in Fife. This review provided a reflection of the work achieved throughout the previous strategy and this is summarised below under the previous themes:

1

Theme 1 – Prevention and Early Intervention

Outcome: Fewer People develop problem drug and alcohol use

- Commissioned and worked with partners in schools to review the substance use education provided to children and young people
- Commissioned youth friendly services to outreach to young people offering support for those – affected by substance use – either their own use or within their family and increasing provision up to 26 linked with employability services.
- Provided whole family support for all members of the family where there are young children to help them first prevent crisis and manage it if, and when, it does.
- Provided additional support to children and their families affected by substance use as they transition from primary to secondary school.

2

Theme 2 – Developing a Recovery Orientated System of Care

Outcome: People access and benefit from effective integrated person-centred support to achieve their recovery

- Extended our overdose awareness and THN training programme to communities, via pharmacies, services, families and businesses in contact with people at risk.
- Created one stop shops in some localities (Kirkcaldy, Levenmouth & Cowdenbeath) for drop in, same day prescribing and support.
- Embedding MAT Standards into the system of care, creating pathways to treatment and support and improving access to residential rehabilitation.
- Improved services to facilitate same day prescribing for opiate replacement therapy and ensuring people continue to have choice about treatment and support and built a MAT Standards performance framework that measures impact on people in Fife.
- Increased THN distribution by developing a peer to peer model and a Fife wide training programme including overdose identification and awareness.
- Improved and extended pathways to residential rehabilitation for people affected by alcohol and drug use.
- Extended our services to engage with people at points of crises for example A&E, hospital wards, custody suites and prisons.
- Invested more in our recovery community service ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing.
- Created a dedicated independent advocacy service which supports people's rights and helps their voices to be heard.
- Developed and commissioned a four-services partnership model for hospital liaison in reaching into hospital wards and A&E to offer treatment and support and providing community follow up and relapse prevention support once discharged.
- Developed and commissioned a social work team to work with people with severe alcohol and drug dependency and co-morbidities where an intensive and frequent level of support will improve personal outcomes.

3

Theme 3 – Getting it Right for Children and Young People

Outcome: Children and families affected by drug and alcohol use will be safe, healthy, included and supported

- Jointly commissioned with Education and Children's Services a whole family support for families with young children at intensive and additional level.
- Created and sustained a lived experience panel with family members included.
- Invested in a family support and carers' service specifically for adult family members or those viewed as family and built a network of support across Fife.
- Invested in additional support with the Social Work Kinship Carers Team for families affected by substance use to assist family recovery and maintain the family.

5

Theme 5 – Alcohol Framework 2018

Outcome: A Scotland where less harm is caused by alcohol

- Continued collaboration with Public Health and provided evidence of alcohol harm throughout Fife linked to availability of alcohol.
- Targeted awareness days focused on raising awareness of alcohol specific harm.
- Established an addressing alcohol specific death group and commissioned research from public health and SDF to understand the demographic profile of who is at risk in Fife and identify whole system and service improvements to prevent harm and death.

4

Theme 4 – Public Health Approach for Criminal Justice

Outcome: Vulnerable people are diverted from Justice System, wherever possible and those in the justice system are fully supported

- Developed a custody suite navigation service from all police custody suites in Fife to support people affected by alcohol/drug use and mental health into community based support.
- Developed a prison in reach peer coaching and mentoring model for people liberated from prison returning to Fife to maintain their recovery in the community.



Wider Consultation

Further consultation occurred during two events, one with the Health and Social Care Extended Leadership Team and a Wider Stakeholder Consultation Event in August 2023 (see appendix 3 for summary). The Public Health Needs Synthesis 2023 (appendix 4) analysed national and local data based on use of opioids and benzodiazepines, alcohol, depressants, stimulants and cannabinoids and took a focus on groups experiencing additional needs or vulnerabilities with a focus on development of the six strategic themes. Its research included relevant local and national policy and a synthesis of five previous service user and people with lived and living experiences independent evaluation commissioned by the ADP and undertaken by Scottish Drugs Forum (SDF) using their peer research model.

In partnership with HSCP Participation and Engagement Team a consultation plan was developed and executed bringing the views of communities, the general public and people with lived experience of substance use or working in services. This focused co-production work enabled the ADP to develop the vision, mission themes, six strategic themes and the principles and values underpinning how the strategy is delivered and implemented. (see page 20).

Existing commissioning arrangement with statutory services and third sector were mapped against the new strategic themes and more detail is provided on page 21.

Finally an Equalities Impact Assessment Children's Rights and Wellbeing Impact Assessment was completed to consider those with protected characteristics and people marginalised and subject to harassment, discrimination or victimisation. A summary of this is available on the ADP website. The Needs Assessment Synthesis considered the needs of many distinct groups and this has informed the developed of the strategy particularly within strategic theme 5 people experiencing multiple disadvantage and 6 Children, Families and Young People affected by substance use.



Vision, Mission, Themes & Values

THE FIFE ADP STRATEGY 2024 - 27

LOCAL, SUSTAINABLE, WELLBEING, OUTCOMES & INTEGRATION



“To enable ALL the people in Fife affected by drug and alcohol use to have healthy, safe, satisfying lives free from stigma.”



Increase opportunities for people with lived/living experience to co-produce and contribute to strategy, policy & service development - placing this at the start of all work we do.

Prevent the people of Fife from developing problems with alcohol/drugs by addressing root causes/ drivers, such as poverty, deprivation, mental health and early traumatic experiences.

Provide holistic early harm reduction and early intervention in an integrated way with other services for children, young people, adults, families and communities at risk.

Create awareness with partners about the impact of stigma & other barriers, and provide education & training on issues impacting our communities.

Build & enhance services that support & protect the rights of all people affected by alcohol/drug use and respect their recovery and treatment choices.

Support families and young people (inc. carers) and ensure services are more inclusive and family focused.

- **WELLBEING** - Prevention and early intervention
- **LOCAL** - Protecting People
- **INTEGRATION** - Services Access and Quality.
- **OUTCOMES** - Quality of Life
- **SUSTAINABLE** - Families, Children, Young People and Communities



- Trauma informed
- Person at the start
- Improvement driven
- Inclusive
- Human rights based approach
- Integrity
- Compassionate
- Respectful
- No closed door
- Continuous improvement



ADP Current Operational Delivery under the Strategic Themes

Theme 1 Prevention & Early Intervention	Theme 2 Protecting People	Theme 3 and 4 – Treatment and Recovery Services are easily accessed and high quality	Theme 5 – Quality of life is improved	Theme 6- Children, families and communities are supported
<p><u>Commissioned:</u> Barnardo’s Education Service</p> <p>Clued Up Whole Family Transitional Support</p>	<p><u>Commissioned:</u> ABI Delivery (primary care, maternity, A&E and ADP services)</p> <p>WAWY Harm Reduction Service, Peer Service and Training Programme</p> <p>NHS Pharmacy Services Harm Reduction Service</p> <p>ADAPT Non-Fatal Overdose Service</p> <p>We Are With You Take Home Naloxone Distribution Programme</p>	<p><u>Commissioned:</u> NHS Fife Addictions Core and MAT Standards Provision</p> <p>NHS Fife Addictions Psychological Therapies Service</p> <p>FIRST Community & Residential Rehabilitation</p> <p>DAPL Psychotherapy and Counselling Service</p> <p>Restoration Recovery Communities</p> <p>Compass Adult Social Work Service</p> <p>Circles Advocacy Service</p> <p>Phoenix Futures Recovery through nature Service</p> <p>Phoenix Futures Communities of Recovery Fife service</p> <p>ADAPT Triage service</p>	<p><u>Commissioned:</u> NHS Fife Addictions ARBD Service</p> <p>NHS Fife Psychological Interventions Workforce Development</p> <p>ADAPT One Stop Shop (KY Clubs)</p> <p>Frontline Fife Recovery Service</p> <p>Hospital Liaison Service NHS Addiction Service NHS Pharmacy Services ADAPT WAWY</p> <p>SACRO Custody Navigation Service</p> <p>Phoenix Futures Peer and Prison Mentoring Service</p>	<p><u>Commissioned:</u> Barnardos & Clued Up Whole Family Support and YP Service</p> <p>Social Work Kinship Care</p> <p>SFAD Adult Family and Carers Support Service</p>

These services provide key working, whole family support, counselling, psychosocial support, medication assisted treatment, psychological and pharmacological interventions, impatient and community-based detox, housing support, social work support, community-based rehabilitation, harm reduction, peer mentoring, recovery activities, education and information, one stops shops and recovery community development and networks.

Financial & Commissioning Position

ADPs continue to operate in a challenging climate with significant budget restraints and pressures. ADP core funding originates from two sources: the Scottish Government and Fife Health and Social Care Partnership. In recent years, additional non-recurring funding from Scottish Government has also been provided, to support specific new initiatives within a given timeframe. It is critical that our resources are used effectively to ensure sustainability. The IJB have developed the Medium-Term Financial Strategy (MTFS) which sets out the resources available and ensures that they are directed effectively to help deliver the outcomes identified in the Strategic Plan 2023-2026. The Alcohol and Drug Strategy is one of the HSCP transformation strategies and part of the annual delivery plans as such service provision will be delivered in accordance with the MTFS, and the funds that are made available.

Funding has become increasingly complex in recent years. New investment funding from Programme for Government was provided over the three years from 2017-18 to 2019-20. Two-year funding of for the Drug Death Taskforce was provided over 2020-2022. Drug Mission Priorities funding and MAT Standards initiative also provided additional ring-fenced monies for specific improvements and commissioning. The ADP Committee has an income of £7.539m from ringfenced Scottish Government Funding and the Health and Social Care Partnership and this is distributed across the six strategic themes to achieve our outcomes. Funds have been made available from the CORRA Foundation directly to any alcohol and drug service operating in Fife and third sector and statutory services have applied and been awarded investment for three-to-five-year periods.

These additional funds presented great opportunities for quality improvement and allow the ADP and its services to develop innovative approaches for service redesign without decommissioning or disinvestment. As a result the

ADP has been able to commission new service provision, all of which is detailed in the summary of achievements 2020 -23 (page 17).

The Joint Commissioning Group with support from finance colleagues has commenced work on the financial plan to support the ADP's strategic priorities and affordability of delivering these within the three year cycle. The ADP budget has been set for 2024/25. This includes planning for the use of both core and non-recurring specific funding. This plan will require to align with the resources provided in the MTFS, and the identified efficiencies will be achieved. The ADP and its partners must improve its data gathering and surveillance and evaluation of projects/services to support the development of the plan. A robust approach assessing all expenditure, will ensure that effective and evidence-based project/services are continued. This process will be informed by the MTFS and adhere to the following principles:

- **Ensuring Best Value** – ensure the best use of resources
- **Whole system working** – building strong relationships with our partners
- **Prevention and early intervention** – supporting people to stay well and remain independent
- **Technology first approach** – to enhance self-management and safety
- **Commissioning approach** – developing third and independent sectors

Clearly the demand for ADP services will not reduce, in fact the strategic vision and specifically theme three focus on increasing the reach of services and engaging people affected by substance use in treatment and support. It is imperative that the ADP and its services work smarter and more efficiently by combining resources and integrating with partners within the ADP and those closely linked to the ADP. This will involve a review of the commissioning approach taking into account ethical commissioning, preference for local providers and building wealth and sustainability across our communities.. Specifically the ADP want to build stronger alliances between statutory and third sector services.

Fife ADP – Theme 1: Prevention and Early Intervention

Fewer people develop problem drug and alcohol use

- Preventing all the people of Fife from developing problems with substances by addressing the root causes and drivers, such as poverty, deprivation, mental health and early traumatic experiences.
- Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

Why is it important?

Fife ADP recognises the four types of prevention and early intervention identified in national strategies Rights, Respect and Recovery (2018), Alcohol Framework: Preventing Harm 2018 and further emphasised in Drug Mission Policy 2022 –2026 published in August 2022. These are further endorsed from the evidence within local sources and policy across the Health and Social Care Partnership, local authority and NHS.

Clued Up's Youth Forum has indicated that all prevention services should be youth friendly, flexible and have a high tolerance for the difficulties young people often experience in engaging with services. They should be community based, careful not to stigmatise in service targeting and ensure equity of provision across Fife by outreaching to children and young people not attending school.

Environmental – contributing strategically and operationally to addressing environment and social inequalities including childhood trauma, poverty and deprivation, social exclusion and isolation, poor access to services leading to early onset of alcohol and drug use.

Targeted - specific intervention with a focus on families, children, young people or communities where there are vulnerabilities increasing the risk of alcohol and drug use and dependency.

Education - drug and alcohol awareness and education aimed at and directed by children and young people of school age reflective of their community and their school environment.

Availability - raising awareness and providing evidence of the link between availability of alcohol and harm.

Fife Health and Social Care Partnership (FHSCP) has prioritised prevention and early intervention in its strategic aims over the next three years with a separate supporting strategy reflecting the importance of this work across the whole partnership. This is linked to national wellbeing indicators and also public health priorities for Scotland, in particular priority 4 “A Scotland where we reduce the use of harm from alcohol, tobacco and other drugs”. In the FHSCP Strategy Theme wellbeing “Wellbeing – A Fife where we will support early intervention and prevention”, the ADP Committee has already made commitments reflective of the national priorities. These are detailed below and set the plans for how this work will be enhanced over the life cycle of this strategy.

In delivering these the ADP has two distinct roles first to lead on specialised projects where there is ADP investment and specialised expertise and secondly to provide a contribution and a representation of the care groups’ needs to other preventative work delivered by partners across the Health & Social Care Partnership and in other directorates. This prevents siloed approaches to and duplication of effort for the same people at risk from multiple health and social harms.

Environmental

Strategically the ADP is aligned with the Tackling Poverty and Preventing Crisis (TPPC) Board and will provide specialised input into general initiatives and interventions to ensure these reach people affected by alcohol and drug use. Within the TPPC delivery plan, the ADP will assist in developing targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group.

ADP services and their workforces have engaged with the NES trauma informed training for children and young people delivered by Fife Child and Family Psychology service as part of the roll out in schools. Our young people service has also benefit from specialist trauma training, supervision and coaching delivered as part of the MAT Standard Programme.

Targeted & Education

Fife ADP’s Strategy 2020 – 23 indicated a plan to conduct “an evidence-based review of the educational input required with consideration of the universal and targeted provision undertaken with relevant partners” with an expectation that this would lead to a revision of the current education prevention service. This review commenced in December 2022 with a focus on what are children and young people’s substance education needs using a literature review of the evidence base, education stakeholder views from school staff and pupils, contributions from the service delivery staff, analysis of the needs of schools as part of the community, quantitative data about drug and alcohol use prevalence.



The review concluded in July 2023 and four key improvements have been identified and will be incorporated within a test of change in three secondary schools:



Additional P7 to S1 Transition Support

Though transition approaches provided throughout Fife for most children in most settings work well, some children will require a longer, more intensive and more whole family focused additionality to achieve a settled and undisruptive induction to their new school. Clued Up will deliver an intensive transitional service to children in P7 and their families during the transitional year to S1.

The ADP is a key partner of the Health and Wellbeing priority within the Children Services' Strategic Plan and aims to work within existing resource identify opportunities to intervene earlier to prevent harm caused to children and young people. The ADP is also involved in to supporting Education's Community Mental Health Framework, recognising that supporting mental wellbeing and health is a preventative factor against development of problematic substance use.

Availability

Alcohol is a leading cause of ill-health and early death and it contributes to considerable social and economic harm in Fife communities. Alcohol use and alcohol-related harm are shaped by a wide range of inter-related factors including the availability, accessibility, and affordability of alcohol; socioeconomic factors that affect the conditions that people live and work in, as well as differences between individuals.

To prevent and reduce alcohol related harm in Fife a wide range of interventions are recommended locally, in combination with national policy and legislation. The influence of Fife Licensing Board on alcohol availability and in turn alcohol-related harms is considerable through, the setting of Licensing Policy, including license conditions; the assessment of overprovision; and the review of individual licenses.

Over the last 6 months NHS Fife Public Health team and Fife ADP Support Team have produced evidence of the harms associated with alcohol use and its availability in Fife to the Licensing Board. Two evidence-based documents: an analysis and recommendations relating to availability and harm in Fife have been produced during the previous strategy to inform the overprovision statement; and make suggestions to strengthen the public health objective within the Licensing Policy.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Improve our drug and alcohol education in schools across Fife reflective of the community issues and the needs of children, young people and the staff within schools</p>	<p>Fife Education's Health and Wellbeing Survey ADP Strategy 2020 – 23</p>	<p>An improvement in the knowledge of young people of the risks for substance use reflective of their community Teachers and school-based staff confident and knowledgeable to support young people and children's drug and alcohol education needs</p>	<p>Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services.</p>
<p>Improve our harm reduction knowledge, raise awareness, build better pathways for young people with early onset substance use</p>	<p>Multiple Drug Death Review Group learning report PH Needs Assessment Synthesis 2023</p>	<p>Establishment of a multi-strategic taskforce group linked to Health Promotion's suicide, self harm and mental health groups, Child Protection Committee and Fife's Children Services.</p>	<p>An ADP and a whole system workforce knowledgeable about changes in drug use and availability within the different localities and in Fife, capable of educating in supportive and engaging ways to children, young people and families at risk. This will mainstream improvement approaches across whole systems including development of skills and knowledge within a</p>

			<p>broad workforce.</p> <p>Awareness campaign of ketamine use at primary care, further and higher education establishments and other possible presentation sites and build in access to existing referral pathways to treatment and support.</p>
<p>Provide additional whole family transitional support for children moving from primary into secondary school affected by substance use, childhood trauma and mental health and other associated difficulties within their family</p>	<p>The Promise 2021 -2024</p> <p>ADP contractual monitoring 2023</p> <p>HSCP Extended Leadership Team Consultation</p>	<p>Developing positive relationships in their new school and in its community and improving attendance – at school and in class – family members and linking to other supports to address their needs. Family and adults accessing the support needed to prevent crises and create a supportive home environment.</p>	<p>Completed the two-year pilot in Levenmouth delivered by Clued Up fully evaluated (including the voice of families, children and young people) and opportunities to roll out project or mainstream into localities and communities where there is identified need.</p>
<p>Strengthen and improve the evidence provided to the Fife Licensing Board for the causal dependable link between alcohol harm and alcohol availability</p>	<p>Alcohol Framework: Preventing Harm 2018</p>	<p>Developing our policy on responding to individual licence requests in areas of high harm in the absence of an overprovision assessment. Working in co-production with localities most affected by high harm which may in turn also offer an opportunity to influence future overprovision policy. Influencing members of the licensing forum to identify areas where we can work more closely to mitigate the impact of alcohol provision in communities, which may in turn also offer an opportunity to influence future overprovision policy. Consult on the Scottish Government ongoing review of the licensing system.</p>	<p>A locality specific overprovision policy developed and implemented to contribute towards a reduction in alcohol specific harm</p>
<p>Collaborate with Tackling Poverty and Preventing Crisis Board to on general initiatives and interventions to ensure these reach people affected by alcohol and drug use.</p>	<p>ADP Needs Assessment Synthesis 2023</p> <p>HSCP Participation and Engagement</p>	<p>More people will have access to benefit checks from ADP staff at a range of places which will reduce underclaiming of benefits in Fife and maximise people’s and families’ income. The ADP will contribute to the Rowntree review to establish if there are gaps in provision addressing needs of people affected by substance use Within the TPPC delivery plan, the ADP will support targeted adaptations to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group</p>	<p>Fewer families and people affected by alcohol and drug use will be as severely impacted by the cost of living crisis</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 2

Risk is reduced for people who take harmful substances

- Provide early intervention and harm reduction in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.
- Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

Why is it important?

Our first commitment to anyone affected by drug and alcohol use is to protect their life and safeguard them from harm. Effective harm reduction includes evidence based and non-stigmatising information, advice and support as well as providing harm reduction training and equipment. This should happen in multiple settings, across the full ADP and ancillary services and be offered and continued at any time or any point in the person's recovery journey. It should be provided without expectation of recovery or engagement with treatment and support and be offered to people in the community and to family members as part of family inclusive practise. The ADP has endorsed the MAT Standards evidence and the findings of the Drug Death Taskforce and recognises harm reduction is entirely complementary with treatment and support they should be delivered simultaneously dependent on need and neither should be withdrawn or assumed unnecessary at any point in a person's life.

Traditionally harm reduction interventions were mostly developed in relation to the use of drugs, particularly injecting use. In this case, the key aims are to reduce risks of overdose, blood borne virus transmission and other harms to health. However, the principles are also applicable to use of alcohol and of non-injected drugs. As outlined with the PH Needs Synthesis report, Fife ADP need to respond to the increasing diversity of substances being used by the population as well as frequent poly drug use as seen in the analysis of DAISy data and in the MDDRG reviews. This includes rising levels of stimulant (crack and other cocaine) and benzodiazepines and the impact that this polysubstance use is having on increasing hospital admission and substance related death rates. Harm reduction in these

circumstances should be based on current knowledge of harms associated with use. Our workforce needs the capacity to develop its learning on specific risks and the advice we need to share with the people and communities to help keep them safe.

Harm-reduction should not be considered incompatible with the commitments of each ADP partner to individual strategic goals such as Police Scotland’s role enforcing drugs law or treatment services’ ambition to support the goal of abstinent recovery for those who seek it. The overarching purpose of this strategy is to minimise the harm caused by the use of alcohol and other drugs on the people of Fife.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>With support from Public Health Scotland RADAR team maintaining and refreshing a whole system substance use alert and early warning programme for both public and services this should be community specific</p>	<p>Drug Death Taskforce Recommendation Final Report</p>	<p>Improved gathering of intelligence Supported by an integrated communication strategy inclusive of the voices of people including young people with lived and living experience</p>	<p>New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible.</p>
<p>Increase people at risk having THN kits and access to IEP. Extended our overdose awareness and take-home naloxone training programme to communities, services, families and businesses in contact with people at risk.</p>	<p>PH Needs Assessment 2023 Drug Death Taskforce</p>	<p>Increases in numbers of people trained and numbers of THN kits distributed. Fife kits per person is closer to Scottish average</p>	<p>Improvements in coverage and distribution of THN and IEP from Community Pharmacy Harm Reduction Service Full implementation of MAT standard 4 (all those on ORT– wound care; assessment of injecting risk, risk reduction advice and injecting equipment; testing and treatment for blood borne viruses; take home naloxone. it requires that all services providing ORT have availability and offer this support regularly.</p>
<p>Review alcohol screening in all settings and ABI delivery with ADP services and in priority settings (A&E, maternity, primary care)</p>	<p>NHS Fife Public Health Report 2023 AASDG Alcohol research report</p>	<p>Develop use of screening tool Continuation of meeting target and in priority settings Targeted delivery of ABIs in communities where alcohol harm (hospital rates/alcohol deaths) are highest</p>	<p>ABI coverage is fully preventative and delivered throughout Fife in communities and with people at risk of alcohol specific harm People at risk in various settings (not just ADP services) are offered screening using validated tools and are supported towards treatment</p>
<p>Full ADP workforce Harm reduction training for those in setting where people, families and communities are at risk for all substances including alcohol across the reflective of the poly substance use picture in Fife and Scotland</p>	<p>ADP Workforce Development (skills, knowledge) ADP PH Needs Assessment</p>	<p>Training needs survey and full review of harm reduction approached needed with universal approach agreed for substances based on current evidence</p>	<p>Number of staff completing harm reduction training for stimulant and benzo use</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 3 and 4

Treatment and recovery services are easily accessed and high quality

- **Creating awareness with partners about the impact of stigma and other barriers providing education and training on issues impacting our communities in Fife.**
- **Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

Why is it important?

If people develop problems with substances, they and their families want firstly to get good advice and information to support making choices and secondly easy and quick access to their preferred support and treatment. They want kindness, compassion, understanding and most importantly to get the right support, at the right time, in the right place and from the right people. They want their care to be safe, coordinated and integrated, as local as possible and focused on their wellbeing and recovery, all themes within the Health and Social Care Partnership.

As a strategic partnership if we are to meet our whole population aims within this theme, it requires increases in quantity of people accessing treatment and support especially those who are at the highest risk of the most harm. Interdependent to this is improving the quality of the system ensuring that people get what they want from treatment and support and are motivated to stay within it until they've reached their goals, their outcomes etc. For this purpose the ADP and its services are continually improving and this is recognised as a key value within the strategy.

The ADP's treatment and recovery services need to achieve and maintain four specific improvements, increasing quality, choice, access and retention. . These are:

- **Continuing to implement the MAT Standards**
- **Implement improvements from the joint ADP and Health Improvement Scotland audit and assessment for residential rehabilitation**
- **Implement the recommendations from NHS Fife Public health alcohol specific death research and Scottish Drug Forum lived experience evaluation report.**

These are likely to have a positive impact on quantity of people accessing the system of care.

The ADP needs to make four system based improvements:

01

Throughout both the PHS needs assessment and the engagement and participation consultation report, ADP workforce development has been indicated as a strong area for improvement pertaining the knowledge and skills and ability to respond to existing and also emergent harms for substances specific new benzodiazepines, synthetic opioids and stimulants.

02

Secondly the lived experience panel and Scottish Family Support groups indicate strongly that services are not visible in their communities, there is a lack of awareness about support available and this impacts significantly on accessibility. This requires an overarching communication strategy led by the ADP and brings visibility to the fore.

03

Interdependent on the above is work on pathways into treatment and support and a need to review and potentially redevelop these addressing any potential barriers including stigma, locality and communication and information sharing between services in the system of care. This is supported by evidence in the wider stakeholder event and also within the participation and engagement consultation. The quality of individual services is good and can be assured but how they work together needs to be improved and stronger operational alliances and partnerships are required.

04

Finally, improving data and surveillance gathering is essential to make realistic assessments of progress and ultimately be assured of impact from improvements on the systems of care and for the people who need and use it. The Scottish Government national recording database DAISy (Drug and Alcohol Information System) has a significant role here and data is currently being produced for Fife by Public Health Scotland providing intelligence on demographical and locality profiles on those who use the system, indicators of demand for services and on personal outcomes following engagement with services within the system.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
Continue MAT Standards implementation for statutory and third sector services	<p>National Drug Mission Priorities</p> <p>DDTF Final Report Recommendations (action 24, 34) Lived Experience Panel</p>	MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	A review of services providing MAT 3 support including pathways concluded PHS assessment supports full implementation of standards MH and Substance use treatment/support is fully integrated Graded model of care between substance use and primary care is in place dependent on locality need and choice A well trained, coached/supervised and supported workforce delivers psychological care and at all tiers improving trauma treatment and trauma informed delivery Numbers in treatment target achieved and maintained
Increase access to and aftercare/support from Residential Rehabilitation	<p>ADP and Health Improvement Scotland Assessment</p> <p>2023 National Drug Mission Priorities</p>	High percentages of people accessing/attending residential rehab from targeted groups Generally higher number of people attending residential rehabilitation Increase in attendance and completion for people affected by alcohol	People able to access and consider residential rehabilitation as standard and part of their treatment and support options at the start of their engagement with ADP services with corresponding pathways
Develop a recovery orientated alcohol and treatment support system of care	<p>NHS Fife Public Health Alcohol Specific Death Research</p> <p>SDF Lived Experience Evaluation Report</p> <p>New UK Clinical Guidelines for Safe and Effective Treatment for alcohol dependency</p>	Increase initial assessments for alcohol in DAISy Fewer hospital stays for alcohol related illness Fewer alcohol specific deaths Consistently meeting waiting times target for people in treatment/support for alcohol across all Tier 3 services	ADP to have implemented and led on quality improvement recommendations made in from the local research via a cross partnership implementation subgroup using learning and QI approaches from MAT Standards implementation approach

<p>Pathways and integration of treatment and care including use of technology and digital solutions to delivering care and support</p>	<p>NHS Fife Public Health Needs Assessment Synthesis</p>	<p>Review of all pathways including assertive outreach and those for specific groups identified in the needs assessment and from key communities and ancillary workforces Development a Fife ADP app with Digital Lifelines Scotland to aid the public in finding the right service at the right time Consider integrating digital enablement approaches within services. To support/understand the work of Reducing Drug Death Innovation Challenge which, aims to develop innovative technologies that help to reduce drug-related harms and save lives.</p>	<p>Improved levels of digital equality and opportunities for people across all communities in Fife.</p>
<p>Service visibility, awareness and access through our enhanced communication strategy</p>	<p>Scottish Drugs Forum Alcohol Evaluation and MAT Standards Evaluation 2022, 2023 & 2024 Participation and Engagement Consultation</p>	<p>Communication Strategy in place</p>	<p>People with lived experience and their families have easier and more accessible means of getting the right support for them when it is needed.</p>
<p>Amplify the voice of lived and living experience and build a right based approach in the ADP Service and within the whole system approach to better understand how both institutional and individual stigma impacts on those affected by alcohol and drug use and mental health and their families.</p>	<p>MAT Standards 2022 Fife ADP Lived Experience Panel Plan National Collaborative</p>	<p>Continue to develop the independent advocacy service applying learning from the pilot as the service is mainstreamed Continued development of the living group and Lived Experience Panel Develop an strategy/charter with support from Fife ADP LEP Promote the National Collaborative Charter for the rights of people affected by substance use in Fife</p>	<p>A rights based approach understood and implemented within the full ADP. A scoping and feasibility study completed to consider further implementation of the rights based approach into ancillary services used by people and their families affected by alcohol and drugs supported by those with Lived Experience.</p>
<p>Development and progression of recovery-based communities in Fife to support people needing mutual aid</p>	<p>ADP Participation and Engagement Report Lived Experience Panel</p>	<p>Qualitative and quantitative review with lived experience panel and support provided by them to implement improvements across the ADP recovery network</p>	<p>A greater depth and volume of choice across Fife for people in recovery ensuring that people affected by alcohol and drugs have access to activities with others, preventing isolation and promoting wellbeing and are educated and trained in skills to maintain their own recovery</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 5

Quality of life is improved to address multiple disadvantages

- **Building and enhancing services that support and protect the rights of all people affected by substance use and respect their choices about recovery and treatment.**
- **Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.**

Why is it important?

Fife ADP recognises that people with alcohol and drug problems, will also be experiencing poor physical and mental health, poorer housing situations, lack of access to universal support and services, involvement with the criminal justice system and will be more severely impacted by the cost-of-living crisis. Combined these needs and other disadvantages make access to the support and recovery – as it is structured and offered currently – more difficult and challenging. The Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services. This report has identified specific care groups for focus within this strategy and this is reflected in all improvement work detailed in the improvement tables.

The participation and engagement consultation indicated two priorities for the ADP:

- **Reviewing and enhancing recovery communities for people to sustain their recovery and address stigma in localities**
- **To invest in wellbeing and mental health support ensuring that there is a greater level of integration between services in substance use and mental health**

It's therefore incumbent on the ADP, its services and universal and other specialist services – primary care, mental health services, housing services and justice services – to be agile and responsive in their delivery to ensure (service) equity and increase the reach and retention of people with complex needs. The wider stakeholder event and the participation and engagement consultation indicated that services need to communicate better, strengthen their partnership approaches and integrate aspects of delivery to truly improve outcomes for people. This public health approach

needs to be focused on addressing health and social inequalities with strong commitments to the HSCP themes in making services local, focused on outcomes for people not services, improve wellbeing and integrate approaches and services wherever possible.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Provision of targeted support to people and communities at risk of harmful substance use by listening carefully to those communities and building responses and service provision together</p>	<p>Health and Social Care Partnership Strategy</p> <p>Drug Death Taskforce report 2023</p>	<p>Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development.</p>	<p>Explored extension for one stop shop drop-ins (KY clubs) in the heart of communities where the prevalence/need is high and access to support and treatment is low.</p> <p>Women only one stop shops in localities where there is high prevalence and need</p>
<p>Redevelop assertive outreach and retention approaches and improve follow up protocols and pathways into treatment from hospital wards and A&E and housing services.</p>	<p>Health and Social Care Partnership</p>	<p>Improving access to residential rehabilitation provision by promoting new pathway developments with priority groups in partnership with ADP commissioned services, statutory services and Health Improvement Scotland.</p> <p>Increased use of residential rehabilitation places for those in priority groups.</p> <p>Fully embedded and integrated Hospital Liaison Service across all sites</p>	<p>See a reduction in the number of people affected by drug related, and alcohol specific, harm and death.</p>
<p>Building on the ADP third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody by improving the sharing of information and partnership-working between relevant partners at the pre-release stage.</p>	<p>Justice Strategy and Fife Local Plan (Mar 2024)</p> <p>Justice Social Work Fife improvement plan 23/24</p> <p>Safer Communities Priorities – reducing unintentional harm</p> <p>National Community</p>	<p>An ADP led multidisciplinary meeting for each person on a remand or short team sentence returning to Fife from custody. Resulting in a more joined up approach to individual's needs.</p>	<p>Fewer people in Fife leaving custody with no throughcare support.</p> <p>Fewer people leaving custody experiencing a non fatal overdose</p> <p>People receive appropriate support for substance use, housing, therapeutic support and benefits and housing at the point of leaving custody.</p>

<p>Develop integrated and coordinated models of shared care and support between ADP Services and mental health and ADP Services primary care for people affected by alcohol and drug use</p>	<p>Medication Assisted Treatment Standards (7 and 9)</p> <p>Drug Death Taskforce Report 2023 PH Alcohol research</p>	<p>People in Fife experiencing substance use dependency or problematic use and emotional wellbeing and mental health problems are supported at the earliest opportunity and deliver in integrated models of care to support personal self-management and recovery sustainability</p>	<p>Documented service implementation and integration of care plans in place based on the 4-quadrant model this includes differing severity both of mental health needs and substance use including joint working arrangements for dual diagnosis</p>
<p>Consider gender differences in the provision of services including trauma informed approaches</p>	<p>Criminal Justice Social Work Local Priorities</p> <p>Public Health Synthesis of Needs 2023</p>	<p>Review existing services and ensure these continue to be best practice approaches. Have new bespoke services operating to the same standard.</p>	<p>Have developed bespoke women’s projects. Secure premises to deliver gender specific interventions. Services will have a meaningful input from those with lived experience.</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

Fife Alcohol and Drug Partnership – Theme 6

Children, families and communities affected by substance use are supported

Supporting families and young people, including those who are carers and ensure services are more inclusive and family focused.

Increasing the opportunities of people with lived and living experience to co-produce and contribute to strategy, policy and service development – placing this at the start of all work we do.

Why is it important?

Fife ADP acknowledges the current and long term impact alcohol and drug use has on children, young people and families. The NHS Fife’s Director of Public Health Annual Report 2023 emphasised a focus on the needs of children, young people and families affected by substance use and impact on child development and long-term health and the building blocks needed for health across the life course. “Providing early intervention in a holistic and integrated way with other services for children, young people, adults, families and communities at risk.”

These are three care groups identified within all research undertaken by the ADP during the development of this strategy and are reflected in the ADP Mission Statements where it’s strategic implementation can make significant difference in preventing harm causes by substance use and mitigating its impact in the longer term.

Adult Family Members

Need carers and specialist family support to assist them in supporting their loved ones into recovery but they also a need for support in their own right which is not dependent on service engagement of their loved one.



SUPPORT



CARE



FAMILY



RECOVERY

Families and children affected by parental substance use:

Require dedicated, holistic whole family support based on their needs delivered sustainably and locally within their own communities. That support needs to be integrated, delivered at the earliest opportunities, coordinated and built on hearing and listening to what matters to each family. This must be routed and coordinated with Children's Services Partnership Plan and aligned with the United Nations Rights of the Child, the Promise, The Whole Family Wellbeing Fund and Getting It Right For Every Child. Over the course of the previous strategy working closely with partners, the ADP has commissioned services and reported progress locally and nationally in line with the principles within the "Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice". This framework brings together the current evidence, national policy and best practise to supporting families affected by substance use and associated problems. The Framework approach will remain a priority to the ADP as is our joint commissioning and strategic alliance with Children Services Plan for Fife over the next ADP commissioning cycle. Improvements developed to intervene early with children at risk of developing substance use problems are interdependent with preventative approaches outlined in theme 1,

preventing fewer people from developing problems with substance use. The ADP's family support service addressing current inequalities can be an effective preventative measure for future generations by improving family life and reducing the risk of childhood adverse experiences.

The ADP contributes to work directed by the Whole Family Wellbeing Fund. Potential service development is directed towards high intensity and early intervention whole family support to prevent crises (requiring more intensive support) and enable families to engage with universal family services delivered by health and ultimately transition into universal support and benefit from what is available and delivered at a grassroots level in their community.

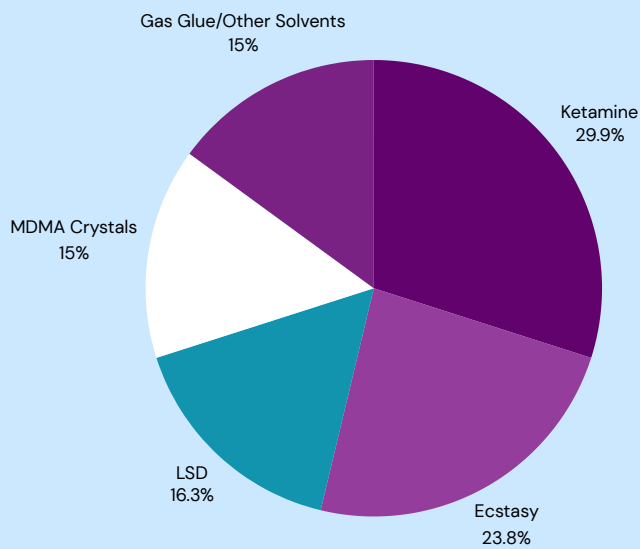


Young People affected by substance use:

Require effective, integrated and responsive services delivered in youth friendly ways to support them when they are using substances problematically or struggling with other issues or difficulties that are an early indicator for future problematic substance use.

During 2023, there were 4 drug related deaths in children and young people

aged 18 and under in Fife. This is an extremely unusual and unprecedented situation. Nationally there has only been around 2% of confirmed drug related deaths over the last 10 years in this age group. Locally in Fife, after cannabis and cocaine, the most commonly reported drugs used by pupils in S4 who reported having ever used drugs in Fife were:

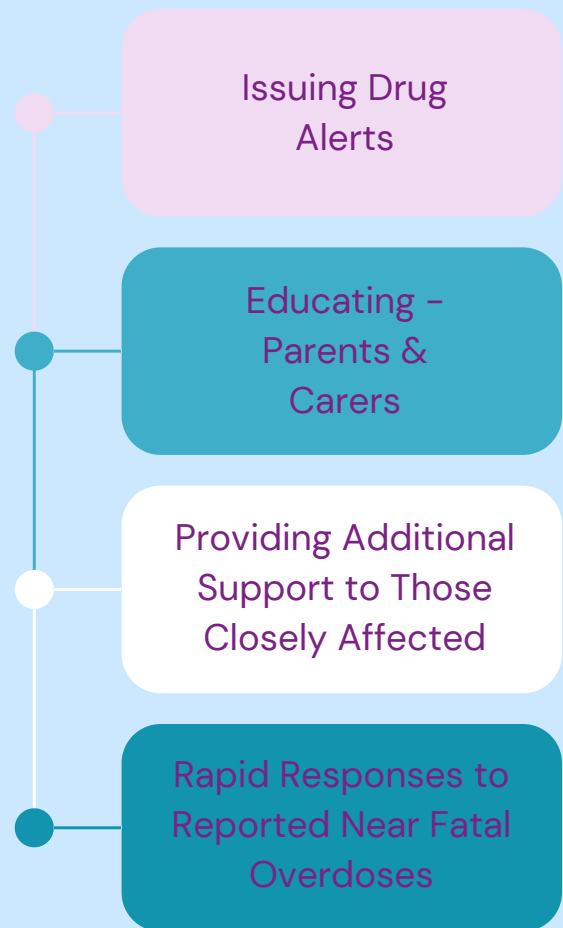


These were all reported to be at lower rates than are reported in Scotland overall, but the methodologies used at Fife and Scotland level differ. It is difficult to understand trends, as there is no data from earlier years to compare this directly.

Within Fife multiple partners and commissioned agencies are involved in prevention, early intervention and supporting young people in Fife. However, prevention with young people in Fife aims to encourage young people not to use substances and early intervention aims to prevent the development of psychological and physical dependence whilst also

providing protection from harms if children and young people are already experimenting with substances. Support for young people will now need to develop to address the new risks and this must include harm reduction and alert messaging about risks. A new cross partnership group within the HSCP will take this work forward.

Immediate effective responses, for example:



Though these have been employed, a broader longer term multiagency and action-based response is required to understand the problem, address the risks fully and prevent further harm to children and young people in Fife.

3 Year Delivery Plan

The Changes We Need to Make	Drivers & Evidence	What Will Success Look Like?	Where Do We Want to Be in 2027?
<p>Preventing alcohol specific and drug related harm and death affecting children and young people</p>	<p>NHS Fife PH Needs Synthesis Report 2023</p> <p>PHS hospital rates</p> <p>Drug Harm Assessment Review</p> <p>Fife Children's Plan Health and Wellbeing Strategy</p>	<p>Fewer drug related deaths in 15 – 24 age group in Fife</p> <p>Fewer alcohol and drug hospital stays for children and young people in Fife</p>	<p>Completed Public Health Needs assessment for children and young people incorporating an evidence review of treatment and support intervention models for young people.</p> <p>Incorporate a whole system alert and drug harm communication process with young people. Implement a coordinated multi-agency system strategy response for the needs of young people in relation to their substance use and other associated high-risk situations (mental health, suicide and self harm).</p>
<p>Recommissioning in partnership with Education and Childrens Services the whole family support and young people's service for families affected by substance use</p>	<p>ADP Wider Stakeholder Report</p> <p>HSCP Extended Leadership Team Consultation</p> <p>Fife Children's Plan Commissioning Plan</p> <p>UNCRC The Promise GIRFEC</p>	<p>More families and young people are supported at the intensive level and crises are managed.</p> <p>More families and young people are supported at the additional level and crises are prevented and averted</p> <p>Families achieve their personal and sustainable outcomes.</p> <p>Collaborative and seamless recovery support between ADP adult treatment and children and young people's services.</p>	<p>New community based, holistic and sustainable services delivered at intensive and additional levels reflective of family and young people's needs and underpinned by Children's Rights.</p>
<p>Implement Scottish Government Young People Services Best Practice Standards (yet to be published)</p>	<p>Drug Mission Priorities 2022 –26</p> <p>PH Needs Assessment Synthesis 2023</p>	<p>ADP complete a benchmarking exercise of current young people services against the new standards and have an improvement plan in place if required</p>	<p>A coordinated system of support for young people affected by alcohol and drug use responsive and agile to their needs working preventatively.</p> <p>Consideration given to a young people's substance use treatment service or an adapted and integrated approach based on evidence of what works with young people to treat problematic or dependent use of substances</p>
<p>Better support for adult family members affected by substance use and make more use of universal support from Carers Services available in Fife.</p> <p>Improve family inclusive practice in the system of care.</p>	<p>Drug Mission Priorities 2022 –26</p> <p>PH Needs Assessment Synthesis</p> <p>2023 Participation and Engagement Consultation</p> <p>2023 ADP Wider Stakeholder Event Report (Aug 2023)</p>	<p>Family members affected by substance use feel supported in their own right and can access universal provision including carer's services.</p> <p>Family members are represented on the Lived Experience Panel</p>	<p>Family members affected by substance use are incorporated fully into adult treatment and support services.</p> <p>Families are considered equal partners in care and ADP services are adopting family inclusive practises within their models of support.</p>

This table is for the three year delivery plan and a more detailed delivery plan for year 1 2024/25 will be produced

How We Will Measure Success & Impact

The ADP will measure its success based on achieving milestones contained within subgroup or project action plans and track progress against timelines for each milestone. This is based on progression of activity and assumes that actions undertaken are evidence based, well researched and achieve improvement. This will be detailed in the ADP annual delivery plan and reported quarterly to the ADP Committee. This is entirely focused on output and outcomes but does not provide assurance of the benefits of such improvements nor the impact on a personal, service/stakeholder or strategic basis and does not provide reassurance that such projects are making a real and meaningful difference for the people of Fife.

The ADP has commenced with support from HSCP Strategic Planning and Performance Team development of a performance outcome framework improving their data gathering and surveillance. Some of this work has already commenced with Medication Assisted Treatment Standards measurements. The diagram below provides detail of how the local approach will be developed:

THE LOCAL APPROACH

Developing Local ADP Measures
(what matters to all of our stakeholders)

- Statistical information
- Capturing qualitative information

Develop Greater Insight

- Projecting where we are heading
- Identify where improvement needed
- Localities
- Demographics

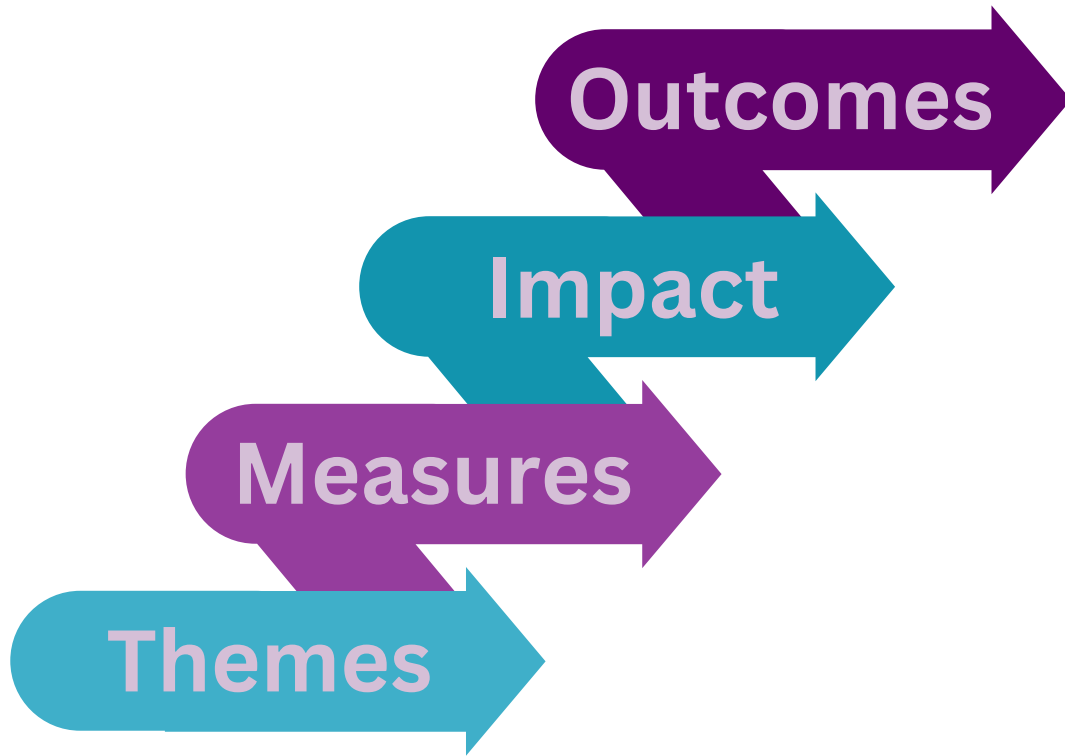
Path to Continuous Improvement

- Reporting arrangements
- Scrutiny
- Improvement Planning

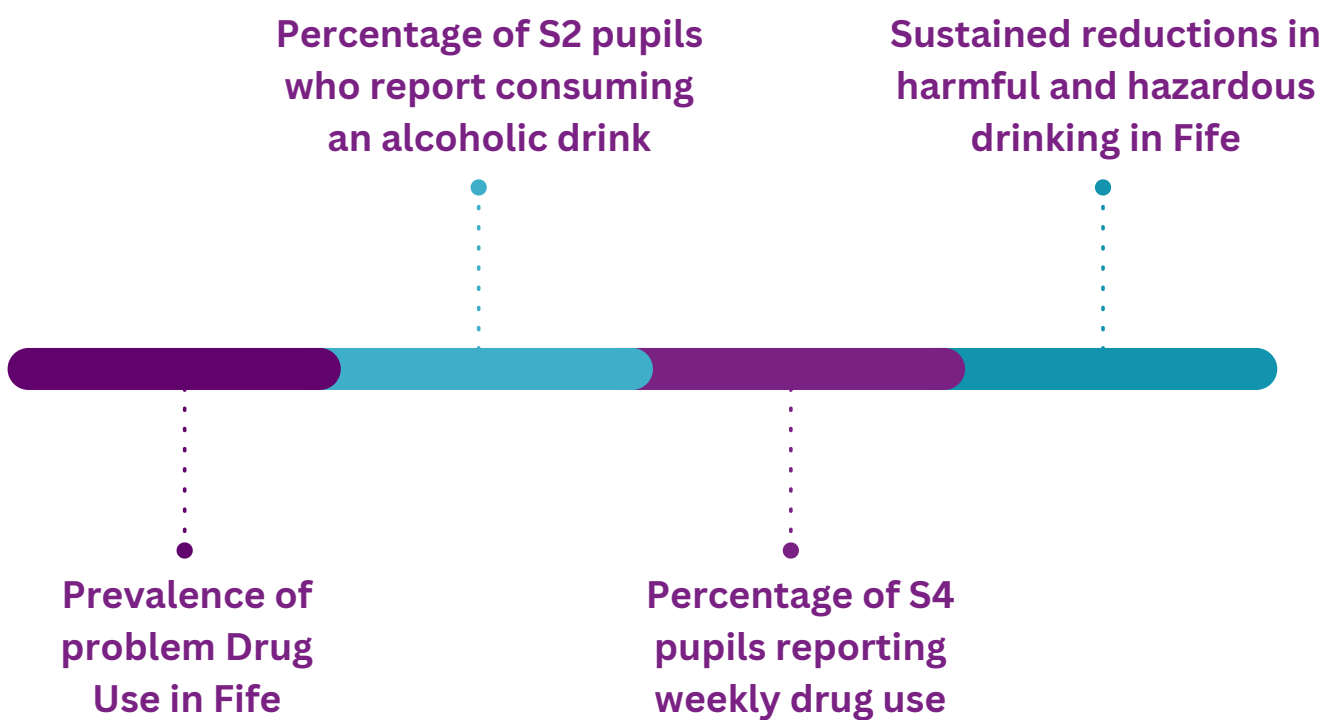
Developing Data Automation

- More efficient reporting
- Focus on ADP requirements

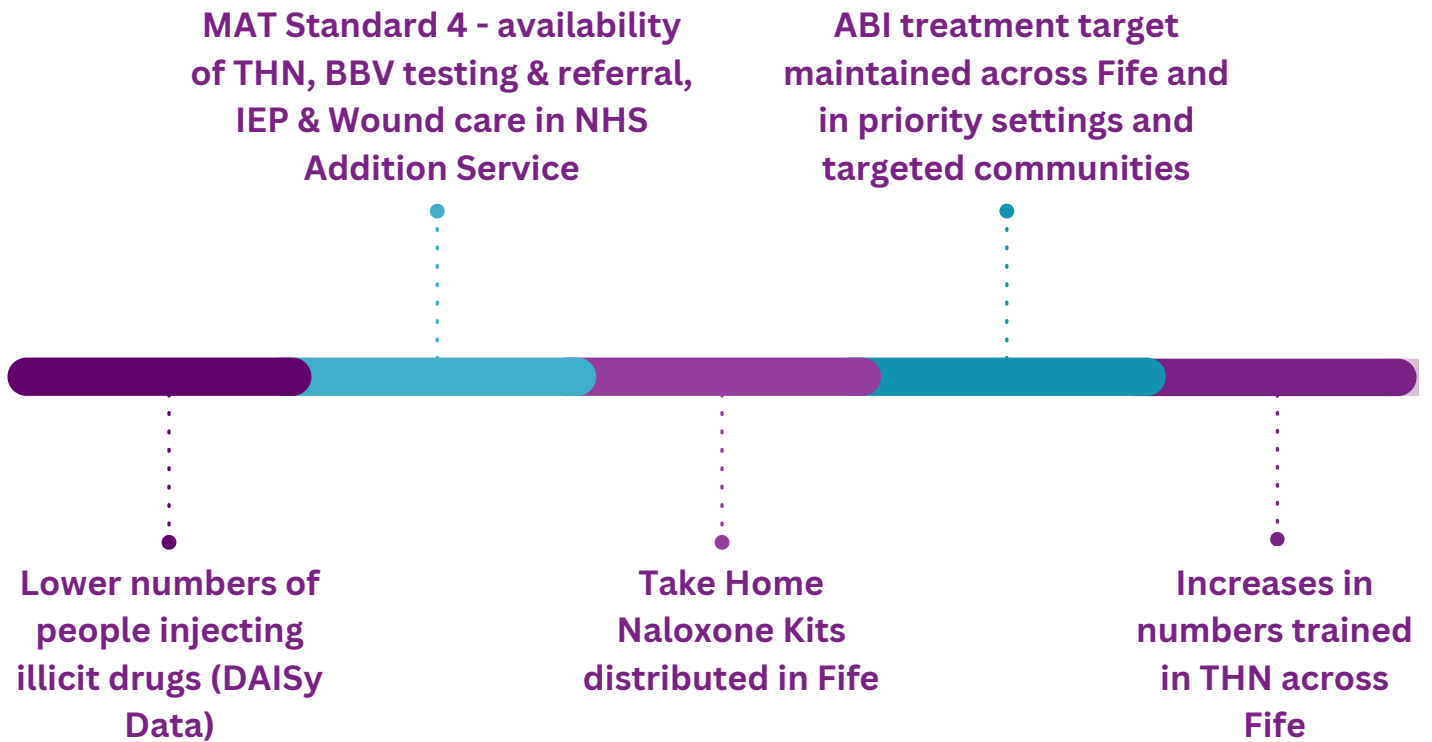
Impact Measures



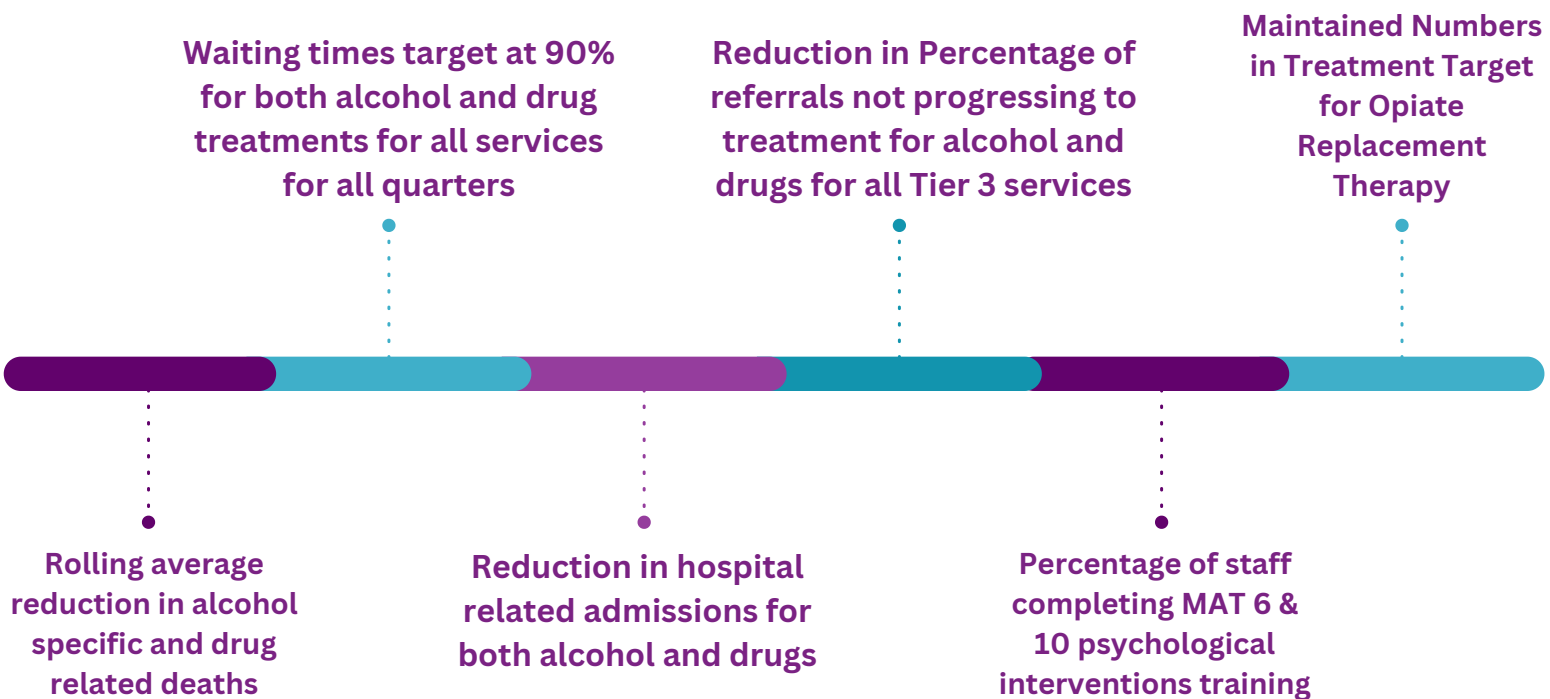
Theme 1 – Outcome Indicators:



Theme 2 – Outcome Indicators:



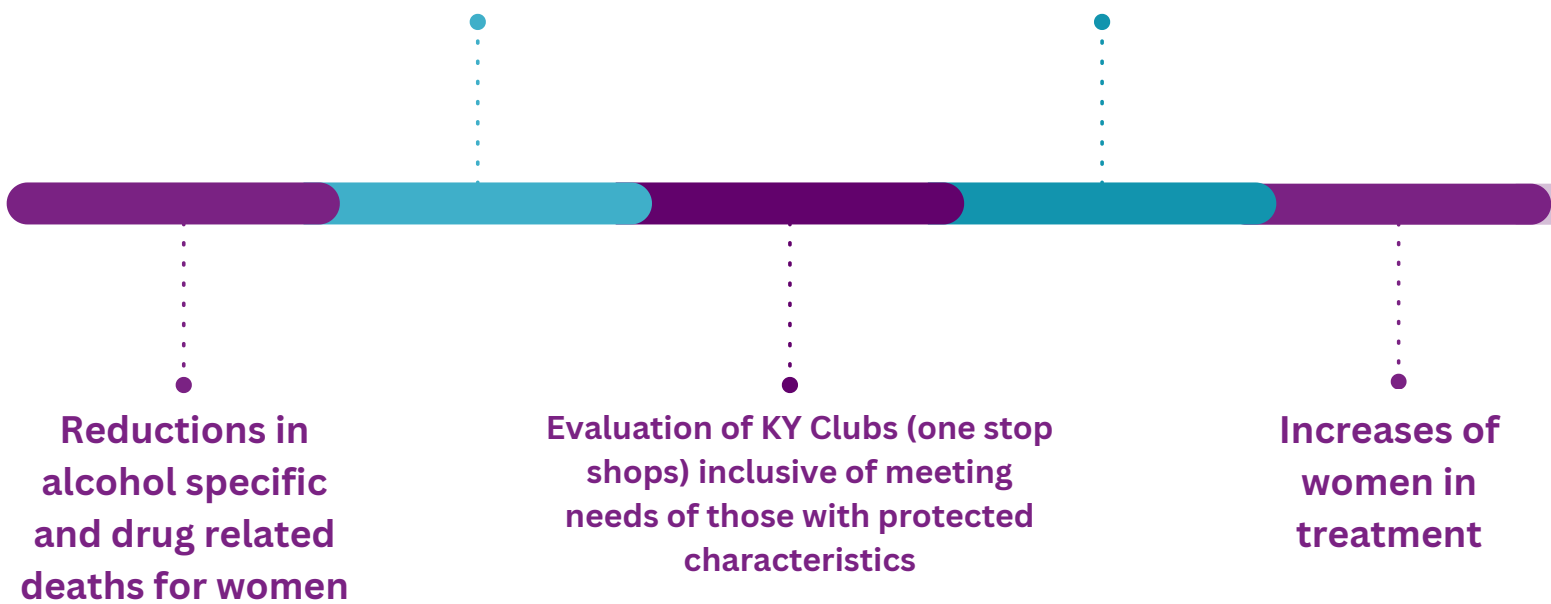
Themes 3 & 4 – Outcome Indicators:



Theme 5 – Outcome Indicators:

Increases in access to and completion of residential rehabilitation including from the priority groups

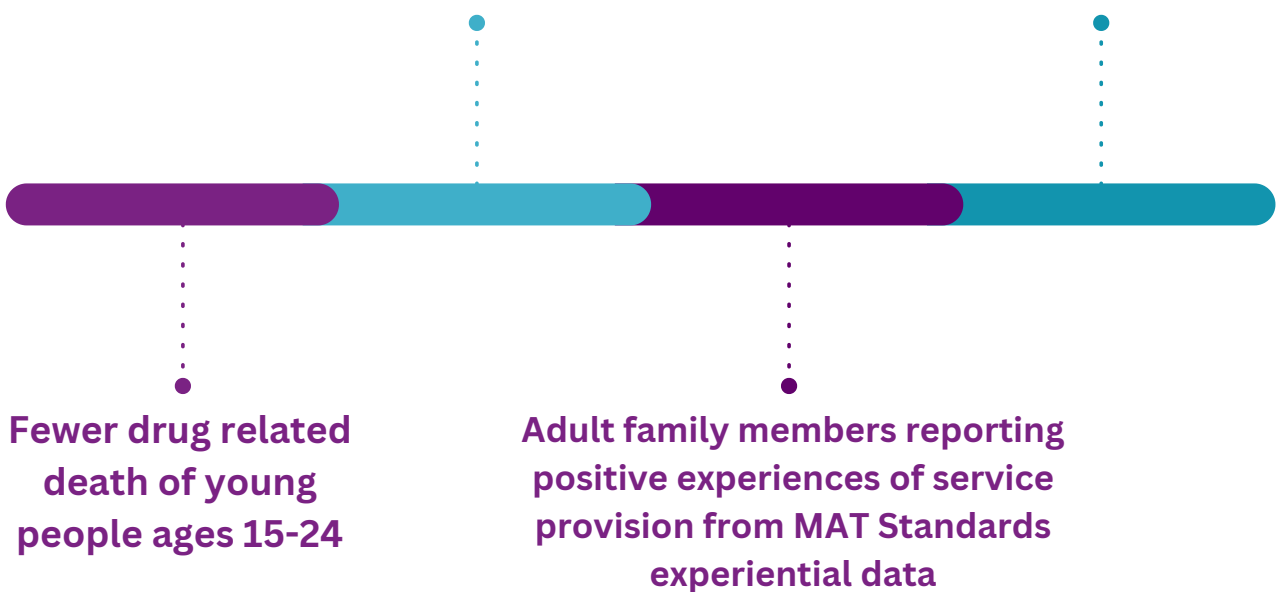
Increase referrals for independent advocacy from the ADP System of Care



Themes 6 – Outcome Indicators:

Increase in age first used substances (DAISy data)

Fewer hospital related admissions for alcohol and drugs for 15 to 24 year-olds



Glossary of Terms

- AASDG** – Addressing Alcohol Specific Death Group, a subgroup of the ADP
- ABI** – Alcohol Brief Intervention, a short, structured screening and intervention delivered to people at risk of alcohol related harm
- ADP** – Alcohol and Drug Partnership
- APTS** – Addiction Psychology Therapy Service, an NHS Fife Psychology Service
- ARBD** – Alcohol Related Brain Damage
- Compass** – ADP funded Social Work Team
- DAISY** – Drug and Alcohol Information System, a national database for recording waiting times for treatment for Tier 3 services.
- DAPL** – Drug and Alcohol Psychotherapies Limited
- DBI** – Drug Brief Intervention, a short, structured intervention delivered to people at risk of drug related harm
- FIRST** – Fife Intensive Rehabilitation Substance use Team.
- GIRFEC** – Getting it Right For Every Child
- JCG** – Joint Commissioning Group, a subgroup of the ADP
- LEP** – Lived Experience Panel, a subgroup of the ADP.
- MAT** – Medication Assisted Treatment, a framework for the safe, consistent and effective delivery of care for people who can benefit from opiate replacement therapy.
- MDDRG** – Multi-agency Drug Death Review Group, a subgroup of the ADP
- OST/ORT** – Opiate Substitute Therapy or Opiate Replacement Therapy
- RADAR** – Rapid Action Drug Alerts and Response, Public Health Scotland Team
- SACRO** – Scottish Association for the Care and Resettlement of Offenders
- SFAD** – Scottish Families Affected by Alcohol and Drugs
- SLA** – Service Level Agreement
- THN** – Take-Home Naloxone, a medication that can reverse the effects of an opioid overdose.
- UNCRC** – United Nations Convention on the Rights of the Child
- WAWY** – We Are With You, an ADP harm reduction service

Appendices

01

ADP Subgroups
Membership

02

Fife ADP Strategy 2024 - 27
Project Development Plan

03

Fife ADP
Stakeholder
Event Summary

04

Needs Assessment
Synthesis 2023
Summary Findings

05

Participation and
Engagement Summary

Appendix 1:

Joint Commissioning Group	Lived Experience Group	MAT Standard Implementation Group	Multi-disciplinary Suspected Drug Death Review Group	Addressing Alcohol Specific Deaths Group	Psychology and Therapy Workforce Development Group (MAT 6&10)	MAT 7 – Primary Shared Model of Care	MAT 9 – Mental Health and Substance use Implementation
<p>Chair – Head of Strategic Planning Performance and Commissioning ADP Service Manager HSCP Chief Finance Officer</p> <p>Representative from Third Sector</p> <p>Representative from Health and Social Care Partnership</p> <p>Representative from Public Health</p> <p>Representative from Housing</p> <p>Representative from Education and Children Services</p> <p>Rep from Senior Manager - Mental Health, Learning Disabilities and Addictions Services</p>	<p>Chair – Scottish Recovery Consortium (Rep) ADP Policy Officer</p> <p>Public with lived and living experience including family members</p>	<p>Chair – Clinical Lead NHS Addiction Services ADP Service Manager Rep from H& SCP ADP Service Manager Third Sector Tier 3 rep Third Sector NFO project rep MH representative Primary Care Representative NHS Pharmacy Services rep NHS BBV&SH Team rep Third Sector HR service and AO rep Rep from LEP Rep from housing and homeless services</p>	<p>Chair – Public Health Rep Rep from Adult SW ADP Coordinator Clinical Lead NHS Addiction Services Rep from Police Scotland Rep from housing and homeless services Nursing rep from NHS Addictions Services NHS third sector reps NHS Pharmacy Services Rep from Harm Reduction Service Rep from Assertive Outreach Service Rep from Emergency Care Directorate C&F SW rep</p>	<p>Chair – Director of Pharmacy ADP Policy Officer Manager FASS Rep for CJ SW Rep from SW Adult Services Rep from LEP Rep from NHS Hepatology Rep from community pharmacy Rep from primary care NHS Addictions Clinical Lead Rep Public Health Rep NHS Health Promotion Rep from Emergency Care Directorate Rep YP and Children</p>	<p>Chair – Head of Addiction Psychology ADP Policy Officer</p>	<p>Chair – Head of Service, Primary and Preventative Care Programme Director, Primary and Preventative Care Pharmacist, Public Health and Community Pharmacy Lead Clinical Pharmacist (General Practice) Clinical Director Head of Nursing Primary and Preventative Care Head of Nursing Complex and Critical Care NHS Addictions Clinical Service Manager NHS Addictions Clinical Lead ADP Commissioned Third Sector re ADP Lived Experience Panel GP Cluster Lead</p>	<p>Chair – Interim Clinical Director, Complex and Critical Care Services NHS Addictions Clinical Lead NHS Addictions Clinical Service Manager NHS Adult Mental Health Clinical Service Manager NHS Adult Psychiatry Clinical Lead NHS Specialisms Clinical Lead ADP Commissioned Third Sector ADP Service Manager Principal Data Analyst Quality Improvement Practitioner Lead Nurse Under 65 Inpatients Lead Nurse Under 65 Community Lead Nurse Specialisms Lead Nurse Addictions Consultant Psychologist, Addictions Consultant Psychologist, Adult Mental Health and Learning Disability Service Administration Lead NHS Addictions Information Manager</p>

Appendix 2:

Project Milestones	June 2023	July 2023	August 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb – March 2024
Public Health Needs Assessment development									
PH Carry out research/horizon scanning/benchmarking/future-proofing within PH needs synthesis									
Project tabled at ADP Committee									
Project tabled at JCG and agreed JCG to act in oversight role									
ADP Strategy 2020/23 Review & Stakeholder identification and categorisation									
Risk register completed for the strategy development stage									
Launch at ELT/HSCP									
ADP Subgroup Leads meeting									
Review background and context to the development of the strategy - identify if any previous aims/objectives need to be carried over									
Data Analysis of MAT Standards/DAISy									
Carry out a mapping exercise for strategy within a local context (Including HSCP Strategy 2023-26 and HSCP Strategic Needs Assessment, Plan 4 Fife etc)									
Carry out any wider data analysis exercises including a national comparison for context and draw conclusions within PH needs synthesis									
Develop engagement plan & consultation questions with HSCP Participation & Engagement Team									
Engagement with people with lived and living experience utilising SDF support for conducting peer to peer interviews									
Stakeholder events with families with lived and living experience									
Progress report to JCG									
Liaise with HSCP Locality Boards and develop themes for the strategy									
Liaise with staff and service management of statutory and commissioned services P&E									
Wider stakeholder strategy Launch and Write Up of Event submitted to ADP									
Engagement period in localities with support from P&E team									
First draft produced									
Consultation on first draft									
Complete an EQIA									
Approval of strategy at ADP, Qualities and Communities and IJB with final changes made as appropriate									
Promote and embed new strategy									
Development of year 1 delivery plan									

Appendix 3:

Event Programme:

Presentations



Setting the Scene:

Nicky Connor (ADP Chair & HSCP Director): Opens the event and gives welcome and Purpose of event (ADP position in HSCP strategy, structure, reporting and National and Local Context)



Fiona McKay (Head of Strategic Planning, Performance & Commissioning): Continues with a review of the previous ADP Strategy highlighting areas that have performed well and areas that continue to require development.



Children/Young People and Family Support:

Laura Crombie (Clued Up Service Manager & young person): Provide overview of the organisation and the Young People Service including the young person's lived experience .



Kirsten Holland (Scottish Families Affected by Alcohol and Drugs & Family Member Family Support Development Officer): Gave an overview of the Family Support Service and supported a family member to discuss their lived experience.



Rebecca Shovlin (Fife ADP Policy Officer) & Catherine Jeffery-Chudleigh (NHS Fife Public Health Consultant): Discussed addressing Alcohol Specific Deaths and gave an overview of research carried out.

Event Programme:

Presentations



Treatment System Improvements :

Susanna Galea-Singer (NHS Fife Addiction Services Clinical Lead & Consultant Psychiatrist): Gave an overview of NHS Addictions services along with the MAT Standards and the Hospital Liaison Service.



Jamie Steele (ADAPT FASS Action Service Recovery Specialist): Gave an overview of ADAPT Methil One Stop Shop as well as the Non-Fatal Overdose project run in partnership with Fife ADP and NHS Fife.



Liz Nardone (FIRST for Fife Residential Rehabilitation Co-ordinator & Lauren Murphy FIRST for Fife representing lived experience): Discussed topics around their Residential Rehabilitation Service and different pathways and routes to and from residential rehabilitation.



Harm Reduction and Lived/Living Experience

Marisa Bruce (Fife ADP Policy Officer), Danielle Wong (We Are With You Specialist Recovery Worker and Naloxone Coordinator-Fife) and Matthew Kent (We Are With You Specialist Harm Reduction Worker): They presented detailed information on Take Home Naloxone, harm reduction and overdose awareness.

Market Place: Stall Holders

Prior to the event starting and during scheduled breaks, the following services had market stalls and actively engaged with those attending the event to show case their services, work being done and current issues:

1. **Restoration Fife**
2. **Scottish Recovery Consortium**
3. **Scottish Families Affected by Alcohol & Drugs**
4. **DAPL**
5. **ADAPT**
6. **SACRO**
7. **We Are With You**
8. **Barnardo's**

Main Themes Identified



- Communication pathways - wider strategy



- Accessibility - statutory and commissioned services



- Embedding meaningful lived experience



- Raising awareness - publicly and for service users



- Whole family approaches

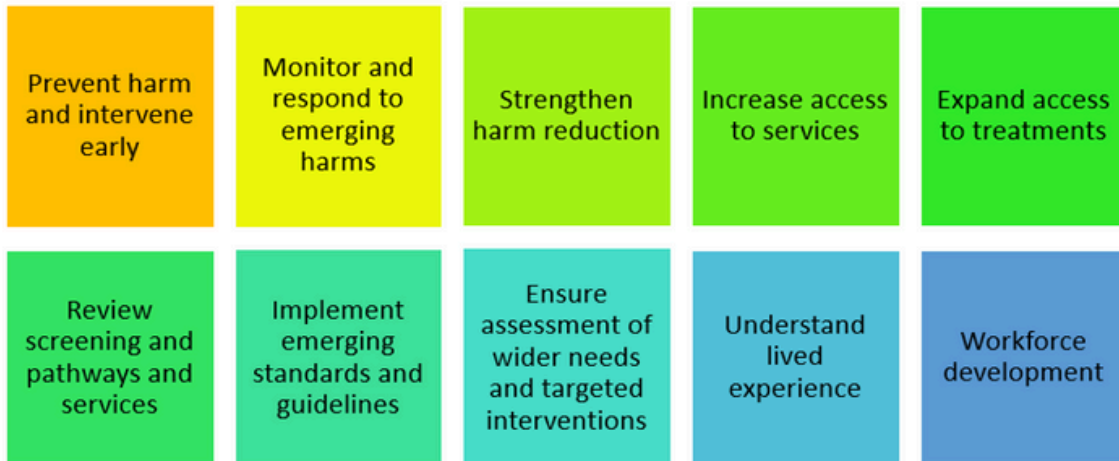


- Joint working and whole systems approach

Appendix 4:

The Needs Assessment Synthesis identifies many needs associated with substance use in Fife and makes recommendations to address these needs. A summary of priority areas are summarised below:

Common themes across the recommendations relate to:



Areas of concern are:



The full report is published on the ADP website.

Appendix 5:

Over September a Stakeholder Analysis was completed to identify who will be informed and consulted to ensure all key stakeholders are involved and engaged with in a timely and appropriate manner.

These will include:

- Lived Experience Groups
- Service Users/Families and Carers
- General public
- Protected characteristic groups within Fife
- Third sector and independent sector organisations
- Fife HSCP Locality Planning Groups (staff delivering services across Fife)

The feedback from the consultation process for the proposed Alcohol and Drug Partnership Strategy was completed in December 2023. This highlighted a **shared understanding** of the vital components necessary to create a **meaningful and impactful approach**, cognisant of the varied needs of those affected by substance use directly, or indirectly.

The collective **vision and mission** that emerged from this process both **resonate deeply**, emphasising the significance of prevention, early intervention, and accessible high-quality treatment and recovery services.

The strategy's **six themes**, which revolve around protecting individuals, addressing multiple disadvantages, supporting children, families, and affected communities, **reflect a holistic commitment to nurturing well-being within Fife's communities**. The alignment of **values** between the partnership and its staff and volunteers stands as a testament to the **shared dedication** towards these priority themes.

The identification of potential **barriers** to implementing the strategy highlights areas the ADP can be **cognisant** of when moving into the 'Next steps' of the strategic cycle.

Through the consultation, it is evident the proposed direction of the strategy **reflects the aspirations, concerns, and hopes of the people and communities** who took part in the engagement process. The strategy **offers clear relevance and direction** to meet the immediate needs but also aims to ensure long term positive change. As the partnership moves forward, guided by the insights from this consultation, it **stands poised to deliver on the proposed vision** 'To enable all the people in Fife affected by substance use to have healthy, safe and satisfying lives'.

The full report is published on the ADP website.]

Prevention, Protection, Early Intervention, Treatment & Recovery

Acknowledgements

This strategy was developed in by the Fife Alcohol and Drug Partnership in collaboration with the Health and Social Care Partnership, our commissioned services, individuals with lived/living experience and their family/support networks. Below, details those that have had a significant input to reviewing and creating the Fife ADP Strategy 2024/27:

Concept and coordination: **Elizabeth Butters**

Researchers: **Sharon Barr, Marisa Bruce, Rebecca Shovlin & Lynda Reid-Fowler**

Writer: **Elizabeth Butters** ↗

Document designer: **Lynda Reid-Fowler** ↗

Our colleagues from Local & Partner Organisations.

Contributors: **Catherine Jeffery-Chudleigh & Pauline Rettie**

Fife Alcohol & Drug Partnership

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Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 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

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 February, although there are some measures with a significant time lag and a few which are available up to the end of March.

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
Psychological Therapies WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Not achieving
Immunisation: 6-in-1	Quarterly	95%	Achieving
Immunisation: MMR2	Quarterly	92%	Not achieving
COVID Vaccination	Monthly	85%	Equal to 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.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 April 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the PHW Committee for:

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

3 List of appendices

- Appendix 1 – Integrated Performance & Quality Report

Report Contact

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Planning and Performance Manager

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Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

**Position (where applicable) at March 2024
Produced in April 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
16 April 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◀▶	High
To improve the quality of health and care services	6	4	2	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	12	6	0	0		

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

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

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	Feb-24	50	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	61.0%	○	▲	▲	●
	HSMR	N/A	-	Year Ending	Sep-23	0.96	●	—	—	●
	Inpatient Falls	6.95	(L)	Month	Feb-24	6.49	○	▲	▲	●
	Inpatient Falls with Harm	1.44	(L)	Month	Feb-24	1.45	○	▲	▲	●
	Pressure Ulcers	0.89	(L)	Month	Feb-24	1.67	○	▼	▼	●
	SAB - HAI/HCAI	18.8	(N)	Month	Feb-24	10.2	○	▲	▲	● QE Sep-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Feb-24	3.4	○	▲	▲	● QE Sep-23
	ECB - HAI/HCAI	33.0	(N)	Month	Feb-24	44.2	○	▼	▼	● QE Sep-23
	S1 Complaints Closed in Month on Time	80%		Month	Mar-24	33.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Mar-24	14.3%	○	▼	▲	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Mar-24	15.8%	●	▼	▲	●
Operational Performance	IVF Treatment Waiting Times	90%		Month	Dec-23	100.0%	●	▲▼	▲▼	●
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Mar-24	72.5%	○	▲	▲	● Feb-24
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Mar-24	65.8%	●	▲	▲	● Feb-24
	Patient TTG % <= 12 Weeks	100%		Month	Feb-24	36.7%	●	▼	▼	● Dec-23
	New Outpatients % <= 12 Weeks	95%		Month	Feb-24	37.6%	●	▼	▼	● Dec-23
	Diagnostics % <= 6 Weeks	100%		Month	Feb-24	54.4%	●	▲	▼	● Dec-23
	Cancer 31-Day DTT	95%		Month	Feb-24	96.4%	○	▲	▲	● QE Sep-23
	Cancer 62-Day RTT	95%		Month	Feb-24	75.0%	○	▲	▲	● QE Sep-23
	Freedom of Information Requests	85%		Month	Mar-24	77.9%	●	▼	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Mar-24	10.2%	●	▼	▼	● Feb-24
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Mar-24	6.2%	○	▲	▼	● Feb-24
	Antenatal Access	80%		Quarter	Dec-23	90.8%	●	▼	▼	● CY 2022
Finance	Revenue Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●
	Capital Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●
Staff Governance	Sickness Absence	4.00%		Month	Feb-24	7.64%	○	▲	▼	● YE Dec-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Mar-24	40.9%	●	▼	▲	●
	Vacancies - Medical & Dental	N/A		Quarter	Dec-23	9.4%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A		Quarter	Dec-23	6.5%	●	▲	▼	●
Public Health & Wellbeing	Vacancies - AHPs	N/A		Quarter	Dec-23	8.0%	●	▲	▲	●
	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Nov-23	167	●	—	—	● YT Jun-23
	CAMHS Waiting Times	90%		Month	Feb-24	65.8%	○	▼	▼	● QE Dec-23
	Psychological Therapies Waiting Times	90%		Month	Feb-24	69.2%	○	▼	▼	● QE Dec-23
	Drugs & Alcohol Waiting Times	90%		Month	Dec-23	84.3%	●	▲	▼	● QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Mar-24	80.2%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%		Month	Mar-24	79.6%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Dec-23	95.0%	○	▲	▼	● QE Dec-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Dec-23	89.1%	○	▲	▲	● QE Dec-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	Quarter End	Month End			Quarter End
		Jun-23	Sep-23	Dec-23	Jan-24	Feb-24	Mar-24	Mar-24
ED 4-hour Performance (VHK only)	Projected				75.0%	80.0%	82.5%	
	Actual				64.7%	63.9%		
	Variance				-10.3%	-16.1%		
Elective Activity Diagnostics	Projected	15,363	15,363	15,363	5,121	5,121	5,121	15,363
	Actual	14,393	15,588	15,587	5,136	5,138		
	Variance	-970	225	224	15	17		
Elective Activity New Outpatients	Projected	22,309	22,337	22,274	7,436	7,436	7,436	22,308
	Actual	21,225	21,580	21,121	7,436	7,150		
	Variance	-1,084	-757	-1,153	0	-286		
Elective Activity TTG	Projected	3,416	3,433	3,487	1,164	1,164	1,164	3,492
	Actual	3,403	3,289	3,517	1,307	1,260		
	Variance	-13	-144	30	143	96		
Long Waits Diagnostics > 26 weeks	Projected	109	63	10	0	0	0	0
	Actual	171	165	204	111	158		
	Variance	62	102	194	111	158		
Long Waits New Outpatients > 104 weeks	Projected	0	74	212	258	304	352	352
	Actual	1	2	2	12	25		
	Variance	1	-72	-210	-246	-279		
Long Waits New Outpatients > 78 weeks	Projected	150	339	849	1019	1189	1358	1358
	Actual	85	255	336	649	741		
	Variance	-65	-84	-513	-370	-448		
Long Waits TTG > 104 weeks	Projected	16	67	173	228	288	351	351
	Actual	20	17	32	27	33		
	Variance	4	-50	-141	-201	-255		
Long Waits TTG > 78 weeks	Projected	159	305	547	627	763	893	893
	Actual	84	133	183	167	174		
	Variance	-75	-172	-364	-460	-589		
Arthroplasty 4 joint sessions	Projected	25.0%	25.0%	25.0%				25.0%
	Actual	10.3%	16.9%	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%	93.1%	94.9%	96.4%		
	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%	73.0%	64.2%	75.0%		
	Variance	-4.4%	-9.1%	-12.0%				
CAMHS 18 Weeks RTT	Projected				60.0%	70.0%	90.0%	
	Actual				84.0%	84.0%		
	Variance				24.0%	14.0%		
CAMHS Waiting List <= 18 weeks	Projected	216	228	235	222	201	200	200
	Actual	224	197	180	184	200		
	Variance	8	-31	-55	-38	-1		
CAMHS Waiting List > 18 weeks	Projected	116	98	42	39	15	0	0
	Actual	70	91	64	35	38		
	Variance	-46	-7	22	-4	23		
Psychological Therapies 18 Weeks RTT	Projected				68.0%	72.5%	69.5%	
	Actual				54.2%	54.3%		
	Variance				-13.8%	-18.2%		
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1460	1480	1427	1370	1325		
	Variance	572	592	539	482	437		
Psychological Therapies Waiting List > 18 weeks	Projected	1660	1569	1680	1739	1691	1604	1604
	Actual	1173	1219	1109	1159	1114		
	Variance	-487	-350	-571	-580	-577		
Psychological Therapies Waiting List > 52 weeks	Projected	219	165	111	93	75	57	57
	Actual	273	251	263	289	293		
	Variance	54	86	152	196	218		

d. Assessment

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

4



High

		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	315 (Nov-23)	126 (Nov-23)

There were 13 successful quits in November 2023, which is 27 short of the monthly target and 14 less than was achieved in November 2022. Achievement against trajectory is 40.0%, which is slightly less than was achieved in October 23.

For all quit attempts, the quit success rate in 'Specialist' services is significantly higher than for other services.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023 (Q1), showed that NHS Fife was in the lower-range of all Mainland Health Boards, with a rate of 48.7% against a Scottish average of 66.1%.

Service Narrative

Quit Your Way – Specialist Service

As indicated in the data analysis above, the quit numbers are lower than anticipated to meet the LDP target for 2023/24. We have a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, data is 4 months behind. To address low footfall, we conducted several awareness & promotional events which increased engagement from Oct 2023 (see Specialist Service Engagement table)

It is expected that this increase will be reflected in the January 2024 data analysis as referrals are increasing, however we are seeing more families and individuals referred who are on low income/living in poverty and receiving universal credit that live outside the 40% (MDQ).

For 2024/25 reporting the IPQR will capture all successful quits and highlight the 40% (MDQ) - The LDP target has not been reviewed since 2017, there is a working group to review targets beginning later in the year.

Contacting other board areas there is no significant difference between what we deliver in Fife, as we now also offer a hybrid approach to appointments. Most other boards do have prison populations that will contribute to their data.

Specialist service provision has increased to 38 clinics weekly across Fife: 26 community-based, & 12 GP/hospital-based clinics, alongside cyclical delivery of the Very Brief Advice (VBA) & promotional stands in our most vulnerable communities. Initial feedback is positive, helping to build relationships & trust with people who have said they were previously resistant to engage with any services to make positive health behaviour changes, especially smoking cessation. We have had to work hard to promote health benefits and accessibility for people who have or are experiencing health inequalities.

In March we had a local campaign, running alongside a Scottish Government national campaign to promote No Smoking Day, with a range of activities promoting smoking cessation including a radio campaign, poster campaign, signage on public transport & resources available across all clinics. Additionally with the support of the Health Promotion IRC team, we sent out 374 No Smoking Day resource packs to key venues - Community Pharmacies, GP practices, Health Centres, Community Centres, Foodbanks & 3rd sector organisations.

To support service development, we will undertake an insight survey with clients who have disengaged or lost contact to capture some evidence on what individuals would find most helpful to support their quit attempts. We will begin this at the end of April 2024.

Quit Your Way – Maternity Service

Working in partnership with Fife Maternity services we have an increase in referrals from first point of contact with a health professional. This allows advisors to have supportive & informative discussions on the impact smoking has on them & their baby, improving engagement from women & their partners.

There is now drop-in clinic at the maternity unit at VHK, supporting women to continue engaging with the service & lessening number of appointments women are asked to attend.

CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	65.8%
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Monthly performance decreased from 69.4% in January 2024 to 65.8% in February 2024.

In February, no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks increased from 34 in January to 38 in February.

The percentage of those waiting less than 18 weeks stayed unchanged in February at 84%.
 The number of referrals received in February was 259, a 7.5% increase from January and +9.8% compared to the same month in 2023.
 The overall waiting list saw an increase (238 in February compared with 219 in January).
 Benchmarking for the quarter ending December 23 shows NHS Fife lie in the lower range of all mainland boards, 68.9% against Scotland average of 83.8%.

Service Narrative

Work continues to bring the waits over 18 weeks down and no patient has waited more than 35 weeks for treatment. Reduced RTT reflects treatment started with more cases waiting over 18 weeks and fewer urgent/priority cases starting treatment in February.
 This then shows as an increase in numbers waiting overall, as more cases were added to the waiting list, rather than being seen as urgent/priority.
 The number of referrals received in February 2024 was 259 which is a 7.5% increase from January 24 and a 9.8% increase when compared to February 2023.
 Service priority will be to continue 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 staff in order to ensure capacity meets demand.
 Benchmarking for the quarter ending December 2023 shows NHS Fife lie in the lower range of all mainland boards, 68.9% opposed to the Scottish average of 83.8%.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	69.2%
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The number of patients who started treatment within the 18-week target increased from the previous month. The total number of patients who started treatment (including those waiting more than 18 weeks) also increased from the previous month. Monthly performance against the target decreased from 73.6% in January 2024 to 69.2% in February 2024. This is an expected consequence of increased overall activity and patients being seen in waiting list order. The overall waiting list decreased to 2439, the lowest level since February 2023.

Service Narrative

On average PT are currently stating treatment with 587 people a month, 409 of whom fall within the target (i.e., wait 18 weeks or less) and 178 of whom do not (i.e., those who have been on the waiting list in excess of 18 weeks).
 Analysis of data from the whole service (including digital PTs), shows that the average number of appointments per course of PT is 10, of which usually only one (i.e., 10%) is countable under the target.
 Further service developments include a completed pilot of group for patient with complex needs, the outcomes of which are currently being evaluated.

Immunisation: Influenza	<i>Achieve 85% uptake for Influenza vaccinations for 65+ population by end of Dec-23</i>	85%	80.2%
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Uptake for Influenza vaccination in Fife for ages 65+ was 80.2% at the end of March 2024. Vaccination numbers are no longer increasing on a weekly basis. For ages 75+ uptake is higher at 84.9%.
 Care Home residents are the priority group with the highest uptake at 86%. Uptake for all Health Care Workers was 38% (no change on month prior).
 Uptake for all priority groups was 51.8% for March which is lower than the Scottish average of 53.7% and slightly lower than the month prior. Fife remains in the lower-range of all Scottish boards for overall uptake with the highest uptake being 65.0%.
 Uptake for Children overall was 43.6% for March with the highest uptake being the Primary School cohort at 67.3%.

Service Narrative

The 85% uptake target has been met for those aged 75+. The local 85% uptake target was not met for the full cohort of all those 65+ in Fife: however, uptake in Fife for the population over 65 years has been very similar to the rest of Scotland:
 - 75+ uptake: 85.0% (Scotland 84.7%)
 - 65 to 74 uptake: 75.9% (Scotland 75.7%)
 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 37.6%; Scotland 42.7%). 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 the final stages of the programme focussed on the older age groups and the at-risk under 65s.

Immunisation: COVID	<i>Achieve 85% uptake for COVID vaccinations for 65+ population by end of Dec-23</i>	85%	79.6%
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Uptake for Covid-19 vaccination in Fife for ages 65+ was 79.6% at the end of March 2024 (unchanged from February). Vaccination numbers are no longer increasing on a weekly basis. For ages 75+ uptake is higher at 84.8%. 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 30.3% (unchanged on month prior).

Uptake for all priority groups was 56.6% for March, equal to the Scottish average at 56.6%. Fife remains in the mid-range of all Scottish boards for overall uptake with the highest uptake being 68.2%.

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 COVID performance.

Health and Social Care worker uptake has been challenging for all Boards across Scotland this year. A national health and social care worker survey has been carried out to better understand the reasons for this. A local lessons learned event was carried out in February facilitated by the Fife resilience team and recommendations from this will feed into Winter 24 planning.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.0%
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The latest published data (for quarter ending December 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age had increased slightly from 94.2% in the last quarter to 95.0% in the most recent quarter, which is on target and above the average of 94.7% (based on last 18 quarters). Rotavirus saw a decrease of 0.7 percentage points on the previous quarter; and MenB saw a decrease of 0.3 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.

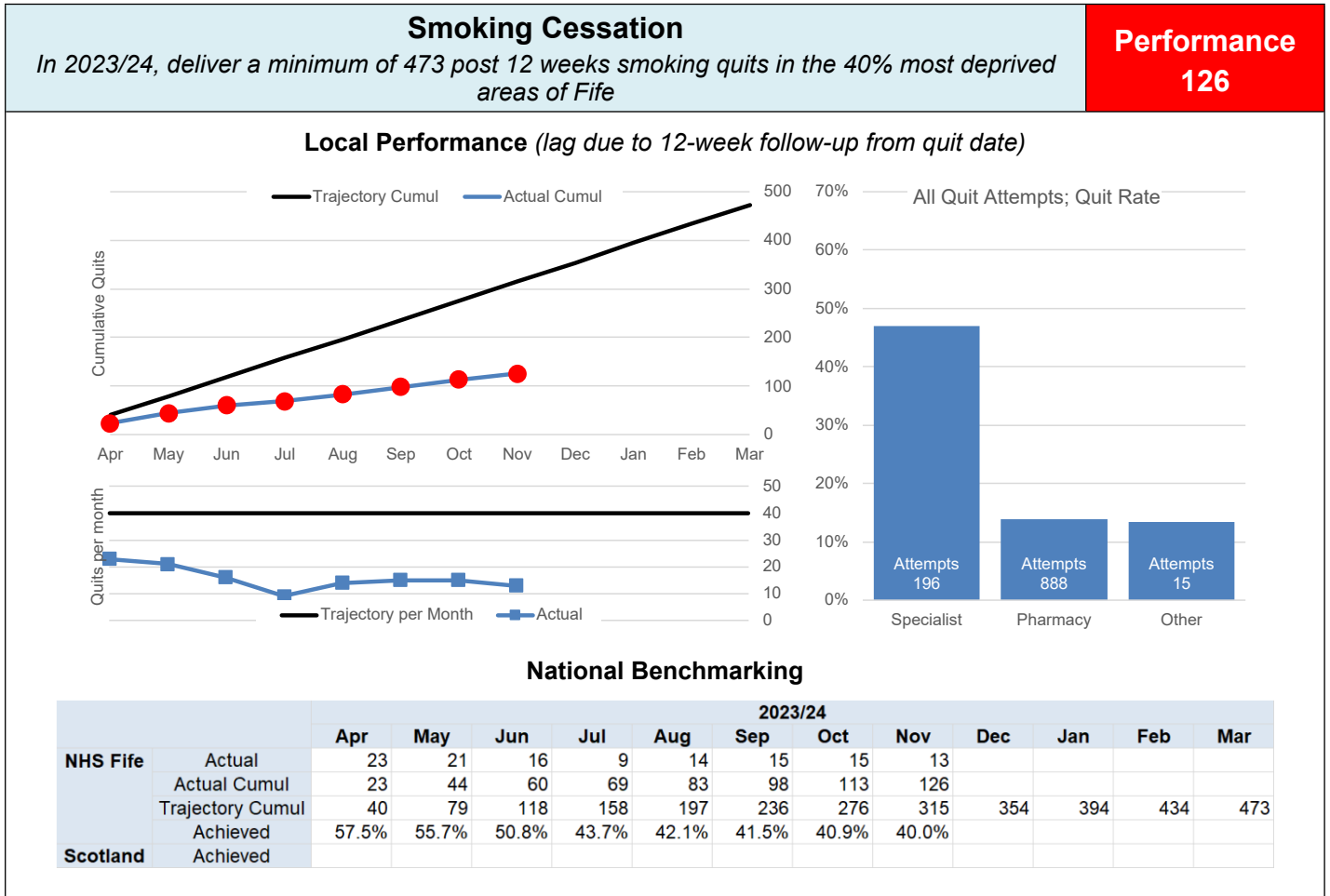
Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	89.1%
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The latest published data (for quarter ending December 2023) shows that NHS Fife uptake for MMR at 5 years of age has increased from 88.8% in the previous quarter to 89.1% 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 0.42 percentage points on the previous quarter; and MMR1 saw a decrease of 0.4 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 target, 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. 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



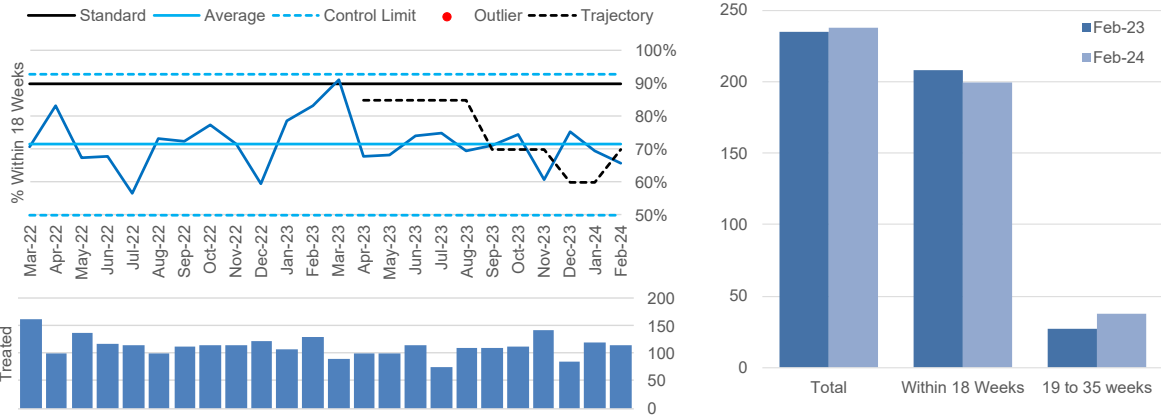
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24					Mar-24
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess 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-25
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage				Mar-25
	Development and review of text messaging system				Mar-24
	Deliver financial inclusion referral pathways for pregnant women and families with young children				Mar-25
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s				Mar-25

CAMHS 18 weeks RTT

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

Performance
65.8%

Local Performance



National Benchmarking

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS Fife	83.2%	91.1%	67.7%	68.0%	74.1%	75.0%	69.4%	71.2%	74.3%	60.8%	75.3%
Scotland	73.8%	74.5%	71.7%	72.4%	77.0%	71.9%	75.7%	79.0%	82.7%	83.4%	83.8%

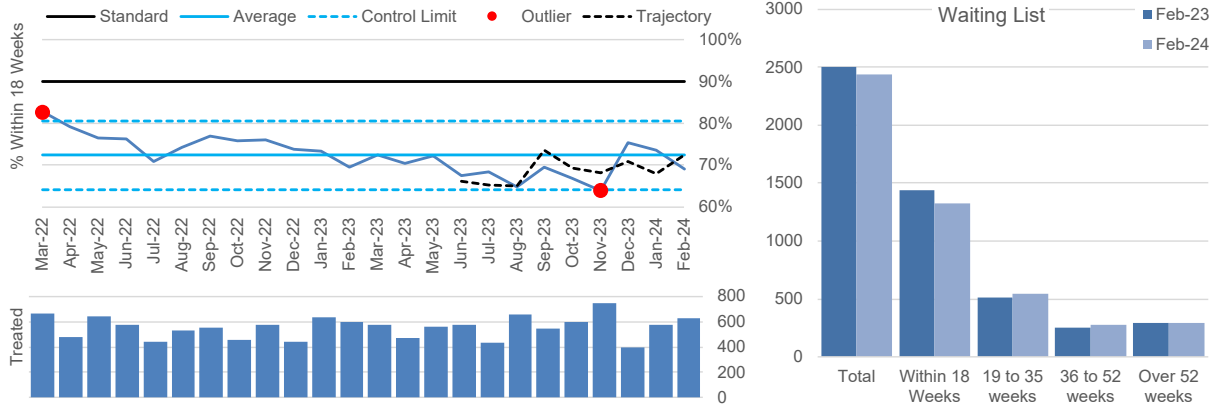
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18-week referral to treatment waiting times standard.					Mar-24
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity				Apr-24
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access				Sep-24
	Ongoing recruitment to ensure workforce is at full capacity				Sep-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-25
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement				Mar-25
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				Sep-24
	Fully operationalise Triage model aligned to National ND Specification				Sep-24
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD				Sep-24

Psychological Therapies 18 weeks RTT

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

Performance 69.2%

Local Performance



National Benchmarking

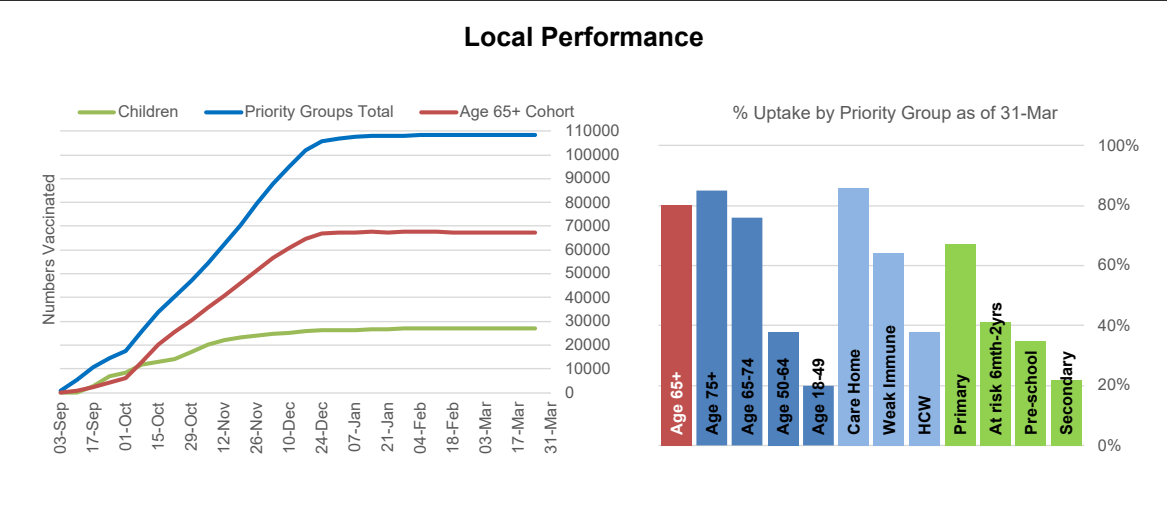
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
NHS Fife	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%	66.8%	64.0%	75.5%
Scotland	79.4%	79.3%	79.4%	78.5%	78.5%	79.7%	78.8%	79.7%	80.4%	79.3%	82.9%

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-25
	Service development and redesign				Mar-25
	Training and CPD activities to increase capacity				Mar-24
	Demand-capacity monitoring across all services				Mar-24

Immunisation: FVCV

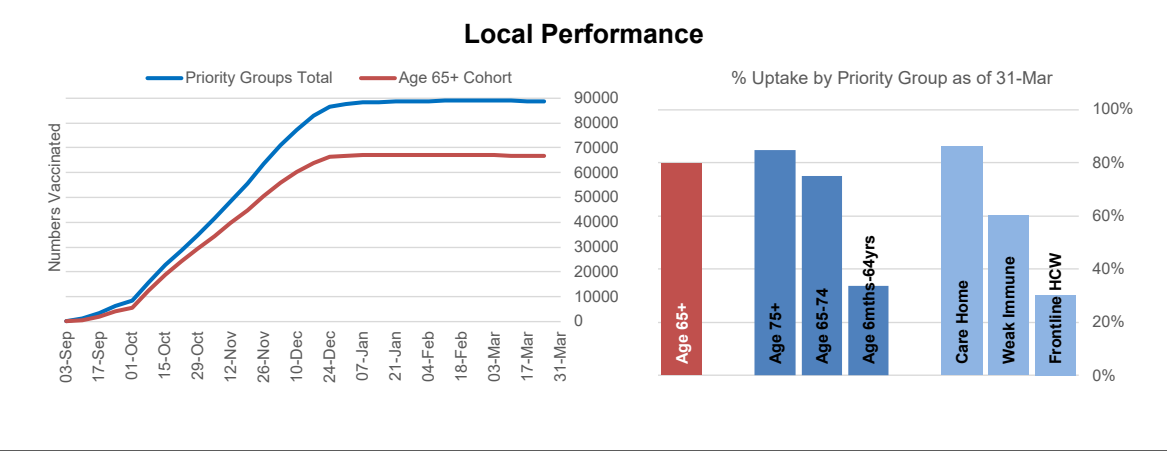
Flu
Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance
80.2%



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

Performance
79.6%

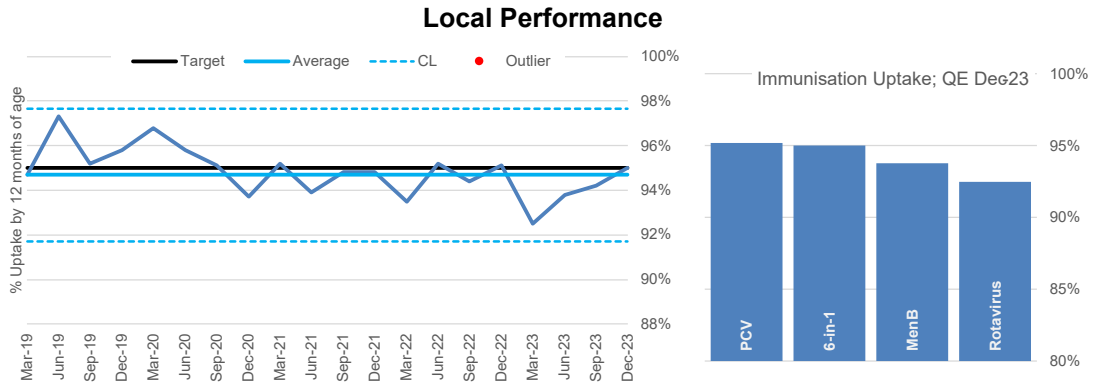


Key Deliverable	End Date
Off track At risk On track Complete Suspended Proposed	
Delivery of Winter Vaccination Programme	Mar-24

Child Immunisation

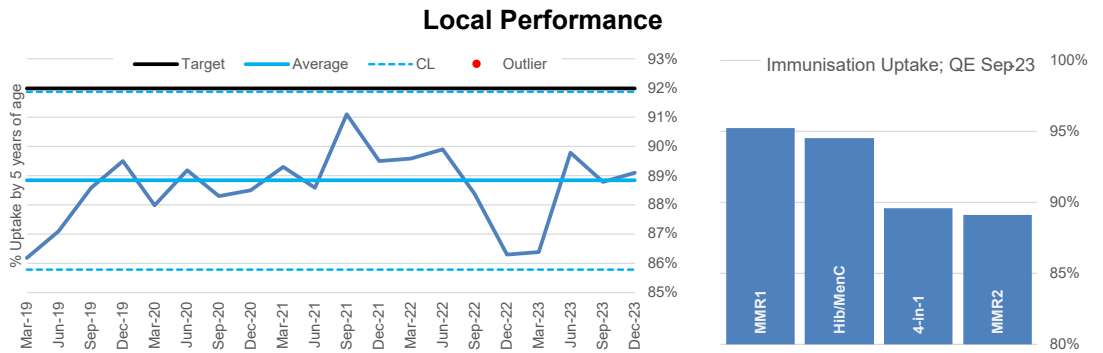
6-in-1
At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance
95.0%



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

Performance
89.1%



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	Jun-24
	Outreach model and strategy	Jun-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	Sep-24
	Workforce education strategy & training programme	Sep-24

Targeted actions to improve the quality of our Immunisation services		Mar-24
Key Milestones	Children's immunisation QI group	Mar-25
	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	Jun-24
Develop plans to make sure CIS delivers on key operational priorities		Dec-24
Key Milestones	Maternity immunisations	Mar-25
	S3 to S2 changes	Dec-24
	Preparation for children's 18 month visit	Mar-25
	Communication strategy to stakeholders	Jun-24

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 2024
Title:	Child & Adolescent Mental Health Services Performance Update
Responsible Executive:	Nicky Connor, Director & Chief Office of Fife Health & Social Care Partnership
Report Author:	Rona Laskowski, Head of Complex and Critical Care Services

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides a report into the Child & Adolescent Mental Health Service (CAMHS) progress towards achieving the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT); current performance against this; actions and mitigating factors.

2.2 Background

The National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral. The subsequent Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition, requiring that services develop an improvement plan with the objective of achieving the established targets by March 2023. Funding to achieve these improvements has been in two phases as previously reported. Following a period of reduced capacity and activity in quarter four 2022/23 as a result of

vacancies and absence, the March 2023 target was not achieved. In April 2023 an updated trajectory laid out plans to meet the RTT by March 2024 however Fife CAMHS have not met this target.

Fife CAMHS have experienced reduced staffing capacity due to long term absence, vacancies and the requirement to deploy staff into Tier 4 services to ensure those with the greatest need have access to urgent support. The increased acuity and complexity of patients has also resulted in extended periods of treatment which has reduced the amount of new appointments available.

Positively, significant focus on eradicating long waits has resulted in no child or young person waiting over 32 weeks.

From April 2024, an increase in core staffing compliment through revised workforce distribution, returns from absence/maternity leave and recruitment will result in the maintenance of no waits over 32 weeks and a gradual improvement of RTT until the 90% target is met and sustained from January 2025 onwards.

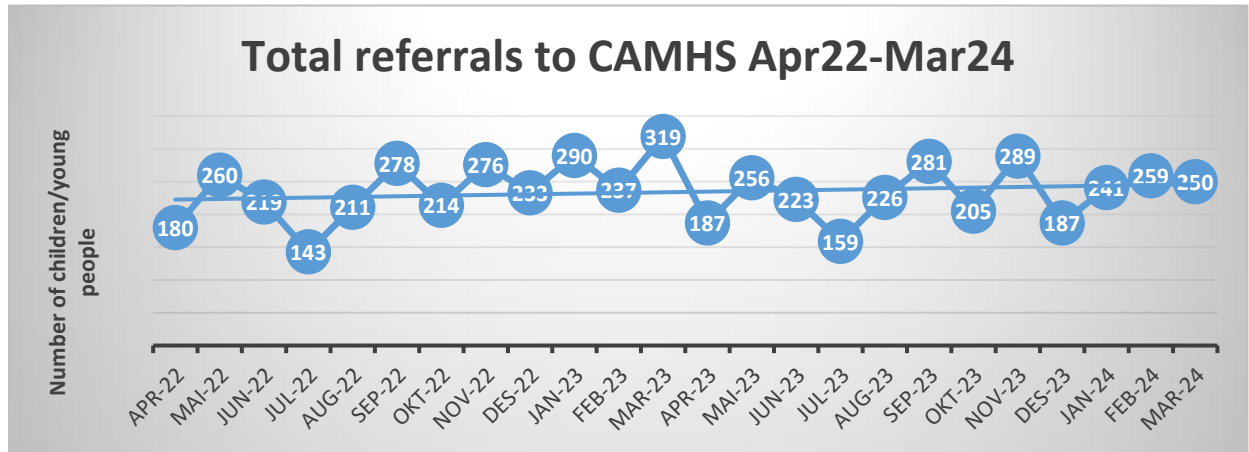
2.3 Assessment

Enhanced support from Scottish Government Mental Health Directorate Performance Unit and Public Health Scotland Mental Health Intelligence Team has continued since July 2022 through monthly Mental Health & Psychology service engagement sessions and direct support specifically looking at performance and projected activity with the Fife CAMHS management and project team. The engagement with Scottish Government allows Fife CAMHS the opportunity to provide additional detail to the monthly submissions and to articulate the factors that influence performance against the trajectory and to provide assurances on the measures taken to achieve the national target.

Referrals:

Referrals to CAMHS have increased slightly over the last 2 years as shown in Figure 1. Throughout the year there are peaks and troughs as the number of referrals fluctuates in response to seasonal trends. Typically, peaks are seen before and during prelims/exams, and on return to school following breaks (March/May/September/November). Reductions are seen during holiday periods (Easter, Summer, Autumn, Christmas).

Figure 1:

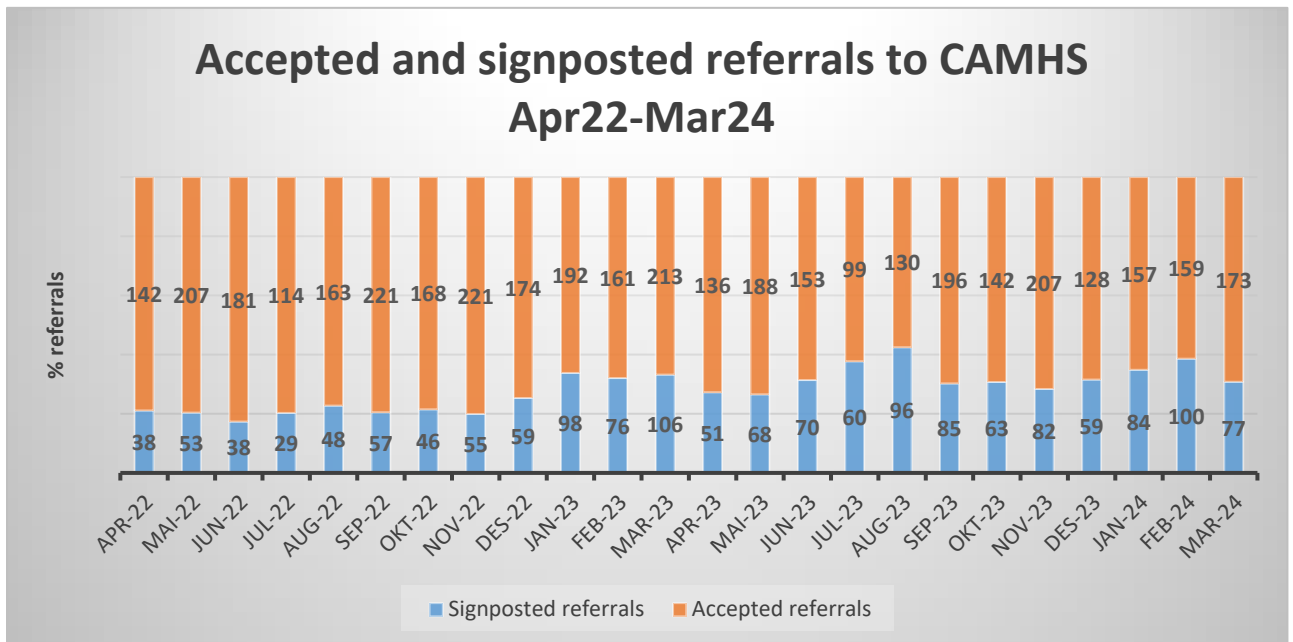


Fife CAMHS continues to ensure our Screening Team is robust and works efficiently, only accepting referrals appropriate for CAMHS. We have reviewed our processes accordingly and continue with Therapeutic Letters for individuals and families who do not meet our threshold and have also refined our acceptance for Primary Assessment of Need appointments (PANA).

The Early Intervention Service has offered 448 PANA appointments and written 610 Therapeutic Letters between April 2023 and March 2024. These letters, written in a supportive way, have provided advice regarding appropriate supports and rationale as to why the referrals are not being accepted and show concerns are heard and validated. Using both Therapeutic Letters and PANA appointments ensures that we are meeting the individual needs of children and young people at the right time by the right service, which can include universal and additional supports and allows for the right referrals to be accepted into CAMHS.

This is reflected in Figure 2 showing the reduction of referrals accepted since therapeutic letters were introduced in February 2023 to ensure children and young people are signposted to the most appropriate support. On average CAMHS receives 234 referrals per month, with an average of 170 referrals accepted.

Figure 2:



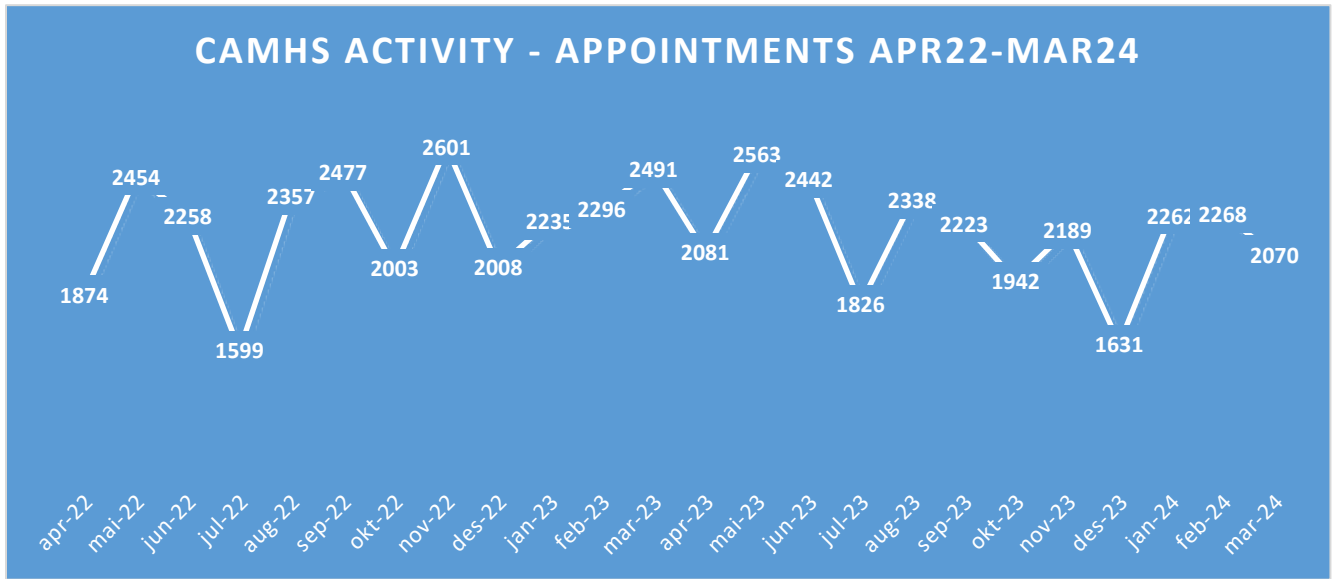
Activity:

As can be seen in Figure 3 below, activity across CAMHS follows a similar pattern to referrals, with dips during holiday months, and peaks corresponding to higher rates of referrals (May, November, March). On average, 175 new appointments and 2020 review appointments are offered every month.

“Review” appointments are therapeutic interventions/treatment sessions offered following “New” appointments (initial assessment). Each staff member has a Job Plan which details their allocation of new and review slots each week, which is balanced with other professional and clinical demands.

A child or young person will be offered, on average, an appointment every three weeks to engage in therapeutic treatment, agreed through their joint formulation of needs, following assessment. This timeframe is reviewed at each appointment and is subject to change due to increasing risk or planning for discharge, for example. Therapeutic Interventions are discussed through various supervision opportunities i.e., Caseload Discussion, Clinical Supervision and Group Supervision to ensure that children and young people are offered the right treatment at the right time and are discharged appropriately.

Figure 3:



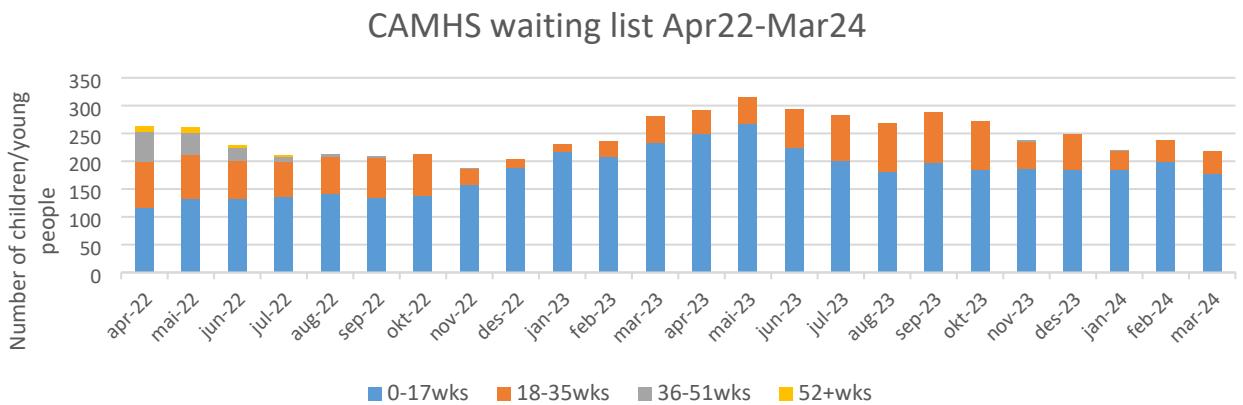
Waiting Times:

As of 31 March 2024, there were 219 children and young people waiting with

- 177 cases waiting under 18 weeks (81.3%)
- 41 waiting over 18 weeks.

Of these only 1 case does not have an appointment booked. This case is clinically matched and will be appointed to the next available slot. The longest wait is 31 weeks.

Figure 4:



During 2022, a significant amount of work was undertaken to clear all those waiting beyond 36 and 52 weeks. And as can be seen in Figure 4 above, at the turn of 2023, those waiting over 18 weeks had significantly reduced with 94% of children and young people waiting under 18 weeks in January 2023. The impact of staff reduction because of staff movement, retiral and long-term sick leave can be seen from February onwards as the list grows and the waits over 18 weeks increase. The aim during this period was to maintain the waiting list below 36 weeks. The waiting list has now reduced to under 32

weeks. Figure 5 details the status of cases waiting as of 31 March 2024, showing 48% of cases waiting with an appointment booked.

Figure 5:

31-Mar-24	0-17wks	18-35wks	Total
Appointment booked	65	40	105
Canc.	2		2
DNA	1		1
Waiting	109	1	110
Total	177	41	218

To ensure capacity is reserved for children and young people referred week on week who need to be seen quickly (priority cases), children and young people on the waiting list have been booked into diary slots up to 3 months ahead. These cases are reported as waiting until the child/young person is seen and treatment starts.

Figure 6 shows the shape of the waiting list as of October 2023 with waiting spread out between 0 and 35 weeks. Whereas Figure 7 shows the current wait list shape and the reduction in longest waits achieved over the last 6 months.

Figure 6:

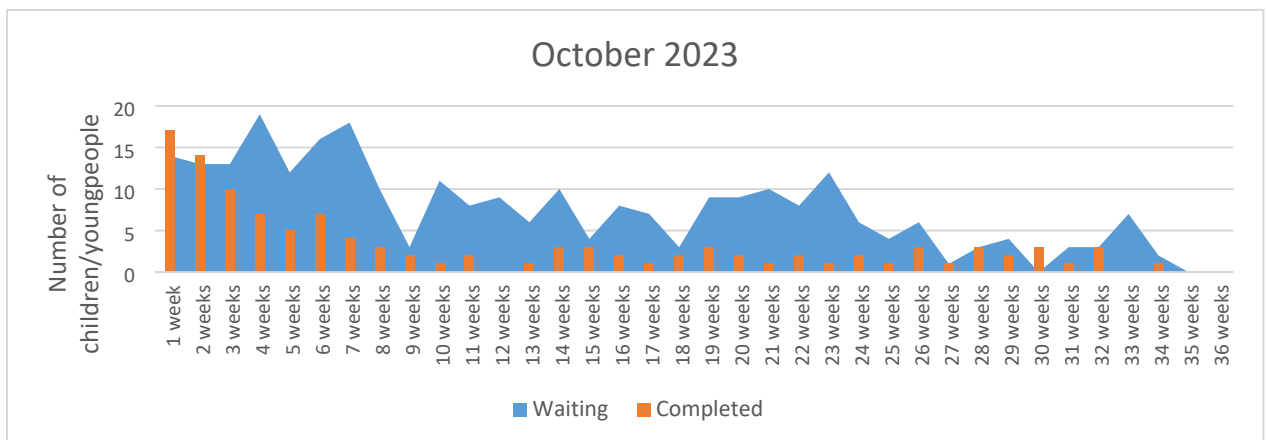
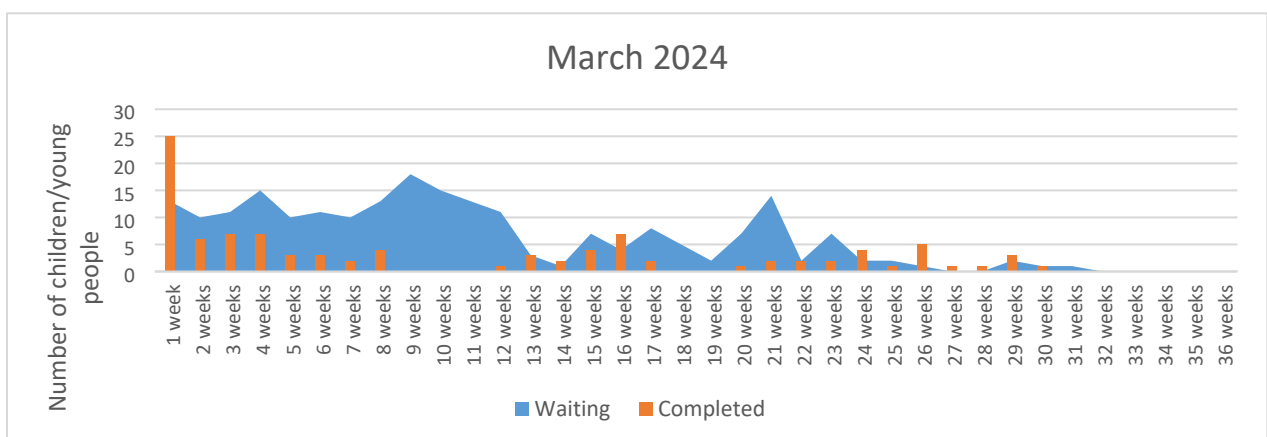


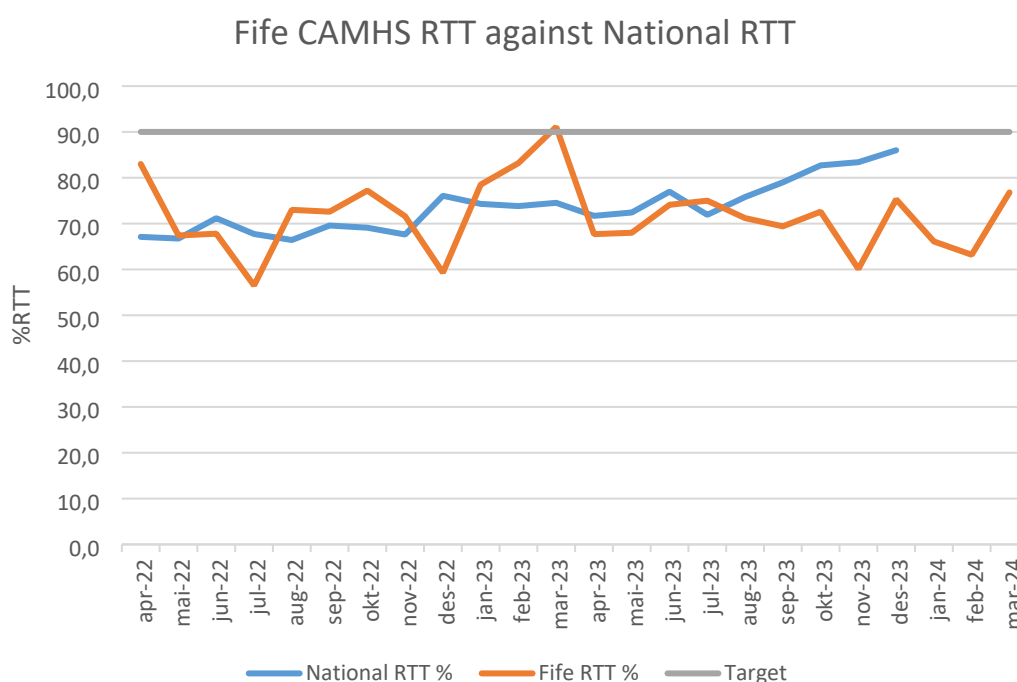
Figure 7:



The higher peaks reflect higher rate of referrals, as an increased number of children and young people were added to the waiting list. In both charts, the orange bars represent the number of children and young people starting treatment, showing the higher number of urgent/priority presentations at the left-hand side of the charts.

Activity to reduce and manage the longest waits will continue to have an adverse effect on RTT until all activity occurs under the 18-week threshold. This is because the RTT is based on the percentage of staff activity that occurs under 18 weeks, and any activity that occurs with patients waiting longer than 18 weeks counteracting this (Figure 8). Updated data not yet available from Public Health Scotland.

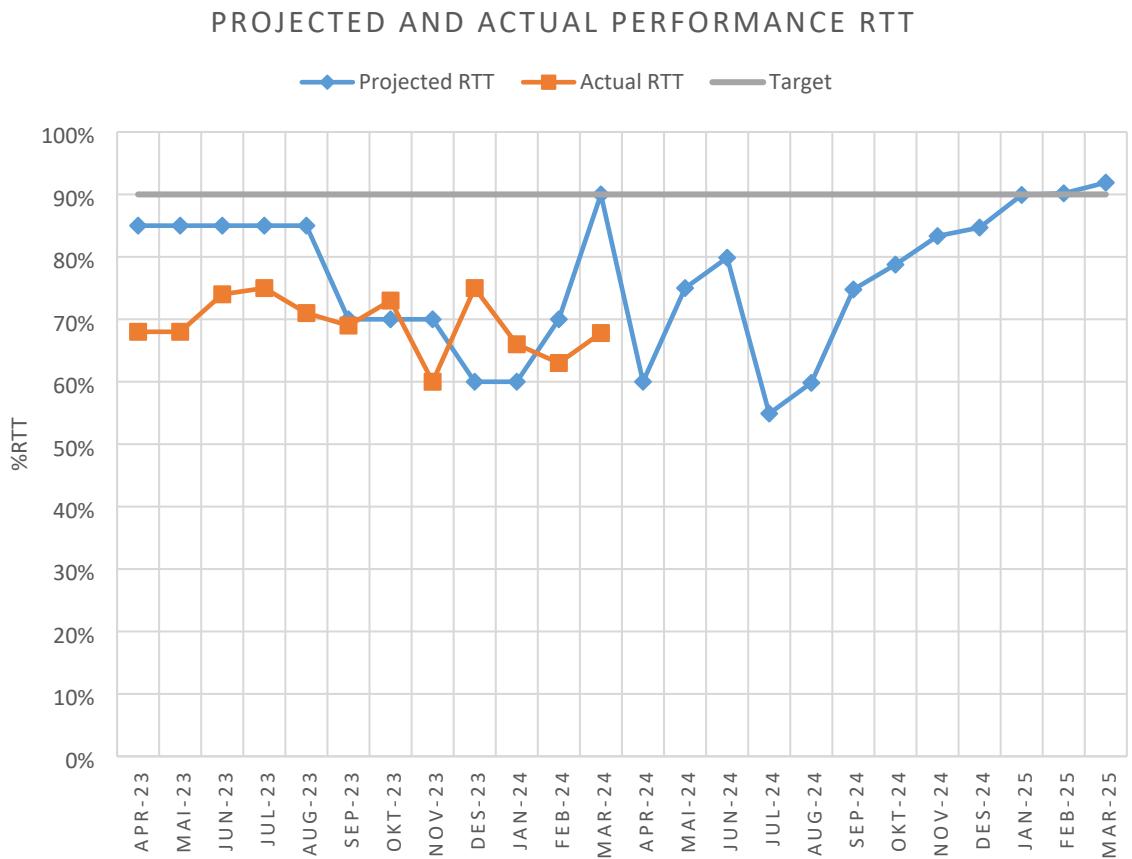
Figure 8:



Performance against trajectory:

In April 2024 an updated trajectory was put forward with the aim of meeting the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT) by January 2025. Figure 9 below shows current performance against projected performance. The lower RTT reflects the ongoing work over 18 weeks, and as the waiting list continues to be addressed, there will continue to be a corresponding drop in RTT. From April 2024, an increase in core staffing compliment through revised workforce distribution, returns from absence/maternity leave and recruitment will result in the maintenance of no waits over 32 weeks and a gradual improvement of RTT until the 90% target is met and sustained from January 2025 onwards.

Figure 9:



The projected waiting list is shown in Figure 10 below. Overall, the number of children and young people waiting was less than expected because of increased demand for priority slots and the lower rate of acceptance over recent months.

Detail on how referrals are being managed for those who are not appropriate for a CAMHS intervention is described in the Actions section, specifically through Screening & Therapeutic letters, Early Intervention groups and Early Intervention Training.

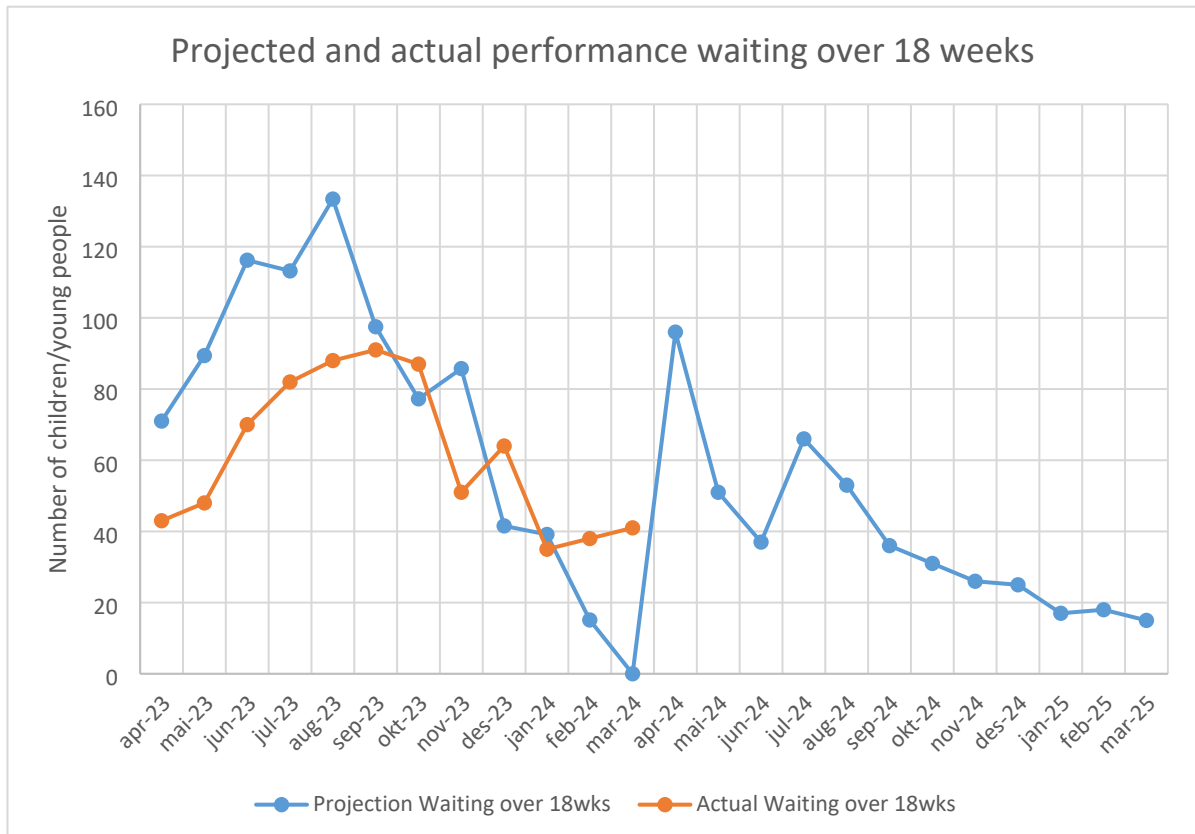
Figure 10:

mm/yy	Waiting list - projection			Waiting list - actual		
	Waiting under 18wks	Waiting over 18wks	Total	Waiting under 18wks	Waiting over 18wks	Total
Apr-23	213	71	284	249	43	292
May-23	209	89	298	268	48	316
Jun-23	216	116	332	224	70	294
Jul-23	230	113	343	201	82	283
Aug-23	218	133	351	181	88	269
Sep-23	228	98	325	197	91	288
Oct-23	232	77	309	184	87	271
Nov-23	257	86	343	187	51	238
Dec-23	235	42	277	185	64	249
Jan-24	222	39	261	184	35	219
Feb-24	201	15	216	200	38	238
Mar-24	200	0	200	178	41	219
Apr-24	143	96	239			0
May-24	154	51	205			0
Jun-24	146	37	183			0
Jul-24	81	66	147			0
Aug-24	80	53	133			0
Sep-24	107	36	143			0
Oct-24	115	31	146			0
Nov-24	128	26	154			0
Dec-24	144	25	169			0
Jan-25	156	17	173			0
Feb-25	162	18	180			0
Mar-25	171	15	186			0

Waiting over 18 weeks followed the expected trajectory, increasing from April to August, and declining from September 2023 (Figure 11). However, from February 2024, waits over 18 weeks plateau because of reduced staffing capacity due to long term absence, vacancies and the requirement to deploy staff into Tier 4 services to ensure those with the greatest need have access to urgent support. The increased acuity and complexity of patients has also resulted in extended periods of treatment which has reduced the number of new appointments available.

Significant focus on eradicating long waits has resulted in no children waiting over 32 weeks. The waits over 18 weeks will decline as children and young people attend and commence treatment.

Figure 11:



Staffing

The Scottish Government Recovery & Renewal Fund (R&R) was allocated to Fife CAMHS in order to achieve a range of objectives which included RTT and waiting times, and additionally also prioritised the funding towards improving the quality of care and models set out in the National CAMHS Service Specification. Specific challenges continue to exist around the recruitment to Psychiatry and Psychology posts due to a nationwide shortage of suitably qualified candidates, combined with competition from other boards due to the national funding model. This has allowed staff to move to work within their own locality, reduce work travel time and also to apply for senior posts across the country.

The majority of our posts have been filled however there are a small number of appointments where the candidates are yet to take up post, and we are still to recruit to 8 others. The service is therefore not yet at full operational capacity.

Our recruitment from general mental health areas has required investment in the development of staff to reach the core competencies of a CAMHS clinician which in turn creates a lag in clinical activity whilst competencies are developed. A number of our staff have also moved within our service to develop further professionally and also to ensure those with the greatest need have access to urgent support.

Across Scotland, as has been previously stated, there have been a high number of CAMHS posts advertised which has led to recruitment saturation. In Fife we have responded to this

through offering CAMHS Clinician posts, which can be applied for by set disciplines who will add to our skill mix and hopefully bridge the recruitment gaps.

Once fully staffed we will have the capacity to meet the projected demand for priority slots and allocate from our waiting list, in order that we achieve the 90% RTT, which may be slightly delayed as described above in performance against trajectory section.

Sickness

The level of sickness within the service is unpredictable however directly impacts capacity for 'New Appointments'. Longer term absence requires the reallocation of staff caseloads. This typically equates to 35-45 cases per staff member which are picked up 'as new' by team members, reducing capacity for 'New from Waiting list' appointments considerably.

Accommodation

Due to the increased staffing compliment the clinical space, specifically in West Fife, is insufficient to ensure that the staffing resource is used to its fullest potential and that clinical care is delivered in settings aligned to need and risk.

Increased acuity

There has been a rise observed in acuity of presentations which is directly impacting capacity and throughput of cases. Due to this increase in acuity of presentations and complexity there has been a shift away from waiting list work, with available slots being used for those children and young people presenting with higher risk and those requiring engagement in longer periods of therapeutic interventions.

Actions - Fife CAMHS has continued to implement the following actions to assist in meeting the RTT:

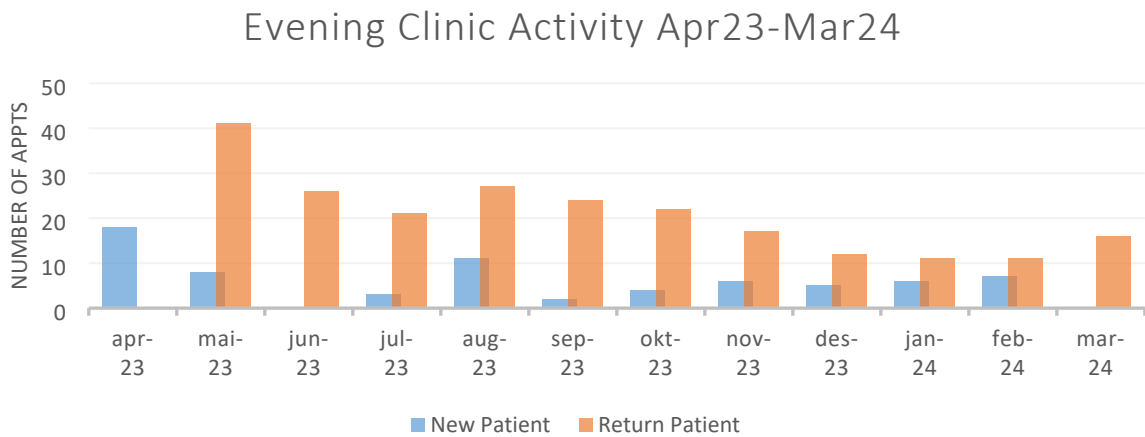
Evening clinics

Evening clinics commenced in April 2023 and have increased the capacity to offer appointments to the longest waits. Participation is voluntary and overtime is offered to those who wish to take part. Figure 12 shows the status of evening clinic cases, and Figure 13 summarises evening clinic activity.

Figure 12:

Status	Status and detail	Count of cases
Open	Ongoing therapeutic input	14
Closed	Discharged from CAMHS	30
Closed	Passed to Core CAMHS	12
Closed	Referred on ADHD	2
Closed	Offered new - patient declined	3
Closed	Attending EMU group	1
Closed	Passed to Family Therapy	1
Closed	Evening not suitable	4
Pending	Appt booked	2
TOTAL		69

Figure 13:

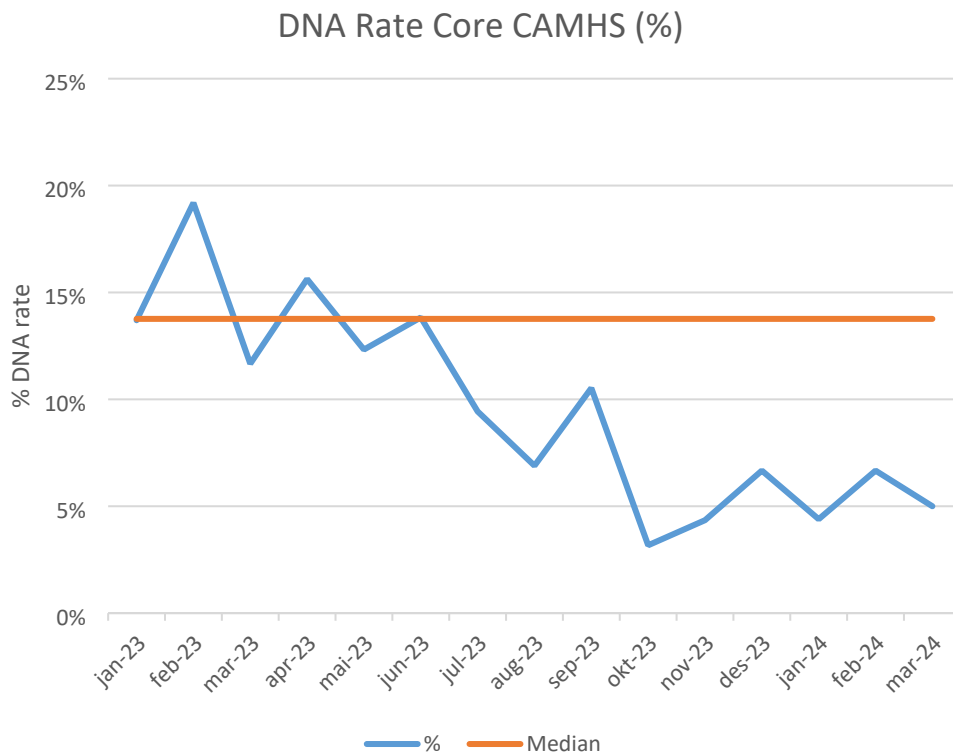


Evening clinics are planned to continue through 2024, with an open offer to staff not already involved to participate.

Core CAMHS DNA reduction

Since 17 July 2023 all families receive a phone call reminder about their appointment the following week with Core CAMHS. In the case of unanswered calls, a message is left, and follow-up text/email sent with the appointment details. Figure 14 shows the reduction in DNA rate. Not only has the DNA rate reduced, but this initiative has also allowed timely rescheduling of appointments with families during the call, ensuring that ‘new’ appointment slots are used, and the number of wasted slots reduced.

Figure 14:



Screening/Early Intervention Therapeutic Letters

Since February 2023 the Early Intervention Service has written therapeutic letters in response to referrals that do not meet CAMHS criteria. These letters provide context and rationale around why CAMHS referral criteria has not been met. It also provides opportunity for families to be signposted to the appropriate supports and informs them of how to access these services. This initiative highlights the early intervention principles of getting the right support at the right time. Therapeutic letters have been an excellent addition to our service and are positively commented on by recipients. We have shared this action Nationally within CAMHS Service Leads Meetings.

Early intervention groups

We have developed early intervention groups to support the referral to treatment trajectory. These groups are being offered with the aim of offering timely, evidence based therapeutic interventions for appropriate children and young people and will be accessed through our screening process. The aim is to provide children and young people the right support at the right time, therefore reducing the possibility of escalating difficulties and preventing them being placed on our waiting list.

Core CAMHS Job plans

Job plans were introduced at the beginning of 2023 to ensure equity across teams for new appointment offers, to support effective diary management as well as ensuring appropriate balance between clinical casework, admin, and other activities e.g., supervision, continued professional development. These are reviewed regularly and adapted accordingly e.g. commencing education, wellbeing, caseload sizes.

Core CAMHS Caseload management

Line managers meet with clinicians monthly to look at their caseload sizes, their throughput, and their capacity. This support has helped clinicians meet the requirement around taking new patients and review appointments with existing patients, as well as offering additional support from their line manager. This supportive measure allows both clinician and line manager to ensure manageable and sustainable caseloads whilst supporting the reduction of the waiting list and also ensuring staff wellbeing.

Core CAMHS Moving on Groups

This group is aimed at children and young people who clinicians feel are struggling to disengage from CAMHS. They may need a different approach or would benefit from additional support to move forward to discharge. The aim of this group is to allow for increased throughput to be managed and maintained.

Core CAMHS Access to education

Staff continue to report an increase in confidence, skill set and throughput as a direct result of participating in NES training. While this reduces front facing capacity for the duration of the training period, the longer-term gain for quality of care delivered offsets this cost.

Early Intervention Training

The Early Intervention Service has been working collaboratively with community partners to support and upskill them in managing distress and providing containment for children and young people. This has included the service providing monthly training opportunities related to managing risk and recognising when a referral to CAMHS is appropriate. It is hoped that through this training that attendees feel empowered and confident to manage the challenges they encounter and ensure appropriate referrals to CAMHS.

FURTHER ACTIONS APRIL 2024:

Distribution of cases from Waiting List

There has been a wider allocation of cases throughout the service to ensure we reach the RTT. These appointments will be offered by skilled staff to support the Core Service manage the increase in acuity of presentations and impact of this on capacity and throughput.

Movement of staff to ensure Tier 4 have no vacancies

Staff have been moved to Tier 4 service to support the reduction in inpatient admissions and allow this service to review and design their service to meet the current needs of their patients and ensure they are fully staffed to manage their needs within the community.

This will allow the seamless throughput of patients between all parts of the service and allow them to receive the right treatment at the right time. The Tier 4 service having vacancies has directly impacted on the movement of patients and has reduced capacity within the Core Service to allocate patients from the waiting list.

Groups

The group programme is being reviewed and developed to offer parent/carer groups alongside groups offered to children and young people. This will allow a sharing of information and strategies that families can use together when managing periods of distress, recognising their responsibility in maintaining their own mental health and wellbeing and being able to support others around them. It is hoped this will reduce the number of children and young people placed on the waiting list as these groups will be offered to those meeting CAMHS criteria at point of referral.

Child Learning Disability Services

Within Fife, the provision for Children with Learning Disabilities is delivered through the LD service which provides a whole life span service ensuring a continuity of care and access to clinical expertise for service users. Fife has a well established multi-disciplinary Child LD community team which includes Psychiatry, LD Nursing, Psychology, OT and Dietetics. Challenges reflect the national issue of recruitment to Psychiatry specialism posts however this is currently managed through combined support from Fife CAMHS Psychiatry who supervise an LD Locum Consultant

Psychiatrist and a Specialty Doctor. This remains under review to ensure effectiveness and efficiency.

The Child LD activity figures are not captured as part of the CAMHS RTT data either locally or nationally.

Fife is involved in work as part of the East Region Planning group to ensure that there is equity of service across the region, specifically for those who require intensive support, whilst developments are ongoing to establish a National inpatient unit for children with learning disabilities to be hosted by NHS Lothian.

Contingencies:

- Detailed collection and analysis of staffing activity combined with continued caseload supervision to ensure that throughput of casework is maintained.
- Demand and Capacity analysis which demonstrates adequate staffing capacity to meet current demand and monitors any changing requirements.
- Alternative accommodation being assessed and costed for West Fife.
- Continued development of internal training programmes to ensure that staff have the required competencies for the increasing complexity of presentation.
- Ongoing recruitment and review of vacant posts to ensure staffing resource is maintained.
- Continuing evening clinics and development of further groups to support RTT trajectory.

2.3.1 Quality/ Patient Care

The improvement in the reduction of waiting times and delivery of the national specification will continue to improve patient care.

2.3.2 Workforce

Increased capacity within the CAMHS workforce will lead to improved stability and retention of skills, plus enhanced career pathways within the speciality.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk Assessment/Management

There is significant reputational risk if improved performance is not sustained.

There is an ongoing risk of workforce migration from Adult Mental Health services to CAMHS.

Future funding allocations through the Scottish Governments Recovery and Renewal fund may be at risk if the organisation fails to fully utilise the current award. It should be noted

that this is extremely unlikely give the successful alternative and creative recruitment approaches that have been implemented.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Improvement proposals were developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement team and previous approval from the NHS Fife Executive Directors Group.

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 Assurance Group - 29/4/24.
- Executive Directors Group – 2/5/24.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – On CAMHS performance and the considerable actions being taken to both achieve the RTT and reduce longest waits offering children and young people timely access to Child and Adolescent Mental Health Services.

3 List of appendices

None.

Report Contact

Rona Laskowski

Head of Complex and Critical Care Services

Email: Rona.Laskowski2@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	13 May 2024
Title:	Psychological Therapies Standard Update
Responsible Executive:	Nicky Connor, Director & Chief Officer of Fife Health & Social Care Partnership
Report Author:	Dr Frances Baty, Director, Fife Psychology Service

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive
- National Health & Well-Being Outcomes

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report provides an update on the psychological therapies (PTs) performance indicators as set out in the Scottish Government's Annual Delivery Plan (2024/25). The report provides:

- information on performance against the 18 week referral to treatment (RTT) waiting times standard
- the numbers waiting including the longest waiting patients and
- projected performance on the RTT waiting times standard.

Data on the numbers of people accessing psychological therapies is also provided. February 2024 data is the most recent available.

2.2 Background

Within the Annual Delivery Plan, the Psychological Therapies (PT) indicators within the mental health drivers for recovery are:

- an increase in capacity to improve access to PTs;
- a reduction of waiting times in line with the RTT waiting times target;
- and
- a decrease in waits over 52 weeks.

The RTT standard states that '*at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*'.

Psychological Care and Psychological Practice: There is clear guidance from the Scottish Government regarding which PTs can be counted as part of the standard. The *National Specification for the Delivery of Psychological Therapies and Interventions in Scotland* (September 2023) differentiates between psychological care and psychological practice.

- Care is defined as the psychological approaches that professionals use to recognise, listen and help educate people in ways to support their mental health. For example, self help advice on healthy sleep.
- Psychological Practice is defined as evidence-based talking therapies and interventions provided for people with more complex mental health or psychological needs. An example of this would be trauma-focused cognitive behavioural therapy for post traumatic stress disorder or acceptance and commitment therapy for someone with chronic pain.

It is only the latter, evidence-based psychological practice, which is included in the waiting times performance reporting.

Longest waits: During 2022 and 2023 there were national workforce challenges which caused significant difficulties in recruitment of the grade of psychologists qualified to meet the needs of people with most complex presentations. People with complex presentations require highly specialist psychological therapy or interventions from a clinical or counselling psychologist that can take many months to deliver. The backlog of longest waits in Fife is comprised of people with these most complex presentations. The specific workforce shortages are no longer severe however financial constraints are now impacting recruitment. Performance on the RTT target therefore continues to be impacted by the back log of longest waits.

It is of particular importance to note that in relation to PTs, complexity does not equate to severity of mental ill health, or urgency. All people whose difficulties require urgent assessment and intervention are accorded priority.

Every 3 months, the psychology service contacts people who are on the waiting list, offering advice and information on resources. In line with the *National Specification for the Delivery of Psychological Therapies and Interventions in Scotland*, the clinical specialities within the service which have the longest waits, will over the next few months, further develop and begin testing a 'waiting well' approach to improve the experience of people on the waiting list.

2.3 Assessment

Performance against RTT Waiting Times Standard

The Scottish Government’s RTT standard includes performance data from CAMHS and psychological services for adults.

The RTT standard measures monthly performance by taking the number of people who begin psychological therapy in that month and comparing the number of people who had waited under 18 weeks with the number who had waited over 18 weeks.

The RTT does not measure the activity required to be undertaken before a course of therapy can begin, e.g. psychological assessment or indirect preparatory work with the team around the person.

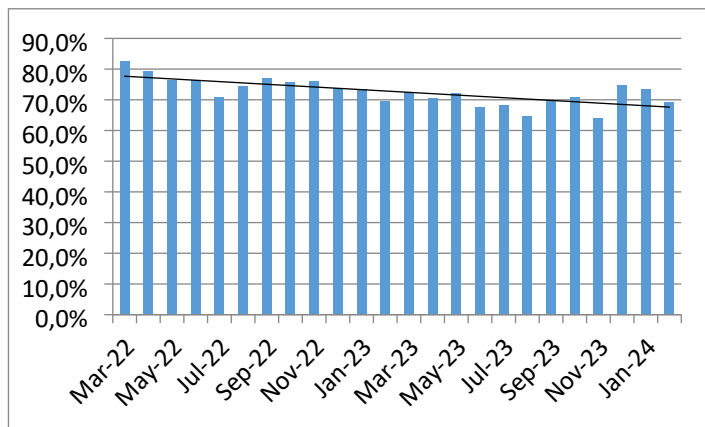
Nor does the RTT target measure the total activity required to deliver a course of therapy, it solely records and considers the first appointment of a new course of therapy.

Monthly % performance for the 24 months to February 2024 is shown in Figures 1 and 2.

Figure 1.

2022										2023	
March	April	May	June	July	August	September	October	November	December	January	February
82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%
2023										2024	
March	April	May	June	July	August	September	October	November	December	January	February
72.5%	70.5%	72.3%	67.5%	68.4%	64.8%	69.6%	71.0%	64.0%	74.8%	73.4%	69.2%

Figure 2.



Performance against the target has reduced over the last 24 months because:

1. There are insufficient clinical staff in some clinical specialities to meet demand
2. Increased activity is reducing the queue, but because most have waited > 18 weeks, this has a negative effect on performance
3. There was a decrease in uptake of lower intensity, higher capacity options during the last 6 months of 2022. Activity in this area of service supports target performance
4. Performance over the last 12 months has been relatively static, with no significant growth in staff numbers.

Performance on the target is influenced by the proportion of clinical activity (first therapy appointments) focused on people waiting over 18 weeks versus those waiting under 18 weeks. Therefore, the larger the proportion of people who have waited over 18 weeks who are taken on for therapy within a given month, the lower the performance on the target for that month. Once a queue has built up, and many people are waiting longer than the target, increased activity associated with successful recruitment means that more people are being seen, however performance against the target is reduced. This increased activity is positive and a necessary step for achieving the RTT in a sustainable fashion however in the short-medium term it impacts negatively on performance.

During the 12 months to February 2024, an average of 70.8% of people referred began a PT within 18 weeks of referral. This equates to 6,726 people.

The decrease in performance over the past 24 months is associated with increased activity delivering specialist group and 1:1 PT to adults. This increased by 12% in the 12 months March 2023 to February 2024 relative to the same period in 2022/23. While this increase in activity is to be welcomed – and it has positively impacted longest waits (see below) – it does temporarily reduce performance on the target.

The data in the remainder of this report relates to PT activity within adult services.

Referrals and waiting times

Overall referral rates show a slight increase over the past 12 months having previously returned to pre-covid levels

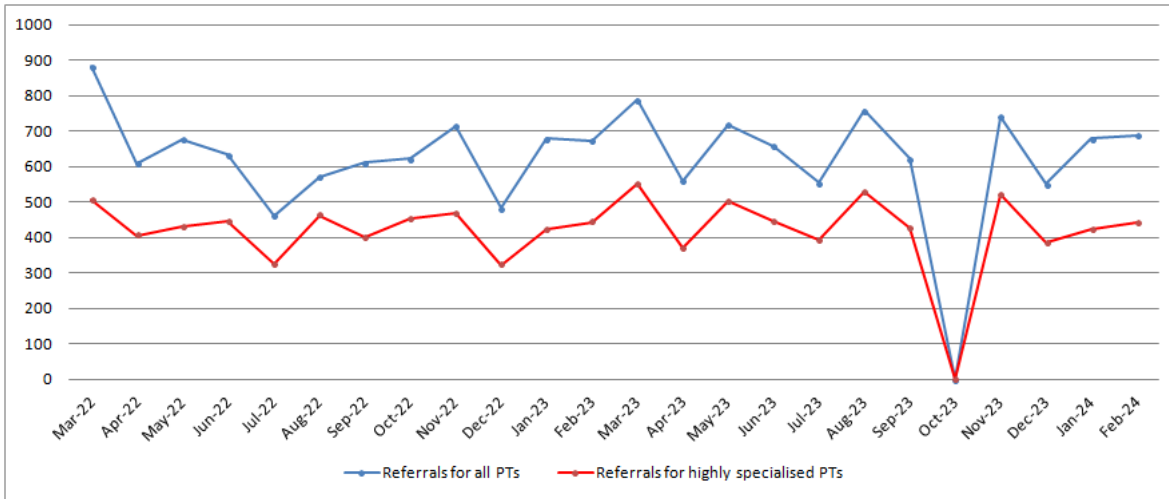
Demand for higher intensity therapies, which require more staff activity, is 5% higher over the past 12 months and is now greater than pre-covid rates

Referral rates

Referral rates have a major impact on capacity to reduce waiting times. Referrals rates for PTs (adults only) have changed only slightly over the last two years, with 2% more people being referred in the period March 2023- February 2024 (7880 people) compared to March 2022- February 2023 (7711people).

As a consequence of extensive service improvement work, the Psychology service has created significant additional capacity, to manage referrals for PTs which are low intensity in terms of therapist contact. Therefore, it is the referral rate for highly specialised PTs which impacts most on waiting times and capacity to improve performance. Referral rates for these latter PTs (which are high intensity in terms of therapist time) have increased by 5% over these same time periods (5369 people compared to 5090 people). Average monthly referrals for highly specialised PTs are now higher than pre-covid rate. Such referrals are now more complex than pre-covid, something which has been recognised as a national issue for psychology services. Figure 3 shows the referral rates and illustrates the monthly fluctuations.

Figure 3 (data missing for October 2023)



Longest waits

Between February 2023 and February 2024, the number of people waiting:

- more than 52 weeks was reduced by 25%
- 104 weeks+ was reduced by 27%

Meeting the needs of the longest waiting people while also responding to urgent clinical needs, remains the main focus for services in Fife.

All of the longest waits who are waiting for highly specialised therapy are within the Psychology Service. In order to set the current longest waits in context, Figure 4 below gives the numbers waiting over the past 12 months. Clinicians continue to see patients in order of referral (unless they are expedited on clinical grounds).

Figure 4 (October 2023 data missing).

Numbers waiting	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
In total	2244	2188	2265	2327	2284	2422	2339	2352	2389	2411		2260	2335	2188	2271
>18 wks, <53+wks	757	720	739	771	836	802	829	882	815	876		755	804	720	762
53+ wks	359	331	297	255	248	225	216	211	207	218		245	263	248	273
104+ wks	100	83	74	53	49	61	57	51	49	33		31	25	83	20

The above data shows that there continues to be a steady reduction in the number of people waiting more than 52 weeks – a reduction of 24% from December 2022 (359) to February 2024 (273). Over the same time period, the number of very longest waiting patients (104weeks+) has reduced by 80% from 100 to 20. The demand-capacity challenges in the specific clinical speciality able to meet the needs of these 20 patients are discussed in the section Projected Performance on RTT (below).

Figure 5.

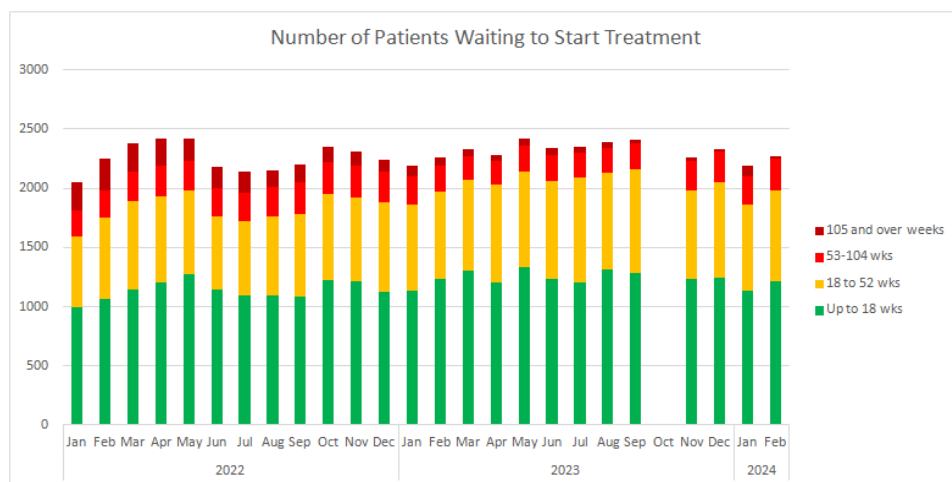


Figure 5 illustrates the positive impact of the focus on the longest waiting patients.

Figures 4 and 5 also show that the service has been able to maintain the 19 to 53 week waiting list in a relatively steady place – while it has fluctuated it has not increased significantly since the end of 2022.

In the clinical specialities with the longest waits, improvement actions have been undertaken with a view to meeting needs of people waiting between 19 and 53 weeks, alongside beginning therapy with the longest waiting patients. For example, the Survive and Thrive PT group programme - within the AMH Psychology speciality - which was referenced in the previous report to Public Health and Wellbeing Committee (October 2023) - has evaluated well and is now part of mainstream provision across Fife. While such improvement actions can mean a small reduction in overall capacity for direct clinical work (due to the time required to prepare, deliver and receive the necessary skills training plus provide on-going supervision), this whole systems approach is necessary in order to support sustained improvement in performance.

Numbers commencing highly specialised psychological therapy

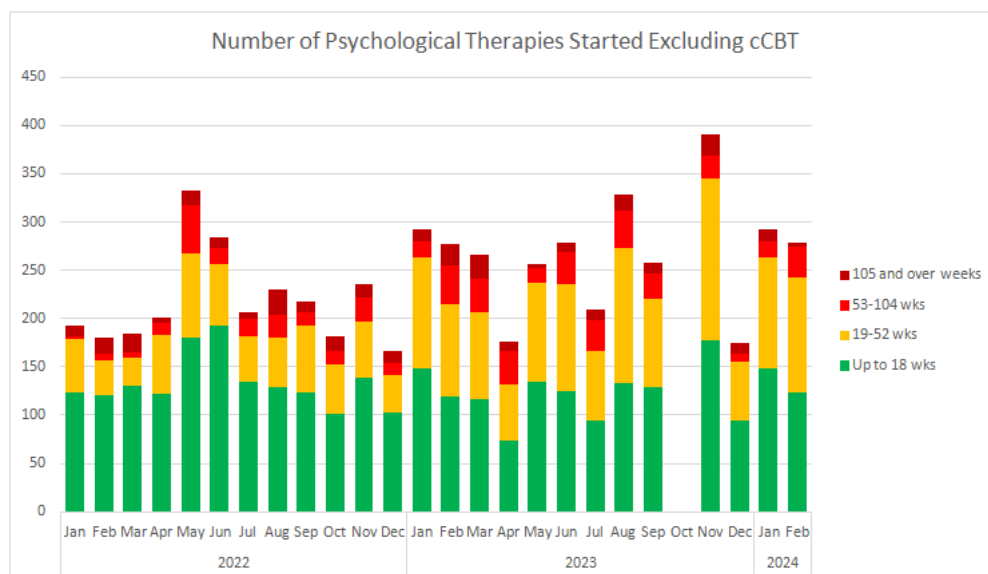
In the 12 months to February 2024 2,910 people commenced a highly specialised psychological therapy.

The number of people starting highly specialised psychological therapy increased by over 11% between 2022 and 2023.

The number of people taken on for therapy each month varies significantly due to individual caseload factors and the starting date of group interventions

Figure 6 shows the number of people commencing therapy (excluding digital PTs) each month since January 2022, broken down by length of wait. Monthly fluctuations are associated with changes in therapist capacity to take on new patients and the commencement of specific group programmes.

Figure 6



Other than those prioritised on clinical grounds, people are offered an appointment when they reach the top of the waiting list for the psychology specialty that they require.

During the 12 months to February 2024,

- 436 people who had waited 53+ weeks commenced psychological therapy (1:1 or in a group).
- 2474 people who had waited up to 53 weeks also commenced therapy
1353 of whom had waited less than 18 weeks to do so.

The RTT includes data for people commencing cCBT (computerised cognitive behavioural therapy). Including these individuals into the data for the year March 2023- February 2024, a further 2087 people began therapy in under 18 weeks.

In summary, some 4,997 patients began therapy within a 12 month period March 2023 – February 2024.

Appendix 1 contains case illustrations (included in the October 2023 report to Public Health and Wellbeing Committee) of typical interventions for people who require highly specialist psychological therapy. The case scenarios illustrate the amount of the direct clinical activity undertaken within the Psychology service which is countable under the RTT (i.e. activity associated with first treatment appointments) relative to the overall activity involved in providing PTs.

Projected Performance on RTT Standard

Projected target performance of average 75% over the next 12 months takes into account the need to focus on significantly reducing the number of people waiting over 18 weeks to start highly specialised PTs.

Some clinical areas within the psychology service (including digital PTs) are meeting the target wait time, for others the trajectory is towards this in the medium to long term but there are also a small number of services where trajectory modelling indicates that performance will not reach the target and achieving further improvements within these services is extremely challenging.

A programme of service improvement continues.

Demand-capacity modelling for the service as a whole indicates that projected performance on the RTT over the next 12 months will average 75%. This is due to our continued focus on meeting the needs of people on our waiting list who have waited over 18 weeks.

Because there are differences in the size and length of waits across different clinical specialities, we also carry out demand-capacity analysis for individual clinical specialities, assessing the implications of performance within each area for the whole service RTT performance.

Currently the psychology service as a whole is close to being in balance i.e. the service has capacity to respond to referrals for specialist PTs in a timely manner without the waiting list increasing. However, this is not true for all services within all clinical specialities.

The following three examples have been chosen to illustrate the current position where:

A. Some areas of service are meeting the RTT performance standard and will continue to do so without difficulty

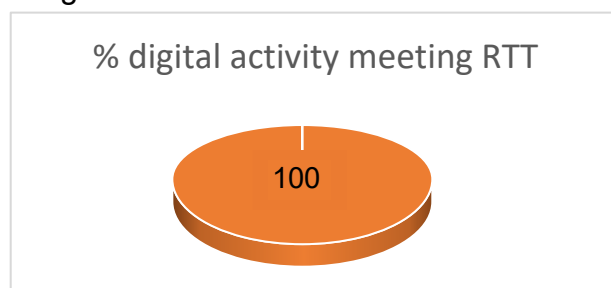
B. Performance is mixed but the trajectory (assuming no major disruption to staffing) for the medium-long term is currently positive

C. An area which is not meeting the RTT standard and where the challenges associated with doing so mean that the performance trajectory is currently negative.

A. Digital PTs (cCBT) – The range of digital PT options available in Fife has expanded over the past 5 years in line with national developments. Fife Psychology Service’s 2018 investment in developing the Access Therapies Fife website and support team (mixed clinical and admin staff) means that we have the infrastructure in place to adopt at speed the online PT options (funded via Scottish Government) as they have become available. Digital PTs are low intensity in terms of clinician time and the service can handle a large volume of referrals. As well as serving as standalone options, many of the packages within the current digital suite have been incorporated into clinical pathways by teams within the psychology service, for example to improve the efficiency of delivery of high intensity PTs.

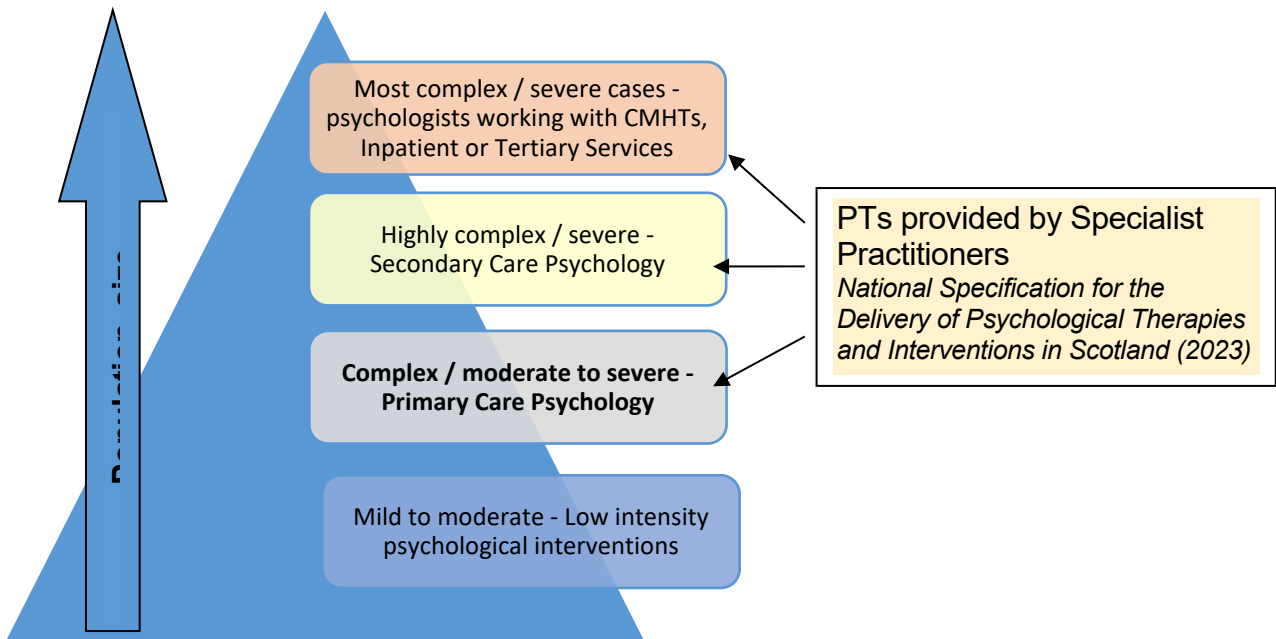
An average of 178 people a month have accessed a digital PT since January 2022, all within a few days of referral. In 2022, digital activity comprised an average of 42% of monthly PT activity (adults only); in 2023 it was 38% and for the first two months of 2024 it is 41%. This impacts positively on RTT performance.

Figure 7.



B. Adult Mental Health Psychology, Primary Care - A significant source of demand for the AMH Psychology Service is providing treatment for people whose difficulties do not meet the threshold of complexity, risk and severity of the Community Mental Health Teams (CMHTs) or secondary care psychology services, but nevertheless often present with significant complexity, risk and severity, and require highly specialist interventions by staff with specific specialist recognised training in psychological theories and therapies as a core remit of their role (Figure 8).

Figure 8

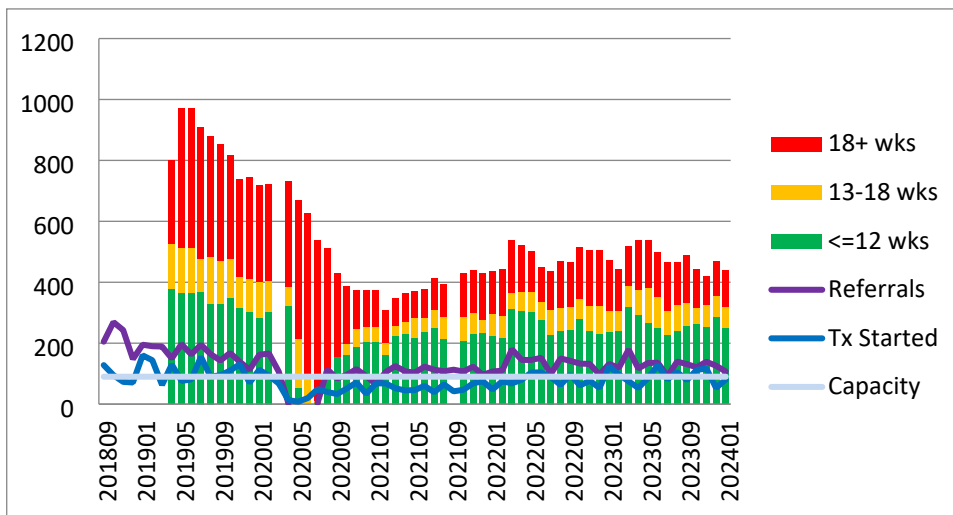


Assessment, treatments and interventions for people referred to this tier of service fall into the categories of Enhanced or Specialist Psychological Practice as defined with the [National Specification for the Delivery of Psychological Therapies and Interventions in Scotland \(2023\)](#). The volume of referrals (mostly from colleagues in Primary Care, though also with redirection from the CMHTs of people who do not meet their criteria) to this tier of service is high (average 132 per month for 2022 and 2023; totalling 3159 referrals over these two years). These referrals cover a wide range of clinical issues and complexity.

In order to improve efficiency and effectiveness, the teams within this service have undertaken a comprehensive programme of improvement activities. This includes developing new group PTs to increase group delivery options, expanding skill mix within the workforce and adopting a more highly targeted approach to one to one therapy. People referred to this tier are matched to the appropriate service offer. The case example in Appendix 1 gives a scenario of a patient journey within this tier of service. The improvement actions which the service has introduced and continues to refine means that it is on an improving trajectory in terms of managing demand and getting into balance.

Figure 9 illustrates the improved performance of this tier of the AMH service from mid- 2019 to January 2024.

Figure 9.(waiting list data available from May 2019).



For some therapeutic options this AMH service tier is in balance and all people are seen within 18 weeks. For other therapeutic interventions, demand currently outstrips

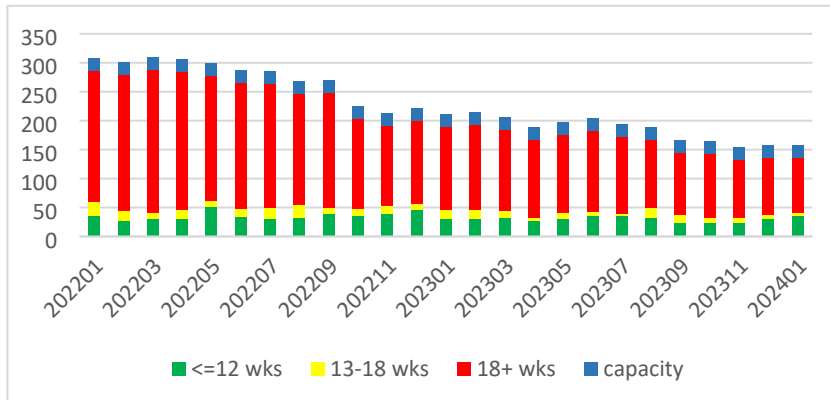
capacity and people can be waiting over 18 weeks. None of the teams within this tier have patients in the longest waiting category of over 53 weeks. The variability in waits within this service tier is due to the different clinical populations served and cannot be addressed by re-directing staff resource. Potential opportunities for further service improvement continue to be explored.

In terms of the RTT target, the variability in the percentage of activity which is above and below 18 weeks means that the impact of this service on overall RTT performance currently varies month to month but with the overall trajectory being positive.

C. Clinical Health Psychology, General medical service – The Clinical Health Psychology service sees patients whose psychological issues are directly related to their physical health conditions. The service receives some specific funding to provide clinical resource into a number of medical teams for specific clinical conditions, e.g. rheumatology, blood borne virus. However, all other referrals that are not associated with these specific conditions are managed within the ‘general medical’ area of service. The Clinical Health psychology service as a whole received a total of 1016 referrals during 2022 and 2023, of these 545 were to clinicians in the specialist medical teams; with the remaining 471 (46%) coming into general medical.

Although the additional funded resource into the specific medical teams is small (average 0.6wte), being embedded into a medical team means that the psychologist can provide indirect psychological input efficiently, e.g. providing medical staff with advice re patient management, rather than all psychological advice being accessed via direct referral, which may not be the best option at that time, for the patient. These medical teams are invested in using their dedicated psychology resource in the most efficient and effective way. In contrast, because the general medical service receives referrals from a wide range of clinicians, including GPs, it is not possible to sustain a shared approach to patient care across all medical specialties. The service has been able to progress some improvement work, for example, establishing a specific service for referrals requiring help with functional neurological disorder. This has facilitated liaison with neurologists (key referrers), improved multi-disciplinary working, and improved clinical triage and pathways within the psychology service. Similarly, the *Better Living with Illness* group programme has been very successful in meeting needs of the people whose difficulties are less complex. These developments have seen the over 18 week waiting list reduce over the last two years from 235 in February 2022 to 147 in January 2024. However, this 147 includes the longest waits for the whole psychology service.

Figure 10 shows the waiting list within general medical with an indication of current clinical capacity



Because the majority of referrals to general medical are highly complex there is less opportunity for workforce skill mix than in other areas of the service, as described in section B above. In addition, because many patients have complicated physical presentations, a higher percentage of clinician time is spent managing individual patient’s care needs with other professionals, extending the time required to complete an episode of care.

In terms of the RTT target, almost all activity in the general medical service is with people who have waited longer than 18 weeks. This activity contributes negatively to monthly target performance. There are now limited options for further efficiencies within the current model. One option would be to have more staff embedded in key medical MDTs (those teams who are high referrers to the general medical service). The current resource for the general medical service is too small to be divided in a meaningful way between the number of clinical, condition specific teams, who refer. Therefore this option would require some additional resource. It would also of course require the agreement of the clinical teams involved. Additional resource (without a change of model) would reduce the waiting list in the short to medium term, however, it would be unlikely to lead to long term sustained improvement due to the challenges of influencing referrer behaviour and engaging in indirect working when remote from clinical teams.

The above examples illustrate how improving RTT performance requires addressing different issues across the whole psychology service. This necessitates a very different management response to service development in different clinical areas. We continue to pursue this work with a view to improving the overall RTT performance.

Improvement actions

The main reason that the service was unable to meet RTT performance as per previous trajectories was continued inability to recruit the number of clinical / counselling psychologists (i.e. staff able to work with more complex presentations) to increase capacity as required. This was due to the national workforce challenges during 2022 and early part of 2023. While mitigation of this through skill mix change has improved the flow of patients with less complex needs, skill mix does not impact those waiting who have more complex presentations. Recruitment of clinical and counselling psychologists is no longer the challenge that it was; however, financial constraints mean that recruitment is not the option that it was previously.

The service continues to try to mitigate the challenges in relation to performance on the RTT target in numerous ways. These include:

- Using and developing new skill mix approaches to reduce demand at highest tier, and increase the capacity of most specialist psychologists to deliver interventions at this level
- Constant review of assessment processes and case management
- Development of group intervention options at the most complex level

- Working with CMHTs to develop interventions for people with highly complex needs who are unable to benefit from formal PT (unfortunately this latter work has been negatively impacted by the significant workforce challenges within the wider mental health system)

Service development work is on-going across the service, with the Adult Mental Health Psychology Service (where the volume of referrals is highest) implementing the widest range of actions. The rationale driving the targeted actions within AMH Psychology is:

- To increase access and flow to PTs that require low intensity workforce in order to improve efficiency within system; increase capacity for high intensity provision; and have a positive impact on GP capacity;
- Development of group-based service delivery models in order to increase capacity and harness the evidence-based benefits of group processes in facilitating change;
- Partnership working with 3rd sector in order to improve access and use resources more efficiently; and build capacity for the on-going support required by some patients to sustain clinical change;
- Development of CMHTs to increase access to psychologically informed shared care, and psychological intervention when appropriate, for patients with more complex and severe difficulties;
- Development of care pathways to improve clinical decision-making, patient experience and flow through the system; and
- Identify blocks within current system and better understand demand-capacity ratios within tiers of the service.

The Psychology Enhanced Engagement Team (PEET) is a test of change within AMH Psychology starting April 2024. The drivers are:

1. Our capacity to deliver lower intensity psychological interventions currently exceeds demand
2. We receive a significant percentage of referrals for people who are experiencing significant psychological distress, but for a variety of reasons are not likely to benefit from a structured psychological therapy, however could benefit from lower intensity interventions
3. For those people who are likely to benefit from structured psychological therapy, many would benefit from lower intensity interventions while they are waiting, and this can reduce the amount of input they will need when they reach the top of our waiting list.

PEET will be delivered by our band 4 and 5 clinical support roles (assistant psychologists and enhanced psychological practitioners), linked to the assessments carried out by our qualified clinical team and focused on assertively engaging people in the appropriate psychological intervention for their needs and circumstances. PEET will also link people to other helpful community resources or services to address needs that are not amenable to psychological intervention but nevertheless affect wellbeing, such as housing issues and poverty.

PEET will be evaluated for the following anticipated benefits for the RTT target:

1. Increased utilisation of lower intensity psychological interventions – which are routinely delivered within the 18-week target.
2. Increased efficiency of delivery of higher intensity psychological interventions through reduced DNA / drop out and fewer treatment sessions required.

In addition to specific PT development work, staff from all clinical specialities within the Psychology Service remain engaged in work to drive and support whole system change, which includes a focus beyond direct PT delivery.

Quality improvement in mental health provision, as per the Scottish Government’s mental health transformation agenda, is one driver for this. However, another driver is recognition of the likely future impact of the Covid pandemic and the cost of living crisis on the population’s mental health.

For most people, specialised psychological therapy will not be a necessary or appropriate response to the distress associated with these experiences. However, unless alternative more appropriate pathways / options are in place, past experience suggests that referrals of people affected by these events will be made to the Psychology Service (and other mental health services).

Additionally there are specific populations (e.g. people who were teenagers or young adults during the pandemic) where demand for PTs within adult services may increase due to their experiences and where PT is an appropriate service response. Using some current clinical capacity to develop options that will avoid unnecessary future referrals and also working to build capacity to manage an anticipated increase in demand is another key aspect of supporting sustainable improvements in performance in the longer term.

2.3.1 Quality/ Customer Care

Reducing waiting times for PTs will increase access and improve experience for people who can benefit from psychological therapies.

A review of complaints received by the Psychology Service in 2023-2024 found the following:

Complaint	Number of Complaints
Quality of intervention	4
Quality of assessment	1
Not accepted for Autism Spectrum Disorder (ASD)assessment	4
Not accepted for Attention Deficit Hyperactivity Disorder assessment (NB these are performed by Psychiatry not Psychology)	2
Waiting time for intervention	1
Redirection to other services	2
Not accepted for PT	2
Access to Service	2

Below are some compliments recently received by the Psychology Service, edited where necessary to preserve anonymity:

Patient from AMH Psychology Service reporting on contact with Psychology Admin Team - “felt you really listened to her and tried to find me to speak to me and you gave her as much information as you could - it felt very human and caring, which mattered a lot to her”

Older People Psychology Service - “she'd had a light bulb moment. That for years she had been searching for validation that she wasn't losing her mind & that was what she had received from the team. She couldn't thank us enough from the bottom of her heart & was now looking forward to the weekend”

Older People Psychology Service - “Thank you to you and your team for the exemplary work undertaken while engaging with care staff within the Local authority care homes. Engaged with staff in a manner that has proven incredibly worthwhile as there has been

encouragement and empowerment for them to be open and honest while remaining supportive and non judgemental”

InS:PIRE (Group for Patients discharged from Intensive Care service) - “InS:PIRE – the support you were able to give has been extremely beneficial”

Maternity Neonatal Psychology – “all of the extra care factors were crucial in me maintaining a healthy mental health state and although I still have anxiety I was able to manage these thoughts so much better and after what has been a hugely traumatic time for us we now feel excited and hopeful for the future”

Parent Awareness Programme for Autism Spectrum (PAPAS) Group - “we have gained immensely from both groups. The input is invaluable “

Current IT systems do not enable routine collection of outcome data. However, the Psychology Service has conducted numerous service evaluations. A recent example is the development of a new therapy group using Compassion Focused Therapy, which is an evidence-based therapy suitable for people with highly complex difficulties seen within the AMH Secondary Care Psychology service. This high intensity therapy group is suitable for people with severe psychological difficulties across a range of presentations including depression, trauma and eating disorders; particularly where self-criticism and feelings of shame have impacted on well-being, self-esteem and quality of life on a longer-term basis. To date, four pilot groups involving 38 participants have run in the Dunfermline and Glenrothes/NE Fife localities. The last of these pilot groups finished mid-April 2024 and the final evaluation is underway. Evaluation so far indicates good participant retention, general improvement on a range of validated outcome measures at discharge, and positives feedback regarding the benefits of group attendance from participants.

2.3.2 Workforce

There is a risk of increased workforce stress due to workload demands while, at the same time, working in new ways in redesigned services and supporting psychologically informed practice across the wider health and care workforce, plus the increased demands of supporting future expansion of the workforce through additional training posts. The Fife Psychology Service has been successful in mitigating this and this will be an on-going focus for the service.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk/Legal/Management

The ongoing delay in maximising availability of PTs has a negative impact on demand for wider adult mental health services and reduced efficiencies in the provision of multidisciplinary care.

2.3.5 Equality and Diversity, including Health Inequalities

It is anticipated that timely access to psychological therapies, and delivery of ambitions to expand psychologically informed practice across Fife, will reduce health inequalities.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

There has been regular communication with colleagues from the Scottish Government Mental Health Division Performance and Improvement Team.

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 Assurance Committee - 29/4/24.
- Executive Directors Group Meeting – 2/5/24

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – On the actions being taken to work towards the Treatment Time Standard and also address longest waits. This will continue to be monitored monthly in the IPQR report and it is recommended that a further detailed report on progress is presented to the Public Health and Wellbeing Committee in November 2024.

3 List of Appendices

Appendix 1 - Case scenarios

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Dr Frances Baty
Director, Fife Psychology Service
E-Mail: frances.baty@nhs.scot

Appendix 1: Case illustrations of typical interventions

The following case illustrations outline typical interventions for people who require highly specialist psychological therapy. In both cases, psychological difficulties are having significant effects on the person's functioning and quality of life, however variations in complexity lead to significant differences in terms of the resource required to meet their needs. The first scenario describes a person with lower complexity who would benefit from a group intervention delivered within our Adult Psychology Service. The second scenario describes a person with more complex difficulties including comorbidity and a history of adverse childhood experiences who would be seen within our Clinical Health Psychology Service.

Scenario 1: Patient X, who experiences debilitating anxiety and depressive symptoms, refers herself through the Access Therapies Fife portal for assessment for the Change Up group programme, which is an evidence-based Cognitive Behavioural Therapy group intervention. She receives an initial 1:1 assessment, where a psychological formulation is developed between her and a psychologist. They agree that Change Up would be an appropriate intervention and she is allocated a place on the next group. She completes the Change Up group programme, which comprises 10x 2hour group sessions and 2x 1 hour 1:1 sessions focused on making behavioural changes identified within the group. Her progress is reviewed at the end of the group and having achieved significant improvement in her difficulties, she is discharged. She has received 23 hours of direct clinical input (1 hour assessment, 20 hours group intervention, 2 hours 1:1 intervention). Because the 20 hours of group intervention are delivered by 2 therapists to 10 participants, her net direct clinical input is 7 hours, of which a net 24 minutes (her first group intervention session) is counted under the PT RTT standard as a first therapy appointment.

Scenario 2: Patient B was referred with Post Traumatic Stress Disorder following a heart transplant. His history includes multiple previous traumatic experiences both in childhood and during military service. He has experienced multiple losses of role following the heart transplant (including loss of employment and forced move to suitable accommodation for physical limitations). He has to follow complex treatment regimes to avoid organ rejection, which have side-effects and restrict his activities. In addition to PTSD, he has symptoms of panic and depression. He requires extended assessment due to the complexities of his difficulties and some indirect work with the team around him. After a shared formulation is agreed, he engages in long-term 1:1 therapy (30 x1 hour sessions), using a combination of evidence-based interventions, including Trauma-focused Therapy, Compassion Focussed therapy and Acceptance and Commitment Therapy. By the time treatment is complete, he has received 2 hours of 1:1 assessment, 3 hours of indirect work, and 30 hours of 1:1 intervention, of which 1 hour (his first 1:1 intervention session) is counted under the PT RTT standard as a first therapy appointment.

Meeting: Public Health & Wellbeing Committee
Meeting date: 13 May 2024
Title: Spring Booster Campaign
Responsible Executive: Nicky Connor, Director Health & Social Care Partnership
Report Author: Lisa Cooper, Head of Service, Primary and Preventative Care 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):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to provide an update of the local planning on delivery plan on the Spring Covid 19 vaccinations within NHS Fife.

The JCVI has recommended that some at-risk cohorts, including older age groups and those with weakened immune systems, will benefit from supplementary booster vaccinations.

2.2 Background

National Programme Board updates, JCVI and CMO guidance continue to direct the effective planning and delivery of the FVCV Spring Dose Vaccination Programme.

As a precautionary strategy for 2024, the JCVI has advised a Covid-19 Spring dose for the under-listed, with the objective of preventing severe illness, hospitalisation and death (Appendix 1).

1. Adults aged 75 years and over

2. Residents in Care Homes for Older Adults
3. Individuals aged 5 years and over who are immunosuppressed, as defined in tables 3 and 4 of the Green Book Chapter 14a.

It is important to advise this is a smaller cohort size from the Autumn Winter programme 2023/24 given 65+ - 75 years are not included.

2.3 Assessment

The programme leads continue to work closely with national colleagues and the Chief Medical Officer instruction has been issued to direct delivery nationally and locally for both the Spring Booster campaign and to encourage individuals to come forward for outstanding primary doses before 30th June 2024 (Appendix 2).

- Within Fife the latest bivalent vaccine will be deployed for the Spring booster - Moderna mRNA (Spikevax) XBB.1.5 vaccine. Dose: 50 micrograms for those aged 18 years and over.
- The Pfizer BioNTech monovalent paediatric formulation will be used for both primary and booster doses for those aged 5 to 18 years.

Spring Dose Vaccination Planning

Fife's eligible cohort is circa 48k planned to be delivered over a 12-week programme. Programme scheduling is as follows:

- 1- Care homes commenced on the 2nd April for a concentrated 2-week programme.
- 2- Clinics commenced for the over 75s on the 15th April, other eligible cohorts thereafter.

Care Homes

The Spring booster offer covers all residents in care homes for older adults. This commenced on 2nd April with an approximate number of 2400. As of 21/04/24 68.4% of older care home resident vaccinations in Fife had been completed (Scotland 68.5%).

Housebound

Spring Boosters for those individuals who are housebound will commence the week beginning 15th April 2024. Eligibility for this cohort will be guided via GP practice coding and historical vaccination records, with the clinical vaccination team delivering. Referral work will continue to ensure any new housebound patients are vaccinated.

Over 75 Booster

The offer is for over 75 booster at minimum of 12 weeks in between doses from Autumn/Winter 2023 to the current Spring 2024 vaccinations.

The teams are confident that the programme can commence delivery with regular review of scheduling and workforce planning. Capacity across clinics within Fife will be continually reviewed.

Scheduling

The national scheduling system continues to operate with local teams responsible for preparation of cohort files and resolving any operational issues. Patients will be lettered via NVSS with appointment to mass vaccination centres. As a new national development for 2024, citizens in at risk cohorts who have a history of not attending for appointments will be issued letters inviting them to self-appoint via the portal. This will improve clinic efficiency and offer more flexible rescheduling opportunities for appointed citizens.

A clinical referral route using the existing Immunisation Referral Pathway (as per guidance on FROG internal Stafflink pages) will enable clinicians to refer patients with weakened immune systems for a Spring Booster appointment who have been missed from the national invite. Communications with specialist nursing teams working with patients with weakened immune systems will alert them to this pathway.

This referral pathway will also remain open at any point outside the seasonal Spring / Autumn programmes for clinicians to refer patients who are identified as extremely clinically vulnerable and who require vaccination, as per CMO direction.

Venues and Logistics

Additional vaccination centres across all localities will be opened to ensure the over 75-year-old population are vaccinated as locally as possible. The venues utilised were highlighted in the last paper and remain the same as per Autumn Winter 2023/24.

There have been no risks identified, with capacity in clinics at the time due to increased capacity planning. This will enable the programme to respond quickly and safely.

Pharmacy

Pharmacy leads have been involved in key scheduling and planning. There are currently no issues anticipated.

2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife.

An Immunisation Quality Matters Assurance Group meets regularly to provide assurance to the board and committees regarding safe delivery of the Immunisation programme

2.3.2 Workforce

Currently, there are no immediate concerns or pressures regarding workforce within the programme.

2.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the FVCV programme are being reported accordingly. This is complex yet cohesive approach to ensure effective financial governance of all programmes is evolving with no current risks identified.

2.3.4 Risk Assessment / Management

None.

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

The established inclusivity group will continue to lead delivery of EQIA actions and direct specific outreach activities to ensure access for all eligible.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact.

2.3.7 Communication, involvement, engagement and consultation

Communication team are directly linked with national planning, applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications. The Public should be signposted to NHS Inform for up-to-date information on the vaccination programme.

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 Assurance Committee - 29/4/24.
- Executive Directors Group Meeting – 2/5/24.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – Regarding the plans and delivery of the spring booster programme. As the vaccine delivery programme is now well established it is recommended that it is now reported as part of business as usual reporting as vaccination delivery is an indicator within the IPQR.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 [JCVI statement on COVID-19 vaccination in spring 2024 and considerations on future COVID-19 vaccination, 4 December 2023](#)
- Appendix No. 2, [CMO\(2024\)02: Spring COVID-19 vaccination programme 2024](#)

Report Contact

Karen Nolan

Clinical Service Manager

Email Karen.Nolan@nhs.scot

Meeting: Public Health & Wellbeing Committee
Meeting date: 13 May 2024
Title: Medication Assisted Treatment Standards
Responsible Executive: Nicky Connor, ADP Chair & Integration Joint Board Chief Officer
Report Author: Elizabeth Butters ADP Service Manager

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- 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

Fife Alcohol and Drug Partnership (FADP) and its services have completed the third year of a five-year funded programme to implement the Medication Assisted Treatment (MAT) Standards for the improvement of care and support to people receiving opiate replacement therapy.

The MAT standards are a national human rights-based framework for the safe, effective and accessible delivery of medication, – opiate replacement therapy (ORT) - psychosocial support and psychological interventions and are designed to create a whole system approach to support recovery from drug use inclusive of primary care, mental health, housing, welfare and advocacy services.

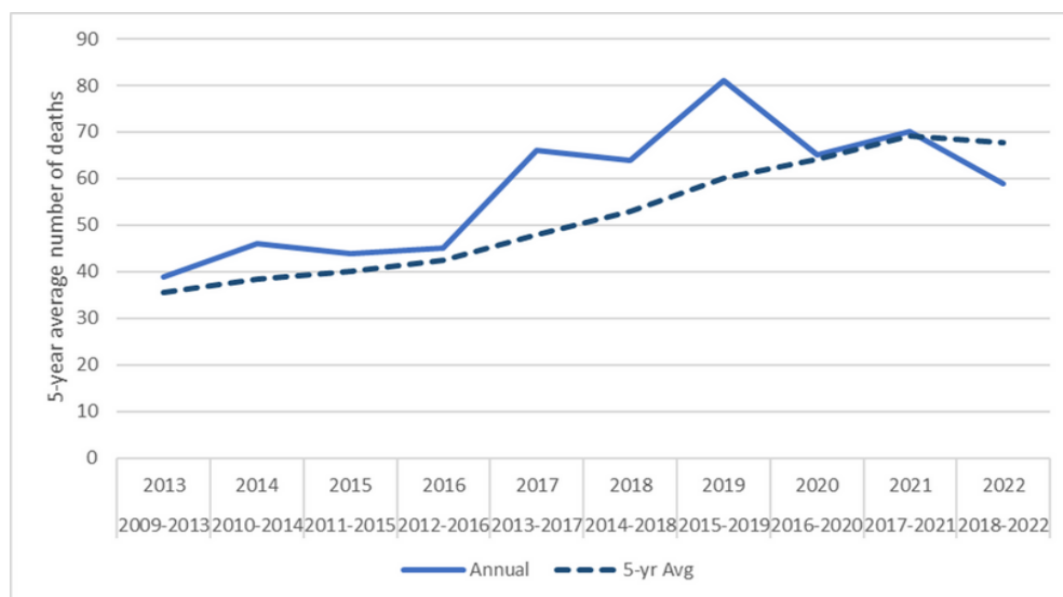
Across Scotland the Public Health Scotland externally validates progress towards implementation of the 10 standards based on numerical, process and experiential data provided by its ADP on an annual basis. Each ADP is then awarded a RAGB (red, amber, green or blue) status for each of the standards.

On 15th April 2024, Fife ADP submitted its experiential, numerical and process information to evidence progress during 2023/24 to Public Health Scotland for all 10 standards. Process information includes pathways, protocols and guidance produced locally to standardise and align service and systems delivery with the standards. Numerical is the performance against pre-determined target-based measures usually applied to staff training or to patients being offered components of service delivery. Experiential is the ADP plan to gather the views of patients, family members and staff using semi structured qualitative interviews and the extent to which this feedback is used to improve MAT Standards delivery during the year.

In addition to this assessment process, the Scottish Government require the ADP to submit updates quarterly on their implementation plan to support oversight and governance on the central funding awarded to ADPs to deliver the MAT Standards programme.

2.2 Background

In 2021 the high and rising levels of drug related deaths across Scotland were declared a public health emergency by the Scottish Government and in that year, Fife registered 70 drug-related deaths. In the following year, this had decreased to 59 deaths showing for the first time in Fife a slight decrease in its five year average (see graph below). Prevention and addressing the impact of this - on families and communities - remains a priority for the ADP, outlined in their recent strategy and across all areas of operational delivery.



Annual and Five-year average number of drug-related deaths in Fife

In September 2019, the Drug Deaths Taskforce was established and prioritised the introduction of standards for medication assisted treatment to prevent drug related deaths, prevent harm and increase access to recovery. The standards are part of the National Drug Mission policy response to address the high levels of drug related deaths in Scotland, declared a national public health crisis in 2021.

The standards provide a framework to ensure that they system and services responsible for MAT delivery are sufficiently safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as they need. The standards

were developed through extensive consultation with multiagency partners that deliver care, and with the individuals, families and communities with lived and living experience.

In June 2021, the Scottish Government published the standards with an initial expectation of full implementation in all ADP areas by April 2022. In December 2021, Fife was allocated a sum of £614k per annum for a five-year period for implementation of standards 1 to 5. A project specification plan was approved by the ADP Committee and submitted to Public Health Scotland and the Scottish Government on the basis of improving quality of the delivery and increasing the quantity of people receiving treatment and support. Specific deliverables were identified and agreed for each one of the standards. However, local forecasting indicated that this amount fell short of what was required to fully implement and sustain the standards and funding was also not provided for MAT 6 to 10 implementation. As such the approach in Fife has been one of quality improvement, using resources more creatively and ensuring better links and partnership working.

Prior to the publication, Fife ADP had already adopted the principles of the MAT Standards approach. Drug Death Taskforce funding was used to increase capacity in assertive outreach at custody suites, prisons and for those experiencing a Near Fatal Overdose (NFO) and also increase the reach of harm reduction advice and equipment. Funding was allocated to NHS Addictions Services for a quality improvement project for next day prescribing in the Kirkcaldy area and a peer-to-peer advocacy service was commissioned. Furthermore, over the last three years, the ADP Committee has reconfigured their structure and created four new subgroups to concentrate on assessing current delivery, identifying gaps and creating and delivering improvement plans for all ten standards. This is supported by monthly reporting on numerical information to assess the impact of the progress reports and if this is sufficient to improve care and support for the service user and people with lived/living experience.

For example, local Public Health Surveillance, through the multi-disciplinary drug death review group (MDDRG), has analysed suspected drug-related deaths in Fife with multi-agency partners to learn and identify immediate improvements and has increased the opportunity for people with lived and living experience to be part of strategy and service development via its Lived Experience Panel.

The implementation of MAT Standards is complemented by wider work within Fife to reduce the harms associated with substance use, in particular the young person and whole family support services commissioned by the ADP.

2.3 Assessment

Public Health Scotland has provided feedback on Fife's submission. **For Fife ADP, the final assessment indicates a status of green fully implemented for MAT 1 to 5 and partial green (strong progress towards full implementation) for MAT 6 to 10.** Partial green on MAT 6 to 10 is the highest score available to ADPs, due to limitations on the numerical measures set by Public Health Scotland, **thus Fife has achieved the best possible position for its MAT Standard implementation progress for the last year.**

The table below provide an overview of Public Health Scotland's external validation over the three years of the MAT programme and demonstrates Fife ADP's progress.

MAT Standard	RAGB Status 2021/22	RAGB Status 2022/23	RAGB Status 2023/24
1 Same Day Access and Prescribing	Amber	Provisional Green	Green
2 Medication Choice throughout	Amber	Provisional Green	Green
3 Anticipatory Care & Assertive Outreach	Amber	Amber	Green
4 Harm Reduction in Services	Amber	Amber	Green
5 Retention	Amber	Amber	Green
6 Psychological Interventions	Not scored this year	Amber	Provisional Green
7 Primary Care	Not scored this year	Amber	Provisional Green
8 Advocacy, Housing, Welfare	Not scored this year	Amber	Provisional Green
9 Mental Health	Not scored this year	Red	Provisional Green
10 Trauma Informed System of Care	Not scored this year	Provisional Amber	Provisional Green

2.3.1 Quality, Patient and Value-Based Health & Care

The quality of care has greatly improve for the people in the current system with implementation of the MAT Standards as a human rights-based approach. Assertive outreach approaches employed by third sector colleagues (MAT 3) has increased access to support whilst also preventing unplanned early discharge (MAT 5) including the hospital liaison service and specialist social work team, Compass. Support offered to families both as part of a whole family support in partnership with Children's Services, including investment in Kinship Care and delivery of adult carer's support should improve outcomes for people affected by a loved one's use and provide some targeted work for prevention on substance use problems within families and communities. Availability of harm reduction support across the community pharmacy network, within outreach teams and one stop shops at the KY Clubs (MAT 4) has improved protection for people at risk and acts as access points for those not yet in the treatment and support system. A workforce development plan across the ADP system including third sector, young people's service and statutory provision has improved the delivery of psychological interventions and mental health. Provision of independent advocacy has enabled people within the system of care to advocate for their needs and to be supported to develop skills to self-advocate.

Delivery of support in the centre of communities developed in partnership with people with lived and living experience has also improved quality of care and moves the ADP closer to its national target for increasing numbers in treatment.

2.3.2 Workforce

An increase in budget for MAT Standards totalling £818k per annum has significantly increased NHS Addictions Services' workforce. Psychologist input has also been required for implementation of MAT Standards 6 and 10 for development of psychological delivery and trauma informed approaches across the full ADP workforce. There have also been increases in key roles within third and independent sector to support the programme, including one stop shop provision, harm reduction training and project leads for community pharmacy provision.

2.3.3 Financial

Funding for MAT Standard programme has been provided for five years and commenced in 2021/22 and will be sustained by Scottish Government until end of financial year 2025/26. Following an application process completed in December 2020, £614k per annum was allocated to Fife. This income was significantly less than requested to implement all the standards with a reprioritisation requested by Scottish Government for the first five standards only. Thus all income has been directed to these standards with an additional £204k per annum provided by the ADP from the Drug Mission Priority funding also allocated to the NHS Addictions Service.

There is not an income for improvement-based work needed for MAT 6 to 10. Despite this the ADP has progressed in all areas of this work by applying for Drug Death Taskforce funding or supporting services to apply for CORRA Foundation funding. This position is not untypical across Scotland and almost all ADP areas have reported a similar position. The funding situation after 2026 is currently unclear but this is detailed in the ADP risk register.

2.3.4 Risk Assessment / Management

The strategic risk associated with this project are outlined in the ADP risk register and managed by the ADP MAT Implementation subgroup and ADP Committee. There are quarterly reports provided from the subgroup to the ADP Committee with month-by-month monthly data on implementation. If a MAT Standard is indicated as red on its implementation or on its predicted RAGB performance, then a recovery plan is initiated.

Operational risks are included in the NHS Addictions risk register though these are not currently shared with the ADP, such risks are included in their quarterly reports and QMAG approach.

In addition, the MAT Standards are featured in the NHS Annual Delivery Plan and monthly progress updates against milestones are provided via this reporting mechanism.

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

Prevalence of drug use is associated with socioeconomic factors and there are significant inequalities in the distribution of drug related deaths across Fife, with 15 times higher rates of drug related deaths in the most deprived areas compared to the least deprived areas in Fife. For this reason, Fife ADP have commissioned one stop shops in areas where drug related death and harm are highest (Levenmouth, Kirkcaldy and Cowdenbeath) to provide direct cost of living support to the care group, harm reduction advice and equipment, a platform for seeking advice and information from other health and social providers (including

SHBBV, tissue viability nurses and housing and benefit support) and direct same day prescribing for opiate replacement therapy.

Generally, MAT standards aim to halt the rise of drug related death and in doing so, reduce inequalities in health, mortality and premature mortality within Fife. Implementation of MAT 9, focused on Mental health should reduce inequalities in treatment and care for people affected by substance use and mental health conditions. Full implementation of MAT 8 addresses wider determinants of health that contribute to health inequalities and drug use affecting people who use drugs. The provision of independent advocacy readdressing the stigma and prejudice those affected by substance use experience and ensures their voice is recognised within the ADP and other systems of support and care.

2.3.6 Climate Emergency & Sustainability Impact

The ADP MAT Standard progress reports does not have a direct impact on environmental and climate change position in Fife.

2.3.7 Communication, involvement, engagement and consultation

For over three years, Fife ADP has had an established Live Experience Panel. Members of this panel were involved at the initial planning stages for the MAT project plan and the implementation plan for 2023/24. Their chair sits on the ADP MAT Standards Implementation subgroup and the ADP Committee and there is representation at all of the MAT Standard implementation subgroups. Public Health representative also attends these meeting as do a number of operational partners including representatives from housing, advocacy and the ADP family support service.

In preparation for the ADP Strategy 2024 – 27, a number of participation and engagement events took place:

2.3.8 Route to the Meeting

The content of the paper has been considered on a quarterly basis by the ADP Committee and its subgroups via its MAT Standards report which contain information on performance, impact and project management activity including risks and mitigations.

- HSCP SLT Assurance Meeting - 29 April 2024
- Executive Directors Group Meeting – 2 May 2024

2.4 Recommendation

- **Assurance** –on the progress of MAT Standards Implementation in Fife as part of the ADP’s strategic plan to prevent drug related deaths and harm and improve the support and treatment service for those who can benefit from the system of care.
- **Discussion** – The implications of MAT Standards Implementation.

3 List of appendices

The following appendices are included with this report:

- Not applicable

Report Contact

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

Email: Nicky.Connor@nhs.scot

Meeting: Public Health & Wellbeing Committee

Meeting date: 13 May 2024

Title: United Nations Convention on the Rights of the Child
(Implementation) (Scotland) Act 2024

Responsible Executive: Nicky Connor, Director Health and Social Care Partnership

Report Author: Dr Lorna Watson, Deputy Director of Public Health,
Child Health Commissioner, NHS Fife
Lisa Cooper, Head of Primary Care and Preventative Care Services,
Fife Health & Social Care Partnership
Heather Bett, Senior Manager, Children's Services, NHS Fife

1 Purpose

This report is presented for:

- Assurance

This Report relates to the following National Health and Wellbeing Outcomes:

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

This report relates to:

- Legal requirement
- NHS Board / IJB Strategy

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

The UNCRC (Incorporation) (Scotland) Act 2024 gained Royal Assent on 16 January 2024 and will be in force from 16 July 2024. Members are asked to take assurance that appropriate preparations are in place in NHS Fife and Fife HSCP for the Act coming into force in July 2024.

2.2 Background

In Fife work relating to the UNCRC has been ongoing for at least ten years, and there are many examples of good practice in children's services. This report builds on previous updates given in 2023 prior to the UNCRC Incorporation Bill being enacted, and the content in the Fife Director of Public Health Report 2023.

Incorporation means that public bodies must act compatibly with the UNCRC, and gives children, defined as those under the age of 18, or those acting on their behalf the right to seek legal redress, and the Children's Commissioner additional powers to intervene or bring proceedings where rights may have been breached

The UNCRC was developed in 1992 and is the most widely adopted human rights treaty globally. The UN reports periodically on signatories to determine progress towards realising rights. Incorporation into domestic law has taken place in several countries including Norway, Spain and Iceland and brings stronger accountability in domestic law where breaches may have occurred.

The Act can be read here [United Nations Convention on the Rights of the Child \(Incorporation\) \(Scotland\) Act 2024 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uk/scots/acts/2024/1/1)

Non-statutory guidance is found here [1. Introduction - Taking a children's human rights approach: guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/guidance/1-introduction-taking-a-childrens-human-rights-approach/guidance-gov.scot)

Statutory guidance is under consultation, deadline 16 May <https://www.gov.scot/publications/statutory-guidance-part-2-uncrc-incorporation-scotland-act-2024/pages/7/>

The Articles can be found here [UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk/uncrc-articles-archive)

2.3 Assessment

The UNCRC Working Group reports to the Child Health Management Team in Primary and Preventive Care in Fife HSCP. This group is now chaired by Dr Lorna Watson, Child Health Commissioner, and the Terms of Reference and name are being reviewed to reflect the organisation wide responsibilities and role in Implementation, draft in Appendix 1.

There may be advantages going forward to changing reporting into the Equality and Human Rights Strategy Group, as the duties apply much more widely than child health services.

A new action plan has been created following a workshop with the working group members, Appendix 2, based on self-assessment using the [Getting Ready for UNCRC Incorporation Framework \(improvementservice.org.uk\)](https://www.improvementservice.org.uk/getting-ready-for-uncrc-incorporation-framework). This connects with partnership work and membership of the Fife Partnership Children's Rights Oversight group.

One of the main actions has been drafting of an amended EQIA Stage 1 form, to include consideration of children's rights, Appendix 3. Following this in some instances a more detailed Children's Rights and Wellbeing Impact Assessment (CRWIA) can be carried out if needed with advice from children's services staff. The templates are being taken to the Equality and Human Rights Strategy group on 2nd May for approval.

A risk has been drafted for consideration by NHS Fife and Fife HSCP, Appendix 4. There may be a need for further work, for example with regards to promoting rights for 16-17 year olds in adult services, and the implications for independent contractors in primary care.

Application to Private, Voluntary and Independent Sector: The statutory guidance indicates that the public body and any contractors must act compatibly with the UNCRC:

Public authorities are not exempt from their duty not to act incompatibly with the UNCRC requirements by virtue of 'contracting-out'. Both the privately contracted person or body and the public authorities have to comply with the section 6(1) duty in respect of that function, and entering into a contract or arrangement does not shift the burden from one party to the other.

Changes to ways of working included in the action plan include:

- Communications and training plans, including NES training, an expected TURAS module and other national guidance.
- Amending organisational SBAR templates to include UNCRC
- Checking all policies are compatible with UNCRC when updated
- Making available child friendly information
- Developing a child friendly complaints process

An example of an organisational policy being reviewed due to UNCRC is the 'did not attend' policy, as terminology for children should be 'was not brought' and the response may be different.

2.3.1 Quality, Patient and Value-Based Health & Care

The Act should increase accountability and quality of services for children and young people, both directly and indirectly.

2.3.2 Workforce

Training and support for the workforce is covered in the action plan.

2.3.3 Financial

The Act may influence financial decision making, and there is a substantial section on children's rights budgeting in 4.2.2 of the non-statutory guidance. Note that it is not yet known how the term "to the maximum extent of their available resources" will be interpreted in the context of domestic legislation, and progressive realisation of rights.

2.3.4 Risk Assessment / Management

A risk has been drafted in relation to possible non compliance with UNCRC, Appendix 4.

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

The EQIA template for NHS Fife has been amended to include children's rights, and it is expected that NHS Fife staff will use this. The template for HSCP has already been amended and is used by council employed staff.

2.3.6 Climate Emergency & Sustainability Impact

Children and young people will be impacted to a greater extent by climate change and this will impact on various rights in future, including Article 24 the right to health.

2.3.7 Communication, involvement, engagement and consultation

A communication strategy will be developed with NHS Fife and the HSCP Communications Team in the lead up to 16th July and information about UNCRC and Children's rights will be included on the NHS Fife website, FHSCP websites and approved social media channels.

Within Children's Services, Service Leads and practitioners are committed to ensuring that participation with children and young people is embedded into day-to-day practice but this may need further exploration for the wider organisation. The information gathered from young people and families shapes and informs future practice and enables the identification of service improvements and ensuring a rights based approach.

2.3.8 Route to the Meeting

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

- HSCP Senior Leadership Team on 29th April 2024.
- EDG on 2nd May 2024

The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

Members are asked to take assurance that appropriate preparations are in place in NHS Fife and Fife HSCP for the Act coming into force in July 2024

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife/HSCP draft Implementation group Terms of Reference
- Appendix 2, NHS Fife UNCRC Action Plan V5
- Appendix 3, NHS Fife draft amended stage 1 EQIA to include children's rights
- Appendix 4, NHS Fife and HSCP draft risk for UNCRC

Report Contact

Dr Lorna Watson

Deputy Director of Public Health, Child Health Commissioner

Email lorna.watson@nhs.scot



FIFE CHILDREN AND YOUNG PEOPLE'S SERVICES

NHS Fife UN Convention on the Rights of the Child (UNCRC) Implementation Group

TERMS OF REFERENCE DRAFT

OVERARCHING PRINCIPLES

1. PURPOSE

The UNCRC Implementation Group will support planning, development and delivery for NHS Fife and Fife H&SCP in relation to incorporation of the UNCRC into Scots Law as per UNCRC Incorporation (Scotland) Act 2024.

2. ROLE

The UNCRC Implementation Group will:

- Progress NHS Fife wide approaches to priorities relating to the implementation of UNCRC in an action plan to prepare for implementation on 16 July 2024 and embed UNCRC aligned processes thereafter
- Link with Fife Partnership, as well as national groups including the UNCRC Strategic Implementation Board, NES leadership group, Child Health Commissioners, Together Professional Panel
- Agree education, training and good practice for NHS Fife and Fife Health and Social Care Partnership in line with national guidelines and interagency and health specific requirements
- Agree and capture good practice and share the learning across Acute and Community Child specific services
- Provide updates to Child Health Management Team (CHMT) and Equality and Human Rights Strategy Group

3. REMIT

- To facilitate and support implementation of the UNCRC across NHS Fife and the Fife Health and Social Care Partnership, both child specific and adult or general services.

4. ACCOUNTABILITY

Membership of this working group does not alter the existing arrangements for professional and operational accountability.

Executive lead is Nicky Connor for NHS Fife and Fife H&SCP.

5. MEMBERSHIP

The membership of the group will be a representation of both NHS Fife and Fife Health and Social Care Partnership Staff. Members will be required to identify to the group the mechanism for communication within their sphere of representation. There may be operational subgroups.

Core Membership of the Group will be as follows, where members are unable to attend a deputy should be in attendance. Members are responsible for ensuring that information is shared or action is undertaken within the services they represent.

Current	Suggested new
Child Health Commissioner/Consultant in Public Health	CAMHS
FNP/School nurse lead	Acute- midwifery/paediatrics
Young People's Development Worker	NHS Fife Communication
Children and young people OT	Finance
ADHD specialist nurse	Practice development
Equality and human rights lead	HSCP- adult services
Nurse team lead CYPCNS (Community nursing)	Human resources
Team leader school nursing	
Team leader Health Visiting	

6. REPORTING ARRANGEMENTS

A quarterly flash report will be submitted to CHMT, and reporting to other strategic groups as required, including for information to Equality and Human Rights Group

(ADD in an organigram)

7. MEETINGS

The group will meet no fewer than six times per year however extraordinary and / or additional meetings can be held at the discretion of the Chair to meet identified needs.

Minutes of the meeting will be provided for consultation and information to the Senior Manager for Children's Services.

Appendix 2

Department of Public Health
Cameron House, Cameron Bridge, LEVEN, KY8 5RG

Action plan from the NHS Fife/HSCP UNCRC Short Life Working Group Workshop- based on Self Assessment Framework V5 27/03/24
Blue- strategic, orange- service level, green -comms

No	Action	Lead	Due Date	Progress
1. Leadership and corporate commitment				
	Continue to update senior leadership teams and groups.	LW/ HB	May 2024	LW has slot at Acute SLT on April 9 th . Further paper to PH&WC May 2024, also possibly EDG/HSCP SLT.
	Explore terms of reference of working group and links with others such as Equality and Human Rights.	LW/ HB	May 2024	Terms of reference being reviewed. EqHR group on 2 nd May.
	Embedding into service level priorities, budgeting and planning at all levels of the organisation	All service leads	July 2024	As above, link to comms and training, ensure included in service action plans
	Discuss with finance if can get UNCRC into their plans and processes.	LW	April 2024	LW has linked with finance colleagues to request meeting and rep.
	Consider standard meeting template be alteration to add UNCRC to equality section	LW	May 2024	Include in EDG paper
	Clarify process for Clinical Governance groups be updated for assurance in NHS and HSCP	LW/HB	May 2024	Clarify process/reporting link to 2 above
	Risk register - explore risk that the organisation is not meeting children's rights	LW/HB	May 2024	LC has confirmed need to progress. LW has linked with Pauline Cumming and Avril S, drafted risk wording and mitigation.
	Human resources – policies for those under 18, LW to link with	LW	May 2024	

HR.				
Add in consideration of UNCRC when updating all policies – undertake CRWIA. LW to link with Information Governance/policies lead.	LW	May 2024	LW to link with Hazel Thomson	
Continue to review NHS membership of UNCRC partnership groups	HB/RS	July 2024		
Contribute to consultation on statutory guidance from Scot Gov, LW to co-ordinate	LW	May 2024	Closes 16 May	
2. Participation of Children & Young People				
Work progressing via partnership and Corra bid. The development of a children and young people's panel, at partnership level, a worker recruited to new post to support this. Clarify if appropriate for NHS specific questions, link to Care Opinion	TI	July 2024	TI working on refresh of partnership participation and engagement framework.	
Clarify how feedback given to children and young people after their input	TI	July 2024		
Work on evidencing how children and young people are involved in their own care planning in community child health, acute women and children's directorate, CAMHS, reporting via CHMT	RS/AU/KM Service leads	July 2024	RS to bring to CHMT and discuss with service leads	
Demonstrate embedded in policies and practice- how will this work in acute adult service seeing under 18s, primary care, corporate level decisions.	HB/LW	November 2024	LW meeting with Acute SLT in April, see action 2 above. Further discussion with LC for primary care See action 2 above	
Consent form for photography and recording for young people under 18 being adapted.	DP	July 2024	In progress, DP leading on this	
3. Empowerment of Children & Young People				

	Clear direction to advocacy organisations where needed- link to website and public comms.	LW/RS	July 2024	Link to communications, see below
	Update Advocacy Strategy NHS Fife and HSCP	LW/RS	November 2024	Identify leads for strategies
	Ongoing assessment of barriers to participation and engagement eg are services are still sending out opt in letters to parents in acute and community services.	Service leads, CHMT	July 2024	In progress through 'was not brought' review by BC
	Poverty and travel to appointments to be reviewed.	CHMT	November 2024	Link to 'was not brought' work
4. Child Friendly Complaints Procedure				
	Prepare to adapt processes using learning from national pilot and NES, and partnership group.	Patient relations	June 2024	LW has linked with patient relations, meeting took place
	Workshop to work through scenarios	RS	June 2024	In progress
5. Training & Awareness Raising				
	Link to partnership work, partnership staff survey to be sent out	LW/RS/AU	April 2024	
	Develop specific communications plan for NHS, link to partnership work, including website and lock screen, linking to NES training resources and other resources such as Turas and Together Scotland work, tying in with plans in partnership, including primary care, may include 7-minute briefing,	LW/RS/AU	May2024	LW/RS to send web content and link pages to RC Liaise about comms activity plan, agree plan by April 2024

	Consider work within locality area groups – LW to raise with Jacqui Stringer, LW going to council area committees re DPH report which features UNCRC and health and wellbeing survey.	LW	April 2024	Raised with JS and going to Area committees, links to partnership work going forward.
	NHS Fife induction to include children’s rights content, discuss with practice development and possibly Equality and Human Rights	RS	July 2024	
	Children’s rights to be in the mandatory training plan (3 yearly) and be part of leadership training, linking with practice development and possibly adding on to Equality and Human Rights TURAS Modules	RS	July 2024	
6. Improving Practice – Tools and Resources to Support your Work				
	Working group to meet to streamline EQIA including CRWIA process	LW/RS/TI/IB	June 2024	Draft new EQIA Stage 1 and 2 to be reviewed 2/5/24 at EqHR group
	Clarify if additional CRWIA process needed for children’s services when EQIA not being completed	RS	August 2022	
7. Publishing Child Friendly/Easy Read Information				
	Links to comms plan – what corporate information needs to be in child friendly format	LW	July 2024	Rebecca Connor link in comms, to produce an activity plan
	Community child health and other child services– service managers including health promotion review which public facing documents need to be child friendly	CHMT	November 2024	Identify most important documents to update
	Share guide to child friendly written documents to relevant service managers	RS	April 2024	
8. Measuring Progress				
	Link with partnership Equity/Equality group, and work on indicators.	LW	November 2024	

9. Children's Rights Budgeting				
	LW to discuss with Finance how to incorporate CRWIA into their processes. (as above)	LW	November 2024	NHS Fife Finance to nominate link.
	Identify budget lines specifically supporting children's rights	Finance colleagues	November 2024	
10. Accountability and Reporting on Children's Rights				
	Repeat self assessment and use of other tools in future for NHS and HSCP, linking to partnership self assessment	HB/LW	March 2025	
	Reporting to take place with partner agencies	HB	March 2025	
11. Non Discrimination/Rights at Risk				
	Support national/regional programme of development around speech and language	Speech and language therapy	November 2024	Speech and language rep to be added to Equality/Equity group
	Link to Equity/Equality workstream and Closing the Equity Gap subgroup report, review when ready	HB/SN	May 2024	Dedicated session being arranged to discuss this at CHMT



Equality and Children’s Rights Impact Assessment (Stage 1)

This is a legal document as set out in the

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children’s Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Question 2a: Lead Assessor’s details

Name		Tel. No	
Job Title:		Ext:	
Department		Email	

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	
-----	--

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p>	
<p>Disability – <i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	
<p>Sex – <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>	
<p>Sexual Orientation - <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	

<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluid, nonbinary, etc.</i></p>	
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	

Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

UNCRC Right	Anticipated Impacts & Relevant Mitigations
<p>Article 3 - Best Interests of the Child <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>	
<p>Article 6 & 19- Life, Survival and Development & Protection <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p>	
<p>Article 12 & 13 – Respect for Children’s Views and Access to Information <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>	

<p>Article 22 & 30 – Refugee &/or Care Experienced Children <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p>	
<p>Article 23 – Disabled Children <i>Note: Disabled children should be supported in being an active participant in their communities.</i> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>	
<p>Article 24 & 27 – Enjoyment of the Highest Attainable Standard of Health <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>	
<p>Other relevant UNCRC articles: <i>Note: Please list any other UNCRC articles that are specifically relevant to your proposal.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?
(Please tick)**

Yes		No	
-----	--	----	--

If yes, **who** was involved and **how** were they involved?
If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option	Comments
<p>1. No Further Action Required. Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children’s Rights and Wellbeing Impact Assessment. (CRWIA)</p>	
<p>2. Requires Further Adjustments. Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>	
<p>3. Continue Without Adjustments Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p>	
<p>4. Stop the Proposal Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full CRWIA to fully explore necessary adjustments.</p>	

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)

If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA’s to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	
Email	
Telephone (ext)	
Signature	
Date	

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot

Appendix 4

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Mitigations	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Next Review
Datix generates Proposed Corporate Risk Register TBC				There is a chance that there may be legal challenge if NHS Fife acts incompatibly with the UNCRC (Incorporation) (Scotland) Act 2024, which comes into force on July 16 2024.	likely	Minor	moderate	8	A working group has been preparing for UNCRC, linked to partnership and national work. NES training has been circulated. A self-assessment exercise has taken place and as a consequence the action plan has been expanded in March 2024. Regular updates to EDG and HSCP SLT.	likely	minor	moderate	8	possible	minor	low	6	Nicky Connor	Lisa Cooper	

Rationale for Current Likelihood / Consequence:

Risk takes effect from July 2024, as above.

Rationale for Target Likelihood / Consequence:

Target will not reduce to zero, may reduce over time to once per year, possible, and consequence remains moderate, risk level 6

Strategic Priority:

Primary Committee

Meeting: Public Health & Wellbeing Committee

Meeting date: 13 May 2024

Title: Equality and Health Inequalities Impact of Financial Decisions

Responsible Executive: Janette Keenan, Director of Nursing / Joy Tomlinson, Director of Public Health

Report Authors: Isla Bumba, Equality & Human Rights Lead & Mhairi Gilmour, Public Health Scientist

1 Purpose

This report is presented for:

- Discussion
- Decision

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Legal requirement
- 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
- Person Centred

This report aligns to the following Staff Governance Standard(s):

N/A

2 Report summary

2.1 Situation

Due to current financial pressures, NHS Fife must make difficult choices and compromises in order to meet its financial targets, address operational performance and fulfil its quality and safety responsibilities. Due to timescales, such decisions will be made at pace and it

is important that the organisation consider the impact any proposed changes may have on Protected Characteristic groups and other vulnerable groups that may experience more negative impacts in terms of equality and health inequalities.

The purpose of this paper is to ask EDG to consider incorporating the guidance set out in *Appendix 1*, in the decision making process for all RTP work streams. This will enable early completion of Equality Impact Assessments (EQIAs) for all Reform, Transform, Perform (RTP) proposals. This will ensure the organisation continues to comply with the Public Sector Equality Duty and avoid or mitigate any widening of health inequalities.

2.2 Background

NHS Fife must show consideration of the impact that decisions have on equality groups such as Protected Characteristic groups, and this must be done through the existing EQIA process. NHS Fife is also required to comply with relevant duties, i.e. Fairer Scotland Duty and The United Nations Convention on the Rights of the Child (UNCRC), to ensure financial decisions are made in a fair, transparent and accountable way, considering the needs and rights of communities. It should be noted that work is ongoing to incorporate a Children's Rights Impact Assessment into the Stage 1 EQIA process, as per the UNCRC before its implementation in July 2024. The updated Stage 1 EQIA document will be circulated at the earliest opportunity.

NHS Lothian have developed a guidance document (Making Fair Financial Decisions – Guidance) for decision makers to use when considering financial decisions to ensure they are complying with the Public Sector Equality Duty (i.e. eliminating discrimination, advance equality of opportunity and foster good relations), and to support their existing EQIA process. NHS Fife have amended the Lothian guidance document to ensure health inequalities are also considered, making it applicable to NHS Fife and best complimenting our existing EQIA process at a time when decisions around funding will be made at pace (*see Appendix 1*).

Without EQIAs for RTP proposals, NHS Fife could be deemed to have acted unlawfully if disproportionate negative impacts were found to affect groups of people with Protected Characteristics.

If the potential impact of financial decisions on other diverse and vulnerable groups are not considered, there is a risk that health inequalities are widened and health outcomes will be poorer.

2.3 Assessment

At present, the RTP process is evolving however it is recognised that proposals must move at pace to ensure effectiveness., The current EQIA process can be lengthy and time consuming, and can involve extensive engagement work. Therefore, consideration should be made for decision-makers to undertake 'high level' EQIAs for RTP proposals as

they progress, with the intention to complete a full and thorough EQIA when capacity allows.

Similarly to NHS Lothian, the NHS Fife Equality lead recommends that the guidance document be used to enable a rapid completion of the EQIA and act in support of the existing EQIA Stage 1 document. This will enable decision makers to check proposals for risks of unlawful discrimination, potential disproportionate negative impacts, including widening health inequalities, and explore mitigating actions at the time of working through the proposals, rather than once they have been implemented.

It will likely be difficult for NHS Fife to justify why EQIAs weren't undertaken, despite current pressures and time constraints, should we be questioned on this. NHS Lothian are also being advised to undertake 'high level' EQIAs initially, following this with more in depth assessments when capacity allows.

2.3.1 Quality, Patient and Value-Based Health & Care

If the impact on equality groups and other vulnerable groups has been appropriately assessed, and mitigations made, this will result in minimal negative impact on them, subsequently improving quality and patient care.

2.3.2 Workforce

It is important to assess the impacts of changes on equality groups and other vulnerable groups within our workforce and the risks for unlawful discrimination and widening health inequalities. Without doing so, changes may be deemed unlawful, and health outcomes might be poorer if decisions are found to disproportionately negatively impact certain groups.

2.3.3 Financial

This paper outlines the requirement to EQIA all RTP and subsequent financial decisions. The 'high level' assessment, aided by the provided guidance document, will ensure a standardised approach to minimise risks of unlawful discrimination and widening health inequalities. Without doing so may result in legal and/or financial consequence and poorer health outcomes for more vulnerable groups/places in our population.

2.3.4 Risk Assessment / Management

There are risks to the organisation if decisions progress without due consideration to equalities. This could result in unlawful discrimination and/or disproportionately negative impacts on equality groups if RTP processes do not involve an EQIA in some capacity.

Additionally, there are risks that populations who share Protected Characteristics or other vulnerable groups may be more adversely affected by proposed changes, potentially resulting in poorer health outcomes.

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

This paper relates entirely to equality, diversity, health inequalities and the requirement for appropriate completion of EQIAs.

2.3.6 Climate Emergency & Sustainability Impact

No anticipated impact

2.3.7 Communication, involvement, engagement and consultation

As part of the EQIA process, consultation with relevant groups should be made. Consideration to the extent of engagement required for 'high level' EQIAs must be decided.

2.3.8 Route to the Meeting

Paper supported by EDG on April 18 2024.

2.4 Recommendation

The recommendation is that NHS Fife undertakes high level EQIAs, using the guidance provided in *Appendix 1* for all RTP proposals, with the incorporation of some stakeholder engagement, and with intent to complete a more detailed EQIA for each change at a time where capacity allows.

This paper is provided to members for:

- **Discussion** – For examining and considering the implications of the matter, such as meeting the legislative requirements of undertaking an EQIA for all proposals and the potential negative impact on health inequalities in our population.
- **Decision** – For reaching a conclusion on the following:
 - a. Agree 'high level' EQIA, considering the guidance provided in the Making Fair Financial Decisions document, is undertaken for each RTP proposal, under the assurance that a full EQIA will be completed when capacity allows or continue to use the existing Stage 2 EQIA approach for every proposal.
 - b. To what extent will stakeholder engagement be undertaken for these EQIAs for them to be valid.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Making Fair Financial Decisions - Guidance
- Appendix No. 2, Stage 1 EQIA Form

Report Contact

Isla Bumba

Equality & Human Rights Lead Officer

Email isla.bumba@nhs.scot



MAKING FAIR FINANCIAL DECISIONS

This document provides guidance for NHS Fife staff who are responsible for financial improvement decisions.

Guidance and templates for NHS Fife staff who are responsible for identifying financial improvement opportunities and carrying out an assessment of the equality impact (EQIA) on protected groups or other vulnerable groups of those opportunities is available on the [NHS Fife website](#).

Contact isla.bumba@nhs.scot for EQIA advice or training requests.

Context

Under the public sector equality duties, NHS Fife is legally required when carrying out its public functions and when it is relevant to do so, to have due regard to equality. In NHS Fife, we ensure compliance with our equality duties by assessing the impact that our decisions could have on 'equality' for different protected characteristics groups. This means NHS Fife must proactively consider the effect our decisions may have on our ability to:

1. Eliminate discrimination, harassment and victimisation against people who share relevant protected characteristics.
2. Advance equality of opportunity and good relations between people who share relevant protected characteristics and those who don't.
3. Reduce the inequalities experienced by people facing socio-economic disadvantage.

The requirement to make significant financial improvements means that NHS Fife must make difficult financial decisions. The equality duties do not prevent you from making difficult decisions or stop you from making decisions that may affect one group more than another. They do enable you to demonstrate that you are making financial decisions in a fair, transparent, and accountable way, considering the needs and rights of different members of your community.

5 key equality principles

1. Equal treatment does not always produce equal outcomes.
2. Proportionality is key. Assessing the impact on equality of a major financial improvement opportunity is likely to need significantly more effort and resource.
3. Compelling reasons are needed to agree a financial improvement opportunity that has identified negative impacts or when opportunities to reduce inequalities are not taken up.
4. Stop and rethink if an assessment shows actual or potential unlawful discrimination or the potential to negatively impact the health of the most vulnerable groups in the population.
5. There should be a written record of the consideration given to equality relating to the Reform Transform Perform (RTP) scheme. EQIA reports for all proposed financial improvement opportunities that will be implemented must be approved by the NHS Fife Equality Lead and subsequently published on NHS Fife website within a reasonable time.

Equality questions

Decision-makers in each of the RTP schemes should consider these questions to ensure NHS Fife complies with its equality duties and considers potential negative impacts in terms of health inequalities. The lawfulness of our decisions can be challenged by individuals, groups of people, and external organisations including regulators. If NHS Fife has not complied with the equality duties, the decision can be quashed by the Courts and this may result in a requirement to remake it, this time ensuring we comply with the process.

Overarching equality question

Do I have sufficient information to consider fully the proposed changes and their likely impact on equality and health inequalities for the people who use our services and / or work for us?

Question - when an EQIA has not been done

Am I satisfied with the reasons and evidence used to explain why an impact assessment is not required at all, or at this time?

Questions – when an impact assessment has been done

1. Are the intended outcomes clear - do I know what we want to achieve?
2. Has up to date and reliable evidence been used to do the assessment?
3. Am I satisfied that the risk of unlawful discrimination has been assessed?
4. Do I know what the potential positive and negative impacts on people with Protected Characteristics could be? (consider patients, staff and any others affected)
5. Do I know what the potential positive and negative impacts are on vulnerable populations, people affected by socio-economic disadvantage and places more affected by the financial decisions? (consider patients, staff and any others affected)
6. Have mitigating actions have been considered to meet people’s different needs and to reduce any potential disadvantage, inequalities or health inequalities?
7. Do I understand the reasons for continuing with the proposal despite there being potential negative impacts or missed opportunities to reduce inequalities or health inequalities?
8. How will we know what the actual and long term impacts of the proposals are once implemented?
9. How does this proposal relate to other financial improvement opportunities, and could there be a cumulative negative impact on any equality or other vulnerable groups?

Equality Impact Assessment (Stage 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA.

Consideration of the impacts using evidence and public/patient feedback is necessary.

Question 1: Title of Policy, Strategy, Redesign or Plan

Question 2a: Lead Assessor's details

Name		Tel. No	
Job Title:		Ext:	
Department		Email	

Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?

Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.

Aim	
------------	--

Question 4: Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
<p>Age - <i>think: children and young people, adults, older age etc.</i></p>	
<p>Disability – <i>think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>	
<p>Race and Ethnicity – <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i> <i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background” Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p>	
<p>Sex – <i>think: male and/or female, intersex, Gender-Based Violence</i></p>	
<p>Sexual Orientation - <i>think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>	
<p>Religion and Belief - <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p>	

<p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>	
<p>Gender Reassignment – <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i> <i>Think: transgender, gender fluidity, nonbinary, agender, etc.</i></p>	
<p>Pregnancy and Maternity – <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i> <i>Think: workforce maternity leave, public breast feeding, etc.</i></p>	
<p>Marriage and Civil Partnership – <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i> <i>Think: workforce, inpatients visiting rights, etc.</i></p>	

Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.

Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?
(Please tick)

Yes		No	
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If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Think: Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Question 10: Which of the following ‘Conclusion Options’ applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.

Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.

Conclusion Option 1: No further action required

Where no negative impacts or potential for improvement is identified, no further action is required.

No stage 2 EQIA required.

Conclusion Option 2: Adjustments Made

Potential or actual negative impacts and/or potential for a more positive impact has been identified, therefore appropriate adjustments have been made to mitigate risks and/or make further improvements.

No Stage 2 EQIA required

Conclusion Option 3: Requires Further Adjustments

Potential or actual negative impacts and/or potential for a more positive impact has been identified, but were not successfully made during the Stage 1 EQIA, therefore further adjustments must be made to mitigate risks and/or make further improvements.

Stage 2 EQIA is required to ensure further adjustments are made and appropriate workforce/public/stakeholder engagement has been undertaken.

Conclusion Option 4: Continue Without Adjustments

Continue with Plan, Project, Strategy, Redesign etc despite a potential or actual negative impact or potential for a more positive impact being identified, but the decision to not make adjustments can be objectively justified.

Stage 2 EQIA is required to fully explore the potential to make adjustments by appropriate workforce/public/stakeholder engagement, or to develop evidence for continuing with the plan without making said adjustments.

Conclusion Option 5: Stop

Stop the Plan, Project, Strategy, Redesign etc due to a serious risk of negative impact being identified.

Stage 2 EQIA required to fully explore the serious negative impact and engage appropriately with workforce/public/stakeholders to source solutions to mitigate the serious impact, and where no mitigations found, stop the Plan, Project, Strategy, Redesign etc.

PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA.

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at fife.participationandengagements@nhs.scot to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	
Email	
Telephone (ext)	
Signature	
Date	

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

Return to Equality and Human Rights Team at
Fife.EqualityandHumanRights@nhs.scot

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 21 February 2024)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

Department of Public Health

Cameron House, Cameron Bridge, Leven, KY8 5RG

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 21st February 2024 at 2.30pm via Microsoft Teams

Chair:

Joy Tomlinson (JT) Director of Public Health

Present:

Esther Curnock (EC)	Consultant in Public Health Medicine
Emma O'Keefe (EOK)	Consultant in Dental Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Aileen Boags (AB)	Lead Pharmacist Public Health & Community Pharmacy Services

In Attendance:

Cathy Cooke (CCo)	Public Health Scientist
Fiona Bellamy (FB)	Senior Health Protection Nurse
Brenda Ward (BW)	Executive Assistant to Director of Public Health

ACTION

1. **Welcome and Apologies**
The Chair welcomed everyone to the meeting and apologies for absence were noted from Sharon Crabb, Kemi Oyediji, Lynn Barker and Sue Cameron.
2. **Minute of previous meetings held on 18th October 2023**
The minute of the previous meeting was agreed as an accurate record. The Chair asked for any final amendments to be sent to Brenda Ward by 23rd February 2024.
3. **Review of Action Log**
The action log was discussed by the Committee, actions were updated and closed where complete.
4. **Identified Near Misses, Critical Incidents & Learning**
No Items were raised.
5. **Emerging Issues**
 - 5.1 **Dental Access**
EOK advised the Committee a health debate was taking place in the Scottish Parliament this afternoon and NHS Dental access will be debated. This item has been tabled by a local MSP so it is anticipated will focus on Fife.
 - 5.2 **Winter Vaccination Learning Event**
EC advised that a Winter Vaccination Programme Learning Event was held on 20th February 2024 and a Lesson Learned Report will be taken to the **EC**

Area Immunisation Group. EC agreed to present a slimmed down version of the report to the Committee at a future PHAC meeting.

5.3 High Consequence Infectious Diseases Pathway

The Chair advised the Committee discussions were progressing within the Acute Division to update the High Consequence Infectious Diseases (HCID) pathway from a clinical perspective. In addition, the need to strengthen HCID pathways it has been recognised as an emerging concern by the four Directors of Public Health in East Region. A joint workshop is being arranged by NHS Lothian which will include representatives from all East Region Boards.

6. New prospective risks

6.1 New Risk – Biological Health Threats and Pandemic Preparedness

DFW provided a verbal update for the Committee outlining the proposed new risk descriptor for the Biological Health Threats and Pandemic Preparedness. The Committee discussed whether two separate risks would be more appropriate; a risk to focus on Public Health Biological Threats and a separate risk on the organisational system readiness. The Committee agreed with the proposed next steps, DFW to arrange a SLWG group to; clarify definition of emerging biological threat and to agree the risk descriptor.

DFW

7. Corporate Risks

7.1 Covid-19 Pandemic Risk

The Chair provided an update on the Covid-19 Pandemic risk, which is included on the Corporate Register. A review of this risk along with the updated Deep Dive summary was presented to the Clinical Governance Committee (CGC) meeting on 12th January 2024. The Committee agreed with the recommendation in the report to close the risk as the risk posed to population health from Covid-19 had achieved the target risk level and this has been stable for a number of months. It was agreed that future monitoring will be conducted through updates at the PHAC meetings.

7.2 Health Inequalities Risk

The Chair advised a Deep Dive report on the Health Inequalities Risk, which is included on the Corporate Register was presented to the Public Health & Wellbeing Committee (PHWC) meeting on 15th January 2024. The Committee agreed with the recommendation to increase the target risk level from level 10 (Moderate) to level 15 (High). The increase in the target risk level is a result the cost-of-living crisis and the challenges in implementing some of the recommendations within the Population Health and Wellbeing Strategy. A further amendment to the risk completion date was agreed with the date slipping from March 2024 to May 2024.

JT/RM

An updated report on the Health Inequalities risk will be presented at the next PHAC meeting on 17th April 2024.

8. Review of current risks on Public Health Register

8.1 Risk 528 Pandemic Framework Group

The Committee agreed the risk update provided by DFW, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 12th June 2024.

- 8.2 Risk 1904 Coronavirus Disease 2019 Pandemic
Risk 1907 Public Health Oversight of Covid-19 in Care Homes
The Committee discussed the proposed updates for Risk 1904 and Risk 1907 together. Both risks were created during the Covid Pandemic in 2020 the risk levels and it was agreed that the risk descriptions are no longer reflective of the current situation.

The Committee agreed for Risk 1904 and Risk 1907 to be closed and the residual risk would be monitored through a new risk which will provide oversight of Respiratory Infections for vulnerable settings using the lessons learned from the Covid-19 Pandemic. In the event that the risk posed by COVID19 to population health escalates in future, the Chair agreed this will be escalated to CGC.

- 8.3 Risk 1907 Public Health Oversight of Covid-19 in Care Homes
This item was discussed under item 8.2.

- 8.4 Risk 2331 Local system surge capacity for new variants
The Committee agreed the risk update provided by DFW, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting on 12th June 2024.

The Chair added if we continue to see no changes in population surveillance the Committee may consider closing the risk at the next review.

- 8.5 Risk 2388 Vaccine Preventable Disease
The Committee discussed the risk update provided by EC and agreed with the recommendation to increase the Likelihood from level 3 to level 4 with the Consequence remaining at level 3. The increase is a result of an alert issued by Public Health Scotland in January 2024 on the number of confirmed cases of measles in England and the increase in the number of confirmed cases reported across Europe and in the UK. The overall risk level will increase from Moderate 9 (Likelihood 3, Consequence 3) to Moderate 12 (Likelihood 4, Consequence 3) and the next review will be at the PHAC meeting on 17th April 2024.

The Chair advised the Committee a Measles Preparedness Briefing report, prepared by EC, was presented to EDG on 15th February 2024 and will be presented at the PHWC meeting on 4th March 2024.

9. **Governance Reporting**
EOK advised the Committee the Annual Assurance Statement for Dental Services & Oral Health will be presented at the PHAC meeting on
21st August 2024.

The Chair advised the Annual Assurance Statement for PHAC will be presented to the PHWC meeting on 13th May 2024 and the Committee will have an opportunity to review and approve at the PHAC meeting on 17th April 2024.

JT

10. Any Other Competent Business

10.1 Update on Adult Breast Screening Position

CCo provided an update on the Adult Breast Screening position in Fife and advised the programme is sitting at a screening interval of between 36-37 months.

In North-East Fife, the next round of screening is due to commence in 2025. Two practices, Ladybank and Auchtermuchty, may be screened towards the end of 2024. This is as a result of both practices being screened by the South East service during the last round to help with Covid recovery.

In South-East Fife, the Adult Breast Screening is underway in Dalgety Bay and Pathhouse Medical Practice in Kirkcaldy. As a result of Pathhouse Medical Practice merging with Nicol Street Surgery the former Practice is being screened earlier and an ongoing monitoring of the change will be carried out.

10.2 Update on Cervical Screening Audit

CCo provided the Committee with a verbal update on the national Cervical Screening Audit and advised the majority of General Practices in Fife were engaging well and 45 out of 52 Practices (78%) have either commenced or completed evidence upload for their patients. The process of evidence reviews and cohorting is taking longer than anticipated and as a result the Audit will not be completed by the original target date of March 2024. Fife are working towards an internal target of completion by June 2024, which is subject to additional support being available. A bid has been submitted to Scottish Government for additional funding for the 3-month period (April-June 2024) and to date no response has been received. CCo advised Kemi Oyedeji (OO) is attending the Fife Practice Manager Association Managers meeting today to discuss the Audit. The Chair thanked CCo for the update and asked for a progress update to be provided at the next PHAC meeting on 17th April 2024.

CCo

10.3 Proposed Static Breast Screening Site in Fife

CCo presented the Committee with a report on the proposed establishment of a Satellite Static Unit in Fife for Breast Cancer Screening. The report outlined the drivers for this new site, which include increased demand and fulfilling the ambitions set out in the national review of Breast Screening. The recommendations included developing a business case for the static site, seeking funding for a pilot project and carrying out scoping work on a possible location for the Satellite Screening unit. The Committee supported the recommendations and agreed for the report to be taken through the appropriate Governance Committees in NHS Fife and NHS Lothian as the hosting board.

11. Any Issues to Escalate to Public Health & Wellbeing Committee

No items were raised.

12. Date of Next Meeting

Wednesday 17th April 2024 at 2:30pm