

Fife

Annual Delivery Plan

2022/23

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1 Introduction and Context

This is the Annual Delivery Plan for health and care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for 2022/23. The plan has been constructed reflecting on the experience of the last 2 years and focusses on the immediate term recovery from the COVID-19 pandemic.

The Scottish Government commissioning letter recognises the need for our health and care system to stabilise and improve with the focus on a limited set of priorities for 2022/23 to enable our system and workforce to recover from the incredible pressure experienced over the past two years and is still experiencing.

2 Context

The delivery plan provides an overview of our strategic planning work, including the alignment of national and local priorities and the agreed NHS Fife corporate and functional objectives for 2022/23.

At the time of writing, the NHS has come out of emergency measures however, COVID-19 continues to be present across the range of hospital, primary and community health and care services. This brings a significant challenge and focus on the need to adapt the planning and delivery of our health and care services for the future, as we learn to live with the ongoing impact of COVID-19.

The current pressure across the health and care system continues to impact on our services in terms of increased unscheduled and urgent care and a reduction in the levels of elective care possible during this time. This combined with the ongoing challenge of maintaining workforce levels is putting the overall health and care system under sustained levels of pressure.

The reduction to aspects of elective care has resulted in an increase in waiting times for patients but also appears to be causing an increase in A&E attendances and emergency admissions as patients waiting for treatments and procedures become more acutely unwell. NHS Fife has continued to deliver as much of the elective programme as possible however there remains a significant challenge in both bringing elective capacity back to pre-COVID-19 levels and managing the demand for unscheduled and urgent care.

As capacity continues to be challenging, we must work with the Scottish Government, our staff and public to manage expectations of service provision given the resources available. The next few years will be critical in bringing balance back to the health and care system.

The Annual Delivery Plan have been discussed at the private sessions of the Finance, Resource and Performance Committee, the Staff Governance Committee and NHS

Fife Board in July before submission to Scottish Government. Updates will be provided to other key stakeholders including the Area Clinical Forum, Area Partnership Forum and Integration Joint Board (IJB).

3 Approach to Planning for 2022/23

We continue to align to the guiding principles of whole system, safe and person-centred care, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

3.1 Planning Assumptions

The following planning assumptions underpin our delivery plan:

- There is still significant impact of COVID-19 on the health and care system including non-emergency services and our services will require to be adaptable to further waves
- Balancing the capacity to deliver non-COVID-19 services whilst living with COVID-19 and taking into account other seasonal demands and clinical prioritisation
- Level of services pre-pandemic have not resumed
- The extended role of Public Health will continue
- Continuation of the vaccination programme for COVID-19 and Influenza, aligned to the wider vaccination transformation programme for 2022/23
- Redesign of Urgent Care and Unscheduled Care Collaborative will change the models of urgent and emergency care services
- Extend and embed digital health and care into our models of care
- Primary and Community Care pathways will include self care
- Consideration of the National Care Service implementation on all strategic planning
- Data analysis and evidence will support planning and decision making
- Mutual aid, joint working, regional approaches and support from National Boards will be embedded in local planning and delivery.

3.2 Strategic Planning

Strategic planning continues to be aligned to the 4 strategic priorities for NHS Fife:

- To improve health and wellbeing
- To improve the quality and safety of health and care services
- To improve staff experience and wellbeing
- To improve value and sustainability

As the ADP covers services operationally delivered by the Health and Social Care Partnership and governed by the Fife Integration Joint Board, there are priorities in the IJB strategic plan included in this document. The strategic plan for the Health and Social Care Partnership is currently refreshed and a new plan will be in place by November 2022.

The key focus for 2022/23 is the development and publication of the Population Health and Wellbeing Strategy. The Strategy has a focus on population health, improving inequalities, health and wellbeing, and recovery for COVID.

The Strategic Planning and Resource Allocation Process (SPRA) is now an established strategic planning tool in its third year. SPRA has been undertaken for 2022/23 to support strategic, financial and workforce planning. The actions from SPRA have been used to inform this Annual Delivery Plan as well as NHS Fife's Corporate Objectives, Financial and Workforce Plans for 2022/23.

Supporting the delivery of national and local priorities in Fife is the Corporate Programme Management Office (PMO). The team provide programme management, quality improvement support and project support to the service teams to deliver on the strategic and operational objectives through effective programme and change management.

NHS Fife's Integrated Performance and Quality Report, the key report for assurance of performance, within the organisation has been reviewed during 2021/22 in line with Active Governance and a revised format and metrics adopted to provide assurance to the Board. The improvement actions for each 'at risk' metric is now directly related to the objectives, risks and delivery actions through SPRA and this document.

A team from Acute Services and the Planning Department in Fife is working with the Whole System Modelling (WSM) in Public Health Scotland primarily planning using emergency admissions modelling. This has been part of the COVID response planning for the past 2 years and is continued to be used. Initial scoping work has been carried out for elective care modelling but this is still at very early stages.

3.3 Governance arrangements

The executive led Portfolio Board, established in 2021, has oversight of the strategic programmes including the delivery of the PHW strategy. This includes all members of the Executive Directors' Group and is supported by the Corporate PMO. The role of the Employee Director is an essential aspect of this group, to support effective partnership working and ensure the voice of staff is heard. In addition, senior leaders from across the organisation are represented and support the range of programmes and projects underway.

The Portfolio Board reports to the Public Health and Wellbeing Committee of NHS Fife Board.

The timeline for discussion at key stakeholder meetings with some dates beyond the SG submission date.

Timeline for sharing Annual Delivery Plan with key groups

30 June 2022	Shared with EDG
12 July 2022	Report to Finance, Performance and Resource Governance Committee in Private Session
14 July 2022	Report to Staff Governance Committee in Private Session
26 July 2022	Report to NHS Fife Board in Private Session
27 July 2022	Submission to SG
<u>Future Dates</u>	
6 Oct 2022	Presentation to ACF
21 Sept 2022	Presentation to APF

4 Local Priorities

4.1 Population Health and Wellbeing Strategy 2023-28

The Strategy will be NHS Fife's key strategic document going forward planning for the medium to long term. Health and care services continue to remain under challenge as COVID is still present in the community and is still impacting on health services, the public and staff. This must be reflected in this strategy.

There are 4 key parts of the strategy development: review of the Clinical Strategy 2016-21; a Health and Wellbeing Review; Public and Staff Engagement; and recommendations for Population Health and Clinical Services. The milestone plan illustrates the specific activities and sequencing of the work to be undertaken including independencies as well as the governance of the process and strategy.

4.2 Financial Improvement Plan

During the last two financial years, the organisation has been, understandably, limited in the work required to work towards reducing and removing its underlying financial deficit of c. £25m. However, despite the pandemic, the organisation progressed work through its Strategic Planning and Resource Allocation (SPRA) process to develop plans and infrastructure to deliver against the important organisational challenge of achieving financial balance. Consequently, the Financial Improvement and Sustainability (FIS) programme has been established to deliver this.

4.3 Management of Corporate Risks

As part of the review and development of our risk management arrangements, a Corporate Risk Register (CRR) is being established to replace the current Board Assurance Framework (BAF). This will contain the highest scoring risks from across the organisation that have the potential to affect the whole organisation, or operational risks which have been escalated.

The corporate risk profile is being developed by the executive and senior teams in partnership and involved consideration of existing and potential new risks. It is expected that Corporate Risks will be reported to the Board by late 2022 and risk appetite will be a key consideration underpinning escalation decisions.

The Board has recently considered the level of risk it is prepared to tolerate under each of the four strategic priorities. This statement of risk appetite will be used by the Board going forward when considering strategic and operational decision-making.

4.4 Anchor Institution

NHS Fife has the ambition to establish itself as an Anchor Institution in Fife. The Board members, Executive Directors Group and Acute Services Management Team have all been part of its development with further engagement with NHS Fife's Area Clinical Forum and Area Partnership Forum.

The Anchors themes will be threaded through the Population Health and Wellbeing Strategy with the local Anchor Institution Programme Board agreeing key themes set out by the Health Foundation.

The areas being focussed on are:

- **Employability:** Current existing and emerging areas of Anchor Intuition work within Fife include Kickstarter and No-one Left Behind. These programmes are a review of employability processes, widening access to work and offering career opportunities to local people from deprived or excluded communities.
- **Procurement:** NHS Fife procurement team is exploring the areas of procurement that could go into our local economy. Establishment of a Community Benefit Gateway is underway, working with Community Planning Partners. NHS Fife Anchors work is linked closely to Fife's Community Planning Priorities, where Executive Directors are members of our most senior strategic planning partnerships.
- **Sustainability:** Development of sustainability plans are underway, developing a new NHS Fife Greenspace Strategy with the inclusion of our Community Planning Partners.

4.5 Climate Change

NHS Fife is in the process of implementing the revised policy for NHS Scotland on the Climate Emergency and Sustainable Development DL (2021) 38.

A Board Champion (Director of Public Health) and an executive lead (Director of Property & Asset Management) have been agreed and the implementation of the policy is one of the 25 corporate objectives for 2022/23. The resources required to implement the policy are also part of the Strategic Planning & Resource Allocation (SPRA) process for 2022/23.

An increase in our dedicated and specialist workforce will be required to implement the Climate Emergency and Sustainability Policy, specifically in respect of the roles required by the Policy set out above. Sharing skills and technical expertise in relation to Climate Change and Sustainability presents a key opportunity for a regional approach and there will be requirements to develop the roles, knowledge, and skills of staff across the NHS to support the delivery and development of the Strategy.

NHS Fife now employs two students from the University of St Andrews as interns over the summer period to allow for further planning and implementation of greenspace and sustainable travel.

Notwithstanding the need to develop core capacity and expertise within NHS Fife, there is an opportunity for shared learning and development of expertise across the East Region. In order to support this collaboration, an East Region Climate Emergency and Sustainability Group is proposed with membership from the executive leads in each Board and other relevant colleagues.

The initial priorities for sharing capacity and expertise have been identified as follows:

- Climate Change Adaptation and Risk Assessment
- Green space and Biodiversity
- Sustainable Travel Planning
- Environmental Management System requirements

Interest and commitment of staff to a Greener NHS continues to grow and there are clear synergies and opportunities in relation to staff health and wellbeing, for example in relation to active travel, access to green space and positive staff engagement. A recent successful workshop had identified a shared interest with partner organisations in Fife and is the start of the process of developing a shared vision and strategy for the improvement of our greenspaces and biodiversity. Fife benefits from strong local relationships with partners, NHS Fife and Fife H&SCP are already contributors to the River Leven Programme and exploring opportunities for joint work on greenspace.

An investment of £1.8m funded by Scottish Government has allowed for several energy- saving measures such as solar arrays and LED lighting to be implemented in a variety of sites which will lead to a significant reduction in Carbon emissions and a corresponding saving in utility bills. Further proposals are being developed to decarbonise several hospital and other sites. Any new build projects include a range

of measures to ensure they meet future requirements such as net zero and removing fossil fuel sources.

Discussions are underway with the PPP service providers in line with new guidance issued by Scottish Future Trust (SFT) in terms of what opportunities there may be to de-carbonise the 2 key assets within Fife.

4.6 Fife Immunisation Strategic Framework 2021-2024

NHS Fife and Fife HSCP have worked collaboratively to develop a 3-year Immunisation Strategic framework 2021-2024. The vision is for '*A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course*'.

Four high-level priorities for action were identified following an in-depth review process that took place in 2021, and significant progress was made towards these in 2021/22. Achievements during this period include the full transfer of immunisations from General Practice through the completion of the Vaccine Transformation Programme in March 2022, and the delivery of the extended flu and COVID vaccination programmes.

A key focus for 2022/23 is completing the transition to an integrated Community Immunisation Service that brings together the governance and delivery of vaccinations across the life-course, including flu and COVID vaccination, childhood, adult and selected vaccinations. A new equality impact assessment will be published in 2022 to reflect these changes in the service, and actions will focus on ensuring equitable access for vaccinations, targeted work to reduce inequalities in uptake and engaging with our partners in local communities to promote the service and build trust in vaccinations.

A further priority for 2022/23 will be strengthening local monitoring and evaluation processes by making effective use of emerging digital support tools. Significant progress was made in 2021/22 to recruit to a sustainable immunisation workforce, and activity for 2022/23 includes further exploration of synergies with the Community Treatment and Assessment Care Centres (CTAC) workforce, developing career frameworks, and enhancing the prescribing function within the service.

5 Workforce

5.1 Staff wellbeing

Providing a healthy working environment which supports, promotes, and protects the physical and mental wellbeing of our employees is an integral part of the NHS Fife and Fife Health & Social Care Partnership Workforce Plans for 2022-2025. The plans outline how we integrate support for our employees to stay well into all of our work. We have made supporting wellbeing and maximising attendance a key focus of our

recovery work in 2022/23. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff.

We have a multidisciplinary team, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals delivering a broad range of workplace and related staff support services, co-ordinated by the Staff Health and Wellbeing Group. Our commitment to Wellbeing is evidenced by NHS Fife holding the Healthy Working Lives Gold Award since 2016. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



The NHS Fife Staff Health & Wellbeing Framework due to be published by the Summer of 2022 will detail our range of commitments and will support the ongoing review of the effectiveness of our work in this area to maximise the support to our employees. Through this work we will also continue to integrate the national work on Wellbeing and align to the ‘Nurture’ ambitions of the National Workforce Strategy for Health & Social Care in Scotland.

5.2 Recruitment and retention of workforce

NHS Fife recognises and is committed to addressing the challenge of building a sustainable workforce and the need for us to recruit and retain staff to achieve this aim. We are aligning our work to the ambitions of the National Workforce Strategy for Health & Social Care in Scotland with particular emphasis on the Attract, Train and Employ pillars. During the emergency response phase of the pandemic, we have recognised the need for our work to balance across short-, medium- and long-term resourcing commitments.

In the last 12-month period we have progressed the launch of our new East Region Recruitment Shared Service model to create a modern, sustainable recruitment function as well as using innovative recruitment approaches through targeted local and national campaigns aimed at targeting a range of job groups.

We have increased our recruitment of Band 2 to 4 Nursing & Midwifery roles utilising the additional Scottish Government funding allocation for 2021/22 and introduced our International Recruitment service through the Memorandum of Understanding with Yeovil District Hospital NHS Foundation Trust welcoming our first cohorts of Nurses and Radiographers.

Work on our Employability agenda has commenced, with a range of activity to identify and deliver enhance training and job support to our local communities with the Kickstart initiative being a positive organisational commitment in 2021/22. Progress with our second year Employability action plan is underway, which aims to extend and expand our range of training and support initiatives for our local communities

Building on this work over the next year we aspire to fully implement the East Region Recruitment Shared Services model, working with partner Boards in ensuring the development of enhanced recruitment processes for mutual benefit.

Taking lessons learned from our targeted recruitment efforts to continue to innovate to support delivery of our strategic recruitment approach, we continue to look at how we promote NHS Fife as an employer of choice using a values-based approach, engaging with staff to look at workforce practices including agile working which enhance experience and complement the development of our services.

Actions are ongoing to develop and deliver strategic and career frameworks for NMAHP Bands 2 to 4, providing enhanced career pathways for our Nursing & Midwifery workforce building a sustainable pipeline of International Recruits through our partnership working arrangements and in collaboration with the National Centre for Workforce Supply.

6 Recovery and protection of planned care

6.1 Planned Care Activity

The recovery of planned care is an organisational priority. Maintaining the level of capacity required within Victoria Hospital, Kirkcaldy continues to be challenging, due to the unprecedented demand for urgent and unscheduled care. As a result, every effort has been made, where appropriate, to maximise the capacity and opportunity available within the day surgery unit at Queen Margaret Hospital, Dunfermline. Activity at Queen Margaret Hospital relates to urgent and routine elective surgery, with Victoria Hospital mainly focusing on the more urgent and complex cases. All trauma and emergency procedures are performed at Victoria Hospital, however there are plans to move some procedures back to Queen Margaret Hospital later this year.

In the week ending 3 July 2022, Outpatient and TTG activity was at 90% and 85%, respectively, of the activity that was scheduled pre-pandemic. NHS Fife's ability to

achieve 100% of pre-pandemic activity is being impacted by continuing restrictions due to physical distancing, enhanced infection control as well as unscheduled care pressures. The recovery plan submitted to Scottish Government in March 2022 was based on our previous approach of achieving a sustainable position in Fife, where waiting list funding has been directed to substantively recruited posts enabling us to build our capacity over time to meet an historical recurring capacity gap. Additional resource has been requested in order to deliver 100% of pre-covid activity and prevent further increase in the waiting list size during 2022/23.

The result of reduced activity, coupled with an anticipated increase in referrals, will in effect lead to increased waiting list size for Outpatients and for TTG which is evidenced by a month-to-month increase basis at present.

On 6 July 2022, the Cabinet Secretary for Health confirmed new targets to eliminate long waits for planned care:

Outpatients



Inpatients/daycases



At the time of writing, work is underway to identify the actions required to achieve these targets and to understand the financial and workforce implications. These revised targets and accompanying plan will provide an opportunity to agree with the Scottish Government what is possible with the current level of funding and what is required to accelerate recovery. The exception to this will be Orthopaedics, which after January 2023 and the opening of the Fife Orthopaedic National Treatment Centre (FNTC), that will see an additional 336 joints scheduled each year. Staff absence and continuing unscheduled care pressures remain a significant challenge to the delivery of planned care services.

6.1.1 Centre for Sustainable Delivery

Clinical and managerial teams with our Acute Services have engaged with the national Centre for Sustainable Delivery (CfSD) team to understand the revised Heat Map process. The Heat Map for Fife is a visual graph that illustrates Fife's progress against national improvement projects including the productive opportunity (e.g., number of Outpatient appointments saved) for each project. There is a workplan underneath that plans the delivery of these projects with timelines.

Specialty meetings have been undertaken with clinical and operational leads to discuss improvement potential. Data reports are being generated to be able to evidence local improvement to ensure sustained improvement; this will make the ongoing reporting of data more meaningful.

A co-ordinated data-led improvement planning exercise is underway. NHS Fife have a long history of involvement with the Scottish Access Collaborative and has contributed to and learned from collective best practice. This will continue through engagement with the CfSD and will be driven by our local Integrated Planned Care Programme Board.

Active Clinical Referral Triage (ACRT) is progressing well and there are plans to continue to roll out over most specialties.

At present there is an administration review of long waiting patients both on OP waiting lists and patients waiting on treatment or a procedure. Discussions are taking place on how we can implement clinical review of patients who have endured significant long waits. Initial thoughts are for clinical review of TTG patients waiting longer than 18 months. It is recognised that there is little justification for reducing clinical activity to focus on review of long waits. In outpatients, we continue to prioritise urgent and urgent suspicion of cancer patients and those routine patients who have been waiting the longest.

6.1.2 Supporting patients to wait well

We recognise that some patients have been waiting a long time and therefore we write to them to confirm they still require their procedures or to be seen and provide a number to contact if they have any concerns or if their condition has worsened. This resulted in very few responses or reduction in the number of patients on the waiting list. We are developing a revised process initially concentrating whereby medical secretaries will contact very long waiting patients by phone and also intend to include signposting to appropriate patient information.

As we move toward completion and commissioning of the National Treatment Centre (Fife Orthopaedics) later this year, therapy resource will be utilised to establish a flexible Occupational Therapy / Physiotherapy service working across 7 days. It will also be utilised to embed a digital first approach to orthopaedic preassessment and to

work with arm's length external organisations (ALEOs) to consider universal, targeted and specialist waiting well programmes.

6.2 Cancer

6.2.1 Prehabilitation

Scottish Government funding was secured to support Prehabilitation in eight Maggie's Centres across Scotland, including Fife. Centres have been working with site specific specialties for self-referral or referral from other specialties as well as drop-in support. Films have been developed for each centre and staff have undertaken additional training including nutrition training. The Pilot is up and running in Fife with a focus on colorectal cancer with access for this group for emotional, nutritional, and physical wellbeing however, centres are also accepting referrals from anyone with cancer.

Pathway Navigators have been recruited to support patients as they progress through their pathways. A Single Point of Contact Hub is currently under development to ensure patients referred urgent suspected cancer or who are diagnosed with cancer are able to access timely information about their journey and be signposted as required for more advanced support. The Hub will work closely with tracking staff to ensure patients receive timely appointments as they progress through a targeted pathway.

6.2.2 Early Cancer Diagnosis Centre

An Early Cancer Diagnosis Centre pathway (ECDC) was established in Fife on 1 July 2021 to enable GPs to refer patients who have non-specific but concerning symptoms. The aim is to provide a diagnosis within 21 days of referral. This is a nurse-led service supported by a Pathway Navigator and lead clinician. Over 700 patients have been referred via this route, 16% of which received a cancer diagnosis. Slots have been ringfenced to allow swift access to CT. Discussion is underway regarding expanding the principles of ECDC into tumour specific types, which will also incorporate Active Clinical Referral Triage (ACRT). We will also be exploring GP direct access to CT to further enhance services.

6.3 Recovery of diagnostic activity

Whilst endoscopy services have re-commenced, including the Regional Endoscopy Unit, patients requiring colonoscopies are admitted on a non-respiratory pathway and those requiring upper gastrointestinal scopes receive a point of care test for Covid-19 on arrival. Physical distancing and enhanced infection control procedures remain in place and lead to reduced capacity. As there is also reduced capacity due to recruitment difficulties and staff absence, patient priorities at this time remain urgent suspicion of cancer, urgent and Bowel Screening patients.

Plans for the additional activity for 2022/23 are in place but we are awaiting confirmation of funding from the Scottish Government. If the funding requested is confirmed, we will achieve over 100% of pre-covid activity by Q2. The focus will be on

seeing patients based on clinical priorities, stabilising the waiting list size and reducing the number of long waiting patients. Should the guidance on enhanced infection control procedures reduce, then this may have an additional positive impact on the capacity available.

Cytosponge continues to progress well, following adoption in Fife in late 2020. These clinics are currently run by our GI Specialist nurse team, for symptomatic and surveillance patient groups with 68 patients having had this procedure since April 2022 and it is envisaged that activity for 2022/23 will be around 600 for the year.

Colon Capsule (CCE) commenced in NHS Fife in May 2022, following successful implementation of our new Endoscopy Management System (EMS). From this date 17 patients have had CCE, and it is anticipated that annual activity will be around 300 cases.

Confirmation of funding for Cytosponge and Colon Capsule is awaited.

Radiology has remobilised but has seen a significant increase in demand for inpatient imaging and urgent outpatient referrals and has had to focus activity on supporting hospital flow and urgent imaging. Extended days and weekend working remain in place.

As part of a national review of radiology capacity and demand and 5-year recovery plan, NHS Fife has submitted plans to the Scottish Government to increase capacity to meet current and future demand and reduce the backlog in patients waiting for routine imaging.

These plans also address the associated equipment and staffing requirements based on a sustainable workforce plan which includes the development of assistant practitioner posts, trainee sonographer posts and of reporting radiographers.

The plan submitted for 2022/23 includes the replacement of a CT scanner and provision of an additional Ultrasound scanner funded by the National Imaging Equipment Board.

Plans for the additional activity are in place but we are awaiting confirmation of funding from the Scottish Government. If the funding requested is confirmed, we will achieve 144% of pre-covid activity in Q1 and Q2 and 121% in Q3 and Q4. The focus will be on removing the backlog of patients waiting, reducing the waiting list size and implementing sustainable workforce solutions.

6.4 Other Services

6.4.1 Community Children and Young People Services

The focus of children and young people's services will be on the implementation of two key strategic documents – the revised Guidance for Child protection and The Promise.

From a Fife perspective, the proposal is to create an implementation group which will coordinate the implementation of the guidance. There will be 5 strands of work that the implementation group will focus on

- Digital and data
- Workforce
- Communication
- Quality assurance and evaluation
- Interagency Referral Discussion (IRD) Process

The Promise

The Promise is a 10-year plan to improve outcomes of children who are looked after and those on the edge of care and was published by the Care Inspectorate in 2021.

The focus of the work in relation to the promise is set out below in keeping with the 5 priority areas, the five fundamentals and the 5 foundations (Voice, family, people, care and scaffolding). This will be taken forward in partnership with colleagues in children and families services

Health Visiting Pathway

The Universal Health Visiting Pathway (UHVP), (Scottish Government, 2015) (Appendix 1) was launched in 2015 as the framework of practice for the refocused Health Visiting roles as intimated in CEL13 (Scottish Government, 2013) (Appendix 2). To ensure that the

- Health Visiting Service will deliver against UHVP, GIRFEC and CYP (Scotland) Act 2014.
- All pre-school children in Fife will receive appropriate assessment, intervention and evaluation to support families in meeting children's health and wellbeing needs and improve long- term outcomes.

There will be a focus over the next 3 years to increase and stabilise the workforce in line with the case load weighting tool used to ensure that Safe staffing levels will be achieved, reducing the risk that the organisation will not deliver against national aims, objectives and statutory obligations as outlined in policy and law (GIRFEC and CYP Scotland Act 2014).

Children will receive adequate assessment to determine whether their health and wellbeing needs are being met. This will reduce the risk of unidentified needs and allow for early intervention resulting in improved outcomes for children.

6.4.2 Acute Women and Children Services

The publication of Scottish Government's Women's Health Plan (WHP) has raised the profile of women's health needs throughout their life stages with one in three women experiencing a reproductive or women's health problem at some point in their life. Gynaecology Services therefore need to be responsive to their needs.

The areas being considered for NHS Fife patients are:

- Deprivation is known to reduce life expectancy and additionally, in 2020, the termination of pregnancy rate was over two times higher in the more deprived areas.
- Increased public awareness and focus on the impact of the Menopause is understandably resulting in increased demand. Management strategies must be remodelled to meet the demand and expectation of women going through menopause.
- Collaborative working across all sectors is required to address the key outcomes as detailed in the WHP:
 - Menopause
 - Endometriosis
 - Abortion and contraception
 - Postnatal contraception
 - Women's general health
 - Miscarriage
 - Breastfeeding
 - Mental Health and Wellbeing

The redesign of Gynaecology Services is underway, to ensure services meet the needs of women, whilst providing a safe, clinical environment, including a 24/7 front door emergency service including triage and emergency assessment, plus a post-surgical inpatient area.

Waiting well is a key component of managing Gynaecology waiting lists with the implementation of Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) to support.

In relation to the Women's Health Plan, an oversight group has been established that meets every 2 months to review the progress of the subgroups working on the key priorities within the Plan. Initial indications show positive engagement from clinical staff with some good progress already made.

Within inpatient Surgical Paediatric services, patients have continued to be prioritised in a timely manner, and work is now in progress to target the longer waiting patients

with a significant proportion of patients have now been appointed and a plan is in development to address the remaining patients.

Current Out-patient activity in Acute Paediatrics is returning to pre-pandemic levels but with some persisting restriction related to physical distancing. Whilst providing near sufficient out-patient capacity to meet previous and anticipated levels of demand, there remains insufficient capacity to address the backlog of new patients which developed throughout the pandemic. Work is ongoing to optimise capacity and address this backlog in as timely a manner as possible.

Progress is being made in reviewing the Community Paediatrics workforce, exploring skill mix opportunities to increase capacity and access to Community Child Health services.

The anticipated re-launch of the Best Start programme will focus local action on the development of a sustainable approach to the provision of Transitional Care in the new-born period. Consideration is also being given to the effects of further re-organisation of local and national Neonatal Intensive Care services on local skills development and maintenance and future medical workforce recruitment and retention.

7 Stabilising and improving urgent and unscheduled care

7.1 National Urgent and Unscheduled Care Collaborative

Following the launch of the national Urgent and Unscheduled Care Collaborative on 1 June 2022, Fife are in the process of providing a summary of key productive opportunities for improvement across the eight high impact changes. This has been carried out via a collaborative, system-wide self-assessment of current progress against the eight high impact changes. Key priority areas have identified via the self-assessment tool, and these includes programmes already underway such as the Redesign of Urgent Care, or link to aspects of other wider programmes such as the Primary Care Improvement Plan. Work is ongoing to establish the most effective local delivery teams and programme structures.

Within each of these priority areas, improvement plans will be further developed with key trajectories and linkage to key performance measures. Along with reporting to the national team, all project workstreams have operational delivery groups in place reporting to the NHS Fife Programme Board on a monthly basis, and onwards to the Portfolio Board.

Pathway development is focussed on preventing admission to acute sites through community interface and jointly supported services. Respiratory Pathways will incorporate closer working across the acute and community services including the Specialist Community Respiratory Nurse Team, Community Pharmacy and General

Practice. The aims of this approach will be to ensure that those with a chronic respiratory condition will be able to remain in their own home and avoid unnecessary or prolonged admissions to hospital for acute presentations of their condition. This has already started to take shape in Fife and has been demonstrated to improve the patient journey.

The Discharge without Delay (DwD) programme will be implementing Planned Date of Discharge (PDD) and minimise length of stay with streamlining of discharge processes and ward practices.

7.2 General Practice appointments

NHS Fife GP Practices offer a combination of face-to-face, and virtual consultations and a recent localised audit found that 75% of those patients seen virtually did not require to be seen face-to-face. Whilst there is some variation, this is supported by a wider multidisciplinary team (MDT) of Physiotherapists, ANPs, Treatment Care nurses and pharmacists, as expert generalists employed by the HSCP.

Through the continued implementation of the GMS (2018), we will continue to increase the wider MDT support to all practices across Fife, releasing GPs to focus on patients with more complex needs and chronic disease management. We plan to have delivered all three priority areas outlined within Memorandum of Understanding 2 (MOU2) by March 2023, which are:

- Community Treatment and Assessment Care (CTAC) Services
- Vaccination Transformation Programme (VTP)
- Pharmacotherapy

We have individual improvement plans in place with practices who are having sustainability challenges, with support from the wider cluster and HSCP services. Overarching plans are in place to support practices more broadly, including introduction of an MDT resilience team to support practices facing sustainability challenges and recruitment of rotational posts with 2c practices, including Physician Associate posts.

We will develop a dataset to allow us to understand GP activity, starting with 2c practices and work with Public Health Scotland (PHS) to develop a local dataset in parallel to the national data project.

7.3 Accessing Unscheduled Care

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) puts in place the legislative framework to integrate health and social care services in Scotland. Section 29(3)(a) of the Act requires each Integration Authority to establish at least two localities within its area. In 2018, Fife HSCP implemented Locality Planning Core Groups across seven areas.

The locality groups work closely with local communities. Group membership includes representatives from HSCP, Fife Council, NHS Fife, Community/Third sector, Police Scotland, Public Health Scotland, carers and local people. The aims of these groups are to:

- Support GPs to play a central role in providing and co-ordination care to local communities, and, by working more closely with a range of others including the wider primary care team, secondary care and social care colleagues, and third sector providers – to help improve outcomes for local people
- Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care

To address health inequalities in accessing unscheduled care, the locality groups consider the data profiles produced by Public Health Scotland and engage with stakeholders to understand the local population needs. The local information will inform targeted approaches to raising awareness.

Focus is to provide the right care, at the right time, in the right place and key part of this is looking to move unscheduled presentation to urgent or even scheduled care. In line with the Redesigning Urgent Care Programme, we have sought to prevent unscheduled presentations through providing access to our local Flow and Navigation Centre, via NHS 24, as a single point of access. An initial clinical assessment via a senior clinician can occur within patients own home prior to a decision on the need to travel to an unscheduled care site.

In and out hours, the wider Urgent Care offering allows patients to be seen within their own practice, at home or within one of the three centres across Fife. Where patients need to be seen within a centre, patients are supported via a taxi to attend. With unscheduled care mental teams, working closely with our GP OOH service, there are sustainable unscheduled care services. Furthermore, within our Unscheduled Care settings, the accessibility of our services is enhanced through 24/7 access to interpretation services.

However, we need to engage further with our local communities to understand and make sure that all our population feel their health needs are met and that there are no barriers to unscheduled care services, whether that be logistically, understanding of pathways or culturally.

7.4 Urgent Care Service and Unscheduled Care

Positive progress has already been made toward integrated Urgent Care Services within Fife. The Fife Flow and Navigation Centre (FNC) is hosted by Fife Urgent Care Services (UCSF), which covers Fife GP OOHs Service and is operationally managed within the HSCP. It is supported via a joint HSCP and Acute Services governance structure. This has provided a collaborative approach to developing access to and

pathways from FNC in seeking to prevent unscheduled presentations. As part of this development, rotational Advanced Nurse Practitioners have been employed, covering FNC, GP OOHs and Acute medical admissions.

In line with the reinvigoration of Redesign of Urgent Care delivery structures, Fife's Flow and Navigation Centre will continue to facilitate delivering the right care, at the right time and in the right place. Clinically assessing the need for admission to secondary care, the FNC constantly seeks to offer access to more healthcare providers and wider primary and secondary care pathways. This includes direct access to FNC assessment for patients within Community Pharmacies who require advice on the correct pathway for injuries. With the Scottish Ambulance Service who are already accessing FNC for clinical decision support, we are working with specialties across primary and secondary care to expand the services in which SAS can directly refer to, with access to Community Respiratory and Social Care pathways planned.

Along with seeking direct patients away from secondary care, FNC are working with services across Fife to enhance their ability to schedule patients who would have previously presented via unscheduled routes. This includes direct access to MIUs for SAS crews and scheduling patients into secondary care front door and ambulatory areas, to support improved flow across our acute sites

Fife is constantly seeking to improve and will be undertaking a stocktake of the current activity coming through FNC, using data and feedback from our users, to identify where new pathways could be developed further. Overseen by a system wide MDT team across primary and secondary care, the emphasis will be on rapid tests of change to assess the impact on new pathways and/or processes.

Concurrently, Fife have been developing our In-hours Urgent Care Service, with a cohort of ANPs providing urgent care to patients across Fife, supporting GP Practices. In-hours Urgent Care has recently come under the Governance structure of UCSF, allowing for further integration between in and out of hours, with a clear interface with unscheduled care via the FNC. Plans are in place to consider rotational ANP and Urgent Care Practitioner roles between in and out of hours and the colocation of in and hours urgent care, adjacent to Victoria Hospital.

Furthermore, we are currently evaluating how we further develop our Minor Injury Units (MIUs), with close links to UCSF already, towards a more Urgent Care Centre Model, 24/7 where necessary.

A new National Integrated Urgent and Unscheduled Care Collaborative was launched in June 2022 with the aim to deliver a whole system approach to urgent and unscheduled care. Through a gap analysis and self-assessment process NHS Fife and Fife HSCP has collaboratively prioritised the above three improvement focus areas. Earlier learning from previous tests of change will now be embedded in

sustainable system changes through a redesign process led and delivered by Acute Services and HSCP. The prioritised areas that will be focussed on will be:

- Care Closer to Home
- New Models of Acute Care
- Redesign of Urgent care

7.5 Care Closer to Home

Through Planned Date of Discharge (PDD) we will look to assess a patient's discharge pathway earlier in the admissions process. This will enable services to be alerted early to support in the planning of a person's discharge (considering their full support needs) instead of doing so at the point of being assessed as fit from a clinical perspective. This will likely see changes to how MDT sessions are currently run in the discharge process.

The Home First Programme aims to deliver a new single point of access model. As part of this model, it is hoped we can reduce the variety in the methods of referral that are currently received, channel this into fewer contact points and integrate systems to reduce hand-offs between services. We are also exploring how we can assess a person's needs nearer the point of initial referral contact. To ensure when the referral is passed to area teams to deliver services we have as a holistic assessment as possible already done, which in turn should help support the co-ordination of that person's care in their homely setting.

This will be delivered through work packages attached to the Discharge without Delay (DwD) workstream. These include the development of a new HSCP Front Door Model which will plan for discharges from acute into community care right at the point of admission, which is a key principle of DwD. This new model will be multi-disciplinary in nature comprising both NHS and Council Social Work employees with the vision to include third sector teams.

We are also undertaking a pathfinder project to move from an Estimated Date of Discharge model to a Planned Date of Discharge (PDD) model, which will allow us to reduce length of stay and move from bed based to community care more quickly.

NHS Fife intends to recruit a Lead Nurse to work between both acute and community to ensure PDD is adopted and utilised successfully

8 NHS dental services

The Public Dental Service (PDS) has resumed most services except for the Childsmile programme. We have focused on the pre-pandemic treatment that had to be delayed and have been booking routine exams since the end of last year. The service is now in the position of seeing all routine care. The National Dental Inspection programme resumed early this year.

We will resume the toothbrushing programme from August this year after negotiating access to the schools.

We are working through the referral service backlog and have employed the use of Near Me to expedite the waiting times.

Child General Anaesthetic services are still not to full capacity as we are reliant on working within the anaesthetic department guidelines which have not yet moved on from pandemic measures. We therefore can only provide a limited service in this area.

9 Mental Health Transition and Recovery Plan

9.1 Mental Health Strategy

Progress with the delivery of the 6 commitments of the Mental Health Strategy continues with workstreams meeting and progressing actions. An update report has been developed and will be considered by the Health & Social Care Partnership Clinical and Care Governance Group in September 2022. The update report highlights many excellent pieces of work to deliver the commitments of the strategy and identifies future developments.

Reflecting on the changes to services during the pandemic and additional funding from Scottish Government over the last couple of years, work is now underway to refresh the Strategy to ensure it is fit for purpose.

The redesign of the mental health asset base and infrastructure is a key deliverable as part of the Strategy and provides the opportunity to review service delivery both for inpatients and community services to reduce the potential bed base within new inpatient facilities. To date there have been three options appraisal workshops facilitated externally to begin the process of consultation and future design. These workshops have been attended by service users and staff.

9.2 Mental Health Service Recovery

9.2.1 CAMHS

Fife CAMHS continues to work to achieve the Referral to Treatment (RTT) target of 90% of young people seen within 18 weeks of referral.

In collaboration with the Health Improvement Scotland (HIS) embedded analyst, the projected eradication of the waiting list (over 18 weeks) aimed to be achieved by October 2022 and an RTT of 90% achieved and sustained by December 2022. These projections were based on optimum attendance, retention of current workforce and successful recruitment by November 2021 of adequate staffing resource to both meet the incrementally increasing demand and simultaneously work down the longest waits.

Whilst the optimum recruitment has not yet been achieved and staff absence due to Covid-related illness was high, actual performance has tracked the projected performance with RTT on average being maintained at 70% with the waiting list incrementally reducing, although below the estimated rate.

Ongoing recruitment has meant that staffing capacity is sufficient to meet the current level of demand and waiting list initiatives have provided an additional resource which has been used to maintain the objective of achieving the removal of waiting times beyond 18 weeks for 90% of those requiring specialist CAMHS. Through support from HIS and the Scottish Government CAMHS Professional Advisor and dependant on staff retention and optimum activity, the revised projection estimates that the 18-week target will be achieved by December 2022 and sustained, by the Scottish Government target of March 2023

Fife CAMHS completed a Gap Analysis of current service provision against the National CAMHS Service Specification.

The Fife CAMHS Improvement Plan was submitted to the Scottish Government Directorate for Mental Health in January 2022 to provide assurance that actions were in place to achieve the National Service Specification.

The gap analysis identified key areas for development that were either absent in the Fife CAMHS provision or operating over capacity due to demand and limited resource. There were also a large number of priorities identified by the National Service Specification that were already delivered by Fife CAMHS or were in development and did not require financial investment to achieve.

Recruitment and service redevelopment has been underway since July 2021 aligned to the gap analysis and the service specification with areas for development including:

- Additional staffing capacity in core services to meeting increasing demand
- Additional capacity within CAMHS Acute Services: Intensive Treatment and Urgent Response
- Targeted resource focussing on Care Experienced young people and those in Kinship arrangements
- Additional resource to support young people with co morbid mental health and learning disabilities
- CAMHS Psychiatric Liaison to paediatric services
- Regional response to Out of Hours provision

9.2.2 Psychological Therapies (including support for long COVID)

The areas of service facing the most significant challenges are Adult Mental Health Psychology Services (specifically services for people with the most complex needs)

and the Clinical Health Psychology Service (specifically within the general medical psychology service). Improved performance in the latter requires further work on relatively discrete and circumscribed clinical pathways, whereas issues impacting performance in the former are more complex and require a much wider range of targeted actions across tiers of service provision.

Ongoing developments include:

- Increasing access and flow to PTs delivered by low intensity workforce to improve efficiency within the whole system to increase capacity for high intensity provision and have a positive impact on GP capacity
- Development of group-based service delivery models to increase capacity and harness the evidence-based benefits of group processes in facilitating change
- Partnership working with 3rd sector to improve access and use resources more efficiently; and build capacity for the ongoing 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
- Identifying blocks within current system and better understand demand-capacity ratios within tiers of the service.

Better understanding of demand-capacity led to recruitment of 11 WTE clinical psychologists from Mental Health Recovery & Renewal funding, with 5.9 WTE still vacant.

The Fife wide MACH (Mental Health After Covid-19 Hospitalisation) Service for patients who have been hospitalised by severe symptoms of Covid-19 team includes Clinical Psychologists, Assistant Psychologist, Liaison Psychiatry and ICU Nurse (Recovery Coordinator).

All patients who were hospitalised earlier in the pandemic were identified and a database has been designed for the collation of this information and recording of outcomes. The service is retrospectively contacting patients by letter to screen for mental health problems. Direct referrals to the service are also being received from primary and secondary care and one-to-one and group clinical work is underway.

The MACH service is closely linked to the InSPIRE Post Intensive Care Rehabilitation Service, which also has psychology input and there is a direct pathway for referral into MACH from InSPIRE where additional support is required.

Most patients are offered treatment on an outpatient basis, but there is also an inpatient recovery coordinator based at Victoria Hospital who offers support to patients currently in hospital with Covid-19, with onward referral to receive additional support after discharge from hospital if required.

9.2.3 Dementia - Post Diagnostic Support

All patients with a new diagnosis of dementia should receive a minimum of 12 months post diagnostic support (PDS). This support is provided by members of the Community Mental Health Teams (CMHT) within Older Adult (OA) Mental Health Services. During the Covid pandemic the provision of PDS was regarded as nonessential and staff were redeployed to other clinical areas to provide support. As a result of this the waiting list for PDS continued to grow as the OA Psychiatrists were still diagnosing patients albeit via NearMe.

To reduce the waiting list, a number of activities are underway including:

- Inflation of the contractual hours of the current 2 Alzheimer Scotland Link Workers for a 2 year period to enable them to take on additional cases.
- Recruit an additional 3 WTE Alzheimer Scotland Link Workers for a 2 year period – each would carry a caseload of 50 patients.
- Existing staff across the 3 OA CMHTs will also have patients allocated from the waiting list added to their caseload with safe caseload monitoring.
- A further 2 Band 4 Support Workers will be recruited by the Older Adult Service to provide diagnostic support and support the work of the OA CMHTs
- STAND (Striving for A New Day) is a third sector organisation providing peer support for patients diagnosed with dementia and their carers/families. They deliver a 6 week group programme regarding dementia care and support post diagnosis which has evaluated extremely well. STAND has been allocated £20,000 to deliver 8 courses over the next 2 years.

It is anticipated that the backlog of the waiting list will be cleared by the end of March 2023 and patients with a new diagnosis of dementia will then be allocated support as part of the Community Mental Health Team process.

9.2.4 Neuro-developmental Pathway

The service will be recruiting to three posts over the next few months to progress the creation of a Neurodevelopmental Pathway for Adults. Funding has been secured from the Scottish Government to progress this work as part of the NAIT (National Autism Implementation Team) Programme.

9.2.5 Eating Disorders

Eating disorders have the highest mortality and morbidity of all the mental disorders. They affect a relatively young section of the population, though can emerge at any

age, and have enormous socioeconomic cost. Effective treatment can substantially improve outcomes and promote sustainable recovery. Early intervention is associated with recovery.

Eating disorder presentations are on the increase and have had a significant rise over the course of the pandemic with reports of increased referrals to CAMHS services of 230% for eating disorders following the first lockdown. A lack of coordinated national data for adult services does not allow a similar overview but anecdotal reporting suggests significant increases in presentations.

The recovery and renewal plan for Mental Health Services in Scotland in response to a National Review and the impact of Covid-19 have identified eating disorders as a priority area and allocated specific resources to support service development. NHS Fife has been allocated £303,168 of this funding to support the delivery of eating disorder support and treatment in both Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services.

9.2.6 Perinatal Mental Health

NHS Fife Community Perinatal Mental Health Team (CPMHT) is operating using a variation of the dispersed model with Specialist Perinatal Mental Health Nurses being 'co-hosted' by generic Community Mental Health Teams (CMHT). This model enables access to the CMHT professionals and other resources whilst avoiding the demands of generic mental health services impacting on dedicated perinatal time. The CPMHT is undertaking the role of a Specialist Community Perinatal Mental Health Team as identified by the PNMHS guide to Service Development.

In line with the initial CPMHT proposal for NHS Fife, a dedicated Perinatal Mental Health Service is now established in Fife and has been functioning since August 2021. The multi-disciplinary team is fulfilling the aim to undertake the core roles as identified by the Perinatal Mental Health Network Scotland National Managed Clinical Network.

The development of the CPMHT has ensured there are clearer pathways for referrers to ensure women in the Perinatal period can access timely assessment and treatment for mental health and ensures a consistency of service access and care. There are three streams that are committed to collaborative working with regular meetings of the Clinical Leads to further develop services.

Since the initial launch, the service has been required to function with considerable absence of both nursing and medical staff which has impacted significantly on service development with clinical demand taking priority. Prior to service launch the board-specific document with some pointers for toolkits, and organisations that might help with engaging people with lived experience was shared by the Participation Officer of Maternal Mental Health Scotland and the focus of the next 6 months will be to identify and engage to both evaluate and improve the service.

9.2.7 Unscheduled Care and Assessment Team (UCAT)

UCAT provides urgent assessment both in and out of hours to patients who require assessment for a mental health problem. The service is delivered from Whyteman's Brae Hospital, Kirkcaldy with close links to the Emergency Department at Victoria Hospital. There is work underway to redesign unscheduled care services including UCAT to enhance access for patients. Service currently has 4 trainee ANPs within the service to support the physical health needs as well as the mental health needs of patients attending for support.

9.2.8 Liaison Psychiatric service

There is currently a review underway of both adult and older adult liaison psychiatry provision. This is being undertaken in partnership with Acute Services and HSCP.

9.2.9 Discharge and Delay

Within Mental Health and Learning Disabilities there are significant delays in placement of patients due to a variety of reasons including appropriate housing, care home placement and delays in guardianship. The service has a Discharge Manager who actively participates in the HSCP verification meetings and discharge meetings to assist with progression of care.

The service is also part of the Discharge without Delay programme which is in its infancy.

We are currently working with Fife Council Housing Service to identify properties and develop a commissioning plan that will provide opportunities for people with more complex needs to leave hospital and be supported within the community. It is our intention to use the Community Living Fund allocated from Scottish Government to develop these environments.

9.2.10 Mental Health & Wellbeing Teams in Primary Care

Scottish Government is providing investment to strengthen mental health & wellbeing in primary care service (MHWPCS) provision over three years to March 2025.

An oversight group was established and submitted a programme proposal to the Scottish Government for sign-off with a meeting scheduled on 23rd Jun 2022 to discuss the detail of the programme.

Core features include the expansion of aligned, embedded and peer led provision, including the establishment of teams across all localities in Fife. A core intention for the programme is for design and delivery to be co-created through an iterative coproduction process. Recruitment of a Participation & Engagement Officer is underway to support the coproduction programme.

9.2.11 Mental Health Officers and Integration in Community Mental Health Teams

Investment has been provided to increase capacity within the Mental Health Officer (MHO) Service. Currently there is one dedicated team with 15.5 FTE.

MHOs are mobile workers and have the necessary technology and remote access to Social Work Service information system and other relevant systems, so can work from home, from the MHO Dedicated Team base and from other locations. By linking MHOs to CMHTs, the intention is MHOs will be able to attend CMHT meetings and work in the team. It is anticipated this will build on the already good communication and working relationships and identify how we can integrate our services further to improve outcomes for people who need support from the MHO Service.

The investment is being used to employ an additional team manager and eight MHOs resulting in two teams covering east and west Fife. There will be sufficient capacity to have at least one MHO linked to each of the CMHTs. It is anticipated that we can begin matching MHOs to CMHTs by the end of August 2022.

9.3 Alcohol and Drugs Partnerships (ADPs)

Approach across Fife is to focus on its strategic priorities through the lens of delivering interventions to address the drug related deaths crisis. Whilst deaths have reduced by 20% in Fife from 2019 to 2020, rolling averages show 70 deaths per annum and an increase of 86% in Fife over the last ten years. Alcohol specific deaths have remained static over the last two years and increases in hospital stays also indicate unmet need.

Three sub-groups have been developed to focus on addressing harm caused by alcohol and drugs including prevention of alcohol specific and drug related deaths. These groups work across partnerships and directorates within HSCP, Fife Council and NHS Fife and include relevant representation from the voluntary and independent sectors.

A multiple-agency Drug Related Death Review Group is a Public Health Surveillance Group focused on a full review and real time learning of each suspected drug related death to implement, immediate service to service improvements and highlight systematic gaps applicable to services and systems of care beyond the ADP, thus influencing whole system change.

The Medication Assisted Treatment (MAT) Standards 1 to 5 Oversight Group is to deliver the rights-based trauma informed framework for the safe and effective provision of opiate substitution therapy, psychosocial support, and psychology interventions. This group project manages the implementation of the standards within the ADP system of care and works to influence provision in other interconnected strategy development and service delivery.

For 2021/22, the first year of delivery, Fife ADP was assessed by Public Health Scotland as Amber for Standards 1 to 5 on achieving its improvement plan with the other standards not yet assessed across the country.

The ADP and its operational partners had demonstrated same day prescribing throughout Kirkcaldy with a proven delivery model for roll out across the remaining localities. There was clear evidence of choice of medication with the commencement

of buvidal prescribing. ADP commissioned assertive outreach services have established access points to support, where risk of drug related death is highest, including those experiencing non-fatal overdose, those within the criminal justice system specifically at the Kirkcaldy custody suite and people liberated from prison returning to Fife.

As part of the ADP quality improvement approach, all services have developed rapid re-engagement and retention processes for people at risk of unplanned discharge and this is further supported by a specific third sector outreach retention service linked to the NHS Addictions Service. In addition, the ADP demonstrated developments on the other standards including a project plan to enhance the psychological and trauma informed delivery of the ADP workforce both within statutory and third sector. New services were commissioned, one for a dedicated family support service increasing the capacity and quality of this provision across Fife. An independent lived experience led advocacy service was also developed and commissioned in partnership with the Drug Death Task Force (DDTF).

For 2022/23, a full plan detailing deliverables and quarterly recording progress has been developed and approved by the ADP Committee. This has been informed by Public Health Scotland (PHS) feedback and indicates specific improvements for Fife required to achieve full implementation of these standards. Below is a short summary of this plan:

- Upscale of same day prescribing across Fife but with specific focus on the Methil Community Centre and other high risk areas as identified by the ADP MAT Standards Implementation subgroup.
- Further development and roll out of the buvidal clinics to enable choice to be fully implemented during initial titration and throughout the recovery journey.
- Development of MAT 1 same day prescribing pathways from custody and prison and other priority settings
- Improved delivery and recorded harm reduction provision across ADP statutory and third sector partners including increased Overdose Awareness and Take Home Naloxone distribution, blood borne virus testing and support to treatment and for take up of immunisation programmes including COVID vaccinations.
- Further development of the psychologically informed and trauma aware workforce development plan in line with MAT standards 6 and 10
- Production of an initial implementation plan for the MAT Standards linked to universal and broader provision within Fife including primary care, mental health services, housing and welfare support.

All Alcohol Specific Deaths in 2020 will be analysed and reviewed by Addressing Alcohol Specific Deaths (ASD) Group for the purpose of developing a profile of those at risk, identify points at which an earlier intervention could have contributed to prevention. This learning will be to form the basis of recommendations presented to

the ADP Committee as part of its improvement-based action plan for policy and service delivery to address alcohol harm and alcohol specific deaths.

Fife ADP has developed an autonomous Lived Experience Panel recognised as a subgroup of the ADP with the same rights and responsibilities as other subgroups to develop policy, strategic direction and contribute to improvements of service delivery. This group is afforded latitude to set its own remit and focus including commissioning of an independent advocacy service, delivered by Circles to work with adults with alcohol and drug problems

A lived experience led evaluation of women's experience of alcohol and drug services in Fife, in partnership with Fife Violence Against Women Partnership (FVAWP), should form the basis of an improvement approach. This will be across FVAWP, SW, NHS HSCP and ADP to engage more women in support and treatment earlier and retain in provision use. A co-production approach will be undertaken with women with lived experience to deliver the recommendations.

10 Supporting and improving social care

NHS Fife does not have responsibility or accountability for the delivery of social care as this sits with Fife Council and Fife IJB but through joint working NHS Fife is supporting colleagues across the health and social care system to improve social care.

10.1 Current backlogs for social care assessment

Hospital Social Work Teams are now attending the two ward pilot MDTs for Planned Date of Discharge (PDD). This MDT approach is seeking to identify earlier assessment to assist in the timely discharge of individuals from the hospital. The Development of the Front Door Model will also bring social work support in at the earliest possible point in a patient/service users' journey, to increase the speed of assessment, but also to signpost to the community, where appropriate, in order to avoid admissions and create greater capacity within the hospital and the social work teams.

To address the current backlog of assessments and reviews of those service users currently in interim placements, the Hospital Team will host two temporary Social Workers to focus on addressing the reviews. This will free up the capacity of the social work teams to focus on current assessments and ensure that the backlog is dealt with. This will initially be for a period of 6 months but may need to be extended depending on how busy the winter period is and whether the use of interim beds continues or indeed increases.

The Hospital Teams work closely with contracts and commissioning and Care at Home colleagues and will continue to maintain these close working relationships to ensure that the most effective, joined-up service is provided to patients and service users.

10.2 Lessons learned during the pandemic

In November 2021, Fife HSCP established the Fife Care at Home Collaborative (The Collaborative) with a number of care at home service providers as a platform for the independent care providers to formalise joint working, working in collaboration with the Fife HSCP and each other. The Collaborative consists of 16 independent sector providers. The purpose is to maximise the benefits of partnership working and cooperation to respond to supporting challenges within the sector. It allows for care providers to:

- Build capacity through collaboration
- Explore strengthening their resilience and responding to sector challenges
- Focus on levelling up working conditions for staff through fair work principles and initiatives

Since this has been established, care providers have indicated feeling more confident in maintaining, and in some cases, growing their organisation to provide more care in Fife. An initial fair work initiative has resulted in a stabilised workforce, with frontline staff responding to feeling more motivated and valued, and likely to remain working within the sector.

An annual work plan has been developed for the Collaborative, allowing for focussed work on improvement and initiatives and test of change. Going forward, it is planned the collaboration will be part of the HSCP renewed care at home contract framework, embedding this approach as a contractual term and condition.

With regards to a digital solution, Fife HSCP, in conjunction with our independent care providers, has developed PinPoint Care – a commissioning tool for care at home services. This digital platform allows for early identification of service provision and, along with unmet need. Ongoing development of this solution should enhance the work of the Collaborative, making efficiencies within service provision and allowing for mutual aid and support with members.

Business continuity plans (BCPs) in community nursing services spanning district nursing and specialised nursing teams have allowed teams to react to changes in whole system priorities in a stepwise and structured manner. With the advantage of daily system briefings allowing for service demand fluctuations to be recognised, the community nursing teams have been able to alter their level of input and offer support to wider teams including in-patient services. Additionally, AHP services have been able to offer support through use of their own BCPs, allowing them to aid community nursing systems, releasing nursing staff to attend to complex patients in the community. This approach has allowed flexibility in the system and has assisted in reducing unnecessary admissions and has enhanced early discharges from acute settings.

10.3 Peer support for Care Homes.

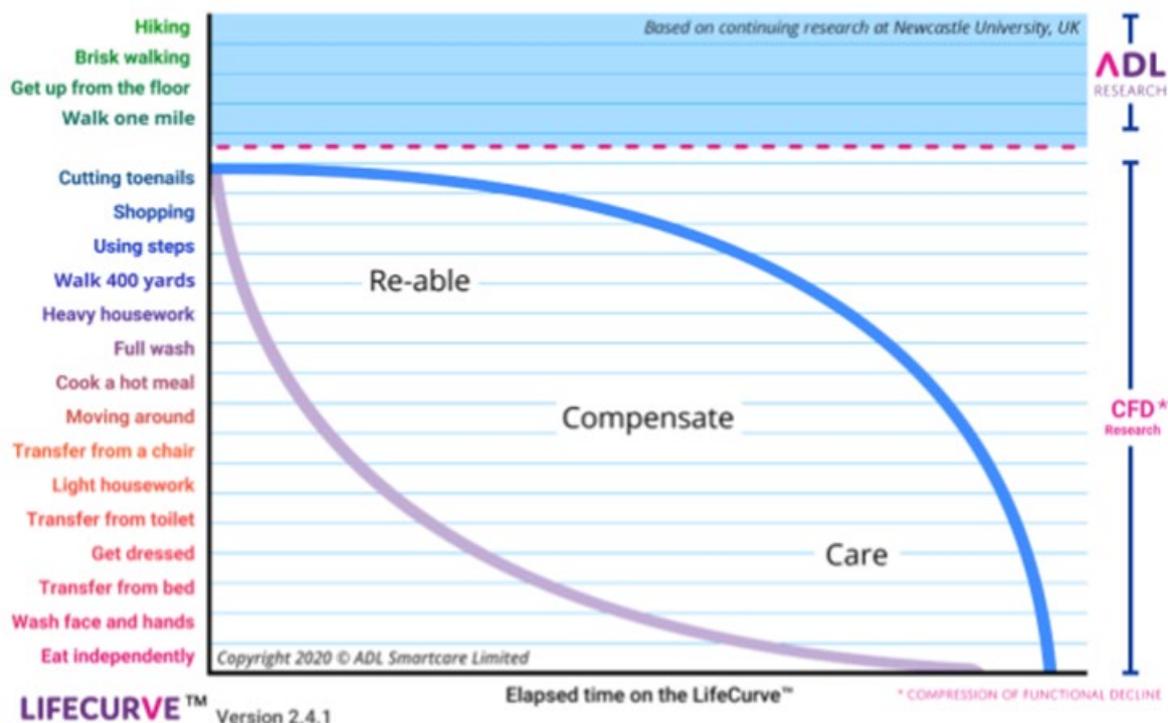
The Care Home Support and Assurance Team was set up in May 2020. Under this umbrella, the Care Home Liaison Nurse Team, made up of six Care Home Liaison Nurses and Team Leader, has been established. Each nurse is responsible for 8 to 10 care homes and provide regular support telephone calls to the care home managers. This support was initially centred around the Covid-19 pandemic, however as the role and relationships have developed, this support has expanded to include staff wellbeing, signposting to services, support with LSI as well as staffing issues and other day to day concerns.

Work is now underway on the next phase of further developing the care Home Liaison Nurse Team with the focus of moving to a preventative model of support for care homes.

10.4 Telecare service redesign for social care

Fife HSCP currently provides an online option for people in Fife to complete a Self-Assessment using Smart Life in Fife. Research shows that early intervention and prevention is most effective in the initial stages of ageing. It is for people who are beginning to have difficulties at home. The website offers advice, services, and recommendations. It is a simple online system that guides people through an easy step by step process to identify what solutions might be best for the person. It gives advice on exercise and aging well, links to local amenities and national assistive providers. It also has links to Fife Equipment Loan Store. People can use it themselves or a family member or carer can help them.

Fife HSCP plan to increase the scope of this online service by having an additional tool – the Life Curve. This would give people and practitioners the ability to see where people are on the Life Curve and what actions they can take to make choices and take control of their health and mobility at an earlier stage.



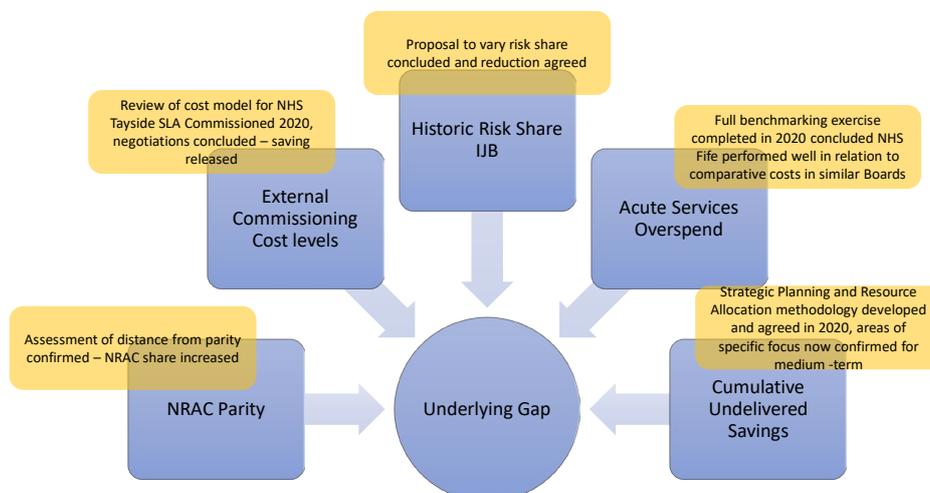
11 Sustainability and value

11.1 Financial Improvement and Sustainability

In proposing this financial plan, it is important to reflect on the context of the past 2 years as we have managed through the impact of the pandemic. For a number of years NHS Fife has successfully delivered financial balance however there has been a requirement for a level of additional support from Scottish Government to enable this on a non-recurring basis. At the beginning of 2020/21 the organisation considered the development of a plan to work towards reducing and removing the underlying gap or deficit of between £20m-£25m. The organisational response was understandably limited during 2020/21 and 2021/22 as a consequence of the pandemic however work progressed through the SPRA process to protect time and capacity to develop the plans and infrastructure to deliver against this important organisational challenge.

The following illustration summarises the work done over the past 2 years to assess and deliver change in the key areas which have historically driven the financial gap.

Financial Position – Assessment and Achievements



Significant progress has been made in relation to achieving greater NRAC parity, albeit we remain 0.8% from our full NRAC share. Progress also in relation to delivering cost reduction on our SLA with NHS Tayside which was achieved during 2021/22. Final agreement on a reduction to the risk-share arrangement between NHS Fife and Fife Council as we jointly continue to ensure the appropriate risk-share mechanism is in place to support the HSCP. Benchmarking work to evidence that our Acute Services perform well in relation to cost when compared to other similar sized Boards which may have influenced the increase to out NRAC share for 2022/23. Enduring commitment to our SPRA process which has delivered a significant cost improvement programme for 2022/23.

Additionally, the organisation created a Portfolio Board to ensure a corporate approach to all change across the organisation and also to oversee the coordination of the developing NHS Fife Population Health and Wellbeing Strategy. The work of the Portfolio Board will also include directing and scrutinising the performance of the newly established Financial Improvement and Sustainability (FIS) Programme.

The FIS Programme has been established to drive projects which will ensure the long-term financial improvement and sustainability of the organisation. The FIS Programme will do this through delivering against the following key objectives:

- Develop and agree productive opportunities and savings targets for 2022/23
- Develop a clear medium-term plan
- Deliver enhanced quality of patient care with effective allocation of resources and increased capacity within the system

Summary Financial Position 2022/23

The projected budget gap for 2022/23 is £24.1m to be mitigated in part through a range of cost improvement plans and a significant capital to revenue transfer. The forecast financial position after the application of this mitigation is a deficit £10.4m.

	£m
NHS Fife Revenue uplift	25.50
Health Board Retained Budgets Inflationary Uplift	-13.50
HSCP Inflationary Uplift	<u>-9.20</u>
Balance Remaining for allocation	2.80
Existing Cost Pressures Acute Services (driving overspend in current position)	-19.90
EDG Approved Additional Spend in 2021/22 & National Cost Pressures	<u>-7.00</u>
	-24.10
Cost Improvement Plans Identified in SPRA	11.70
Capital To Revenue Transfer	<u>2.00</u>
Forecast Financial Position	<u>-10.40</u>

The financial plan detailed above, which records a forecast deficit in-year position, was presented to and approved by the NHS Fife Board in March 2022 and submitted to Scottish Government. The Director of Finance & Strategy has been leading the discussion with Scottish Government in relation to consideration of options to close the in-year financial gap projected of £10.4m. On 14 July 2022 the Chief Operating Officer and the Director of Health Finance and Governance (Scottish Government) wrote to all NHS Board advising on 2022/23 Priorities and Finance Planning. The key financial planning points are that Scottish Government now expect Boards to take the appropriate steps to:

- Reduce COVID-19 expenditure in line with the resource limits that have been allocated for 2022/23 and
- Deliver local savings plans to ensure all Board can achieve a position of break-even without Scottish Government financial support by the end of the financial year.

Both represent a significant challenge for NHS Fife and we will require to revise financial planning assumptions in line with changes since March 2022 and resubmit the plan to the Scottish Government by the end of July 2022. The Director of Finance & Strategy will report back on the position to the September 2022 Board meeting.

11.2 Realistic Medicine

The aim of Realistic Medicine is to embed the 6 principles of Realistic Medicine into every day practice focusing on value-based health care so we can achieve better outcomes for the people we care for, our staff and a greener and more sustainable system and environment.

Throughout 2021/22 we have been able to influence NHS policy and strategic plans by ensuring Realistic Medicine is embedded in everything we do. With the appointment of a Realistic Medicine Project Manager, we will progress our action plan and will a) equip professionals with the knowledge and skills to practise Realistic Medicine, b) to empower and support people to engage with their health care in shared decision making and c) to align systems to support Realistic Medicine.

12 Summary

The Annual Delivery Plan outlines Fife's plan for 2022/23 and takes cognisance that we are emerging from a pandemic and still facing challenge for the delivery of health and care services. NHS Fife has continued to adopt a flexible approach to renewal and remobilisation and continues to prioritise clinical services in a COVID-19 sensitive environment.

It is recognised that longer term planning is difficult in these times, but work is ongoing developing the Fife Population Health and Wellbeing Strategy, our 5 year vision and strategy.

Our remobilisation will be agile with a whole system approach which is clinically led, COVID-19 sensitive, person centred and digitally enabled with the Plan being a dynamic document subject to review and updating.

Glossary

ACF: Area Clinical Forum

ACRT: Active Clinical Referral Triage

ADP: Alcohol and Drug Partnership

ALEO: Arm's length external organisations

ANP: Advanced Nurse Practitioner

APF: Area Partnership Forum

ASD: Alcohol Specific Deaths

BAF: Board Assurance Framework

BCP: Business Continuity Plan

CAMHS: Child and Adolescent Mental Health Services

CARE: CARE Approach

CCE: Colon Capsule Endoscope

CfSD: Centre for Sustainable Delivery

CIPs: Cost Improvement Plans

CMHT: Community Mental Health Team

CPMHT: Community Perinatal Mental Health Team

CRR: Corporate Risk Register

CT: Computerised Tomography

CTAC: Community Treatment and Assessment Care

CYP: Children and Young People

DwD: Discharge without Delay

ECDC: Early Cancer Detection Centre

EDG: Executive Directors Group

EMR: Environmental Management Representative

EMS: Endoscopy Management System

FEOC: Fife Elective Orthopaedic Centre

FIS: Financial Improvement and Sustainability

FNC: Flow and Navigation Centre

FVAWP: Fife Violence Against Women Partnership

GI: Gastrointestinal

GP: General Practitioner

GIRFEC: Get it Right for Every Child

GMS: : General Medical Service

HIS: Health Improvement Scotland

HPT: Health Protection Team

HR: Human Resources

HSCP: Health and Social Care Partnership

ICASS: Integrated Community Assessment and Support Team

ICU: Intensive Care Unit

IJB: Integration Joint Board

InSPIRE: Intensive Care Syndrome Promoting Independence and Return to Employment

IPCT: Infection Prevention and Control Team

IRD: Interagency Referral Discussion

LSI: Large Scale Investigation

MACH: Mental Health after Covid-19 Hospitalisation

MAT: Medication Assisted Treatment

MIU: Minor Injury Unit

MDT: Multidisciplinary Team

MHO: Mental Health Officer

MHWPCS: Mental Health and Wellbeing Primary Care Service

MOU2: Memorandum of Understanding 2

MS: Microsoft

NAIT: National Autism Implementation Team

NMAHP: Nursing Midwifery and Allied Health Professionals