

NHS Fife Public Health & Wellbeing Committee

Wed 11 January 2023, 10:00 - 11:40

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 7 November 2022**

0 min

Enclosed Alistair Morris

 Item 03 - Public Health Wellbeing Committee Minutes (unconfirmed) 20221107.pdf (7 pages)

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

10 min

Enclosed Alistair Morris

 Item 04 - Public Health & Wellbeing Committee Action List 20221107.pdf (2 pages)

10:10 - 10:25 **5. GOVERNANCE MATTERS**

15 min

5.1. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed Joy Tomlinson

 Item 05.1 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (5 pages)

 Item 05.1 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC.pdf (4 pages)

 Item 05.1 - Appendix 2 Assurance Principles.pdf (1 pages)

10:25 - 11:05 **6. STRATEGY / PLANNING**

40 min

6.1. Population Health & Wellbeing Strategy

Enclosed Margo McGurk/Susan Fraser

 Item 06.1 - SBAR Population Health & Wellbeing Strategy Progress Update.pdf (3 pages)

6.2. Anchor Institution Programme Board Update

Enclosed Joy Tomlinson

 Item 06.2 - SBAR Anchor Institution Programme Board Update.pdf (10 pages)


6.3. Fife Mental Health Strategy – Progress Report

Enclosed *Nicky Connor*

 Item 06.3 - SBAR Fife Mental Health Strategy – Progress Report.pdf (11 pages)

6.4. Primary Care Update

Enclosed *Chris McKenna*

 Item 06.4 - SBAR Primary Care Update.pdf (7 pages)

11:05 - 11:25
20 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed *Joy Tomlinson/Nicky Connor*

 Item 07.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)

 Item 07.1 - Appendix 1 Integrated Performance & Quality Report.pdf (13 pages)

7.2. Dental Services & Oral Health Improvement

Enclosed *Joy Tomlinson*

 Item 07.2 - SBAR Dental Services & Oral Health Improvement.pdf (6 pages)

 Item 07.2 - Appendix 1 Dental and Oral Health Improvement Annual Report 2022.pdf (13 pages)

7.3. Medication Assisted Treatment Standards Progress Report

Enclosed *Nicky Connor*

 Item 07.3 - SBAR Medication Assisted Treatment Standards Progress Report.pdf (8 pages)

7.4. High Risk Pain Medicines Patient Safety Programme – Year One Update

Enclosed *Ben Hannan*

 Item 07.4 - SBAR High Risk Pain Medicines Patient Safety Programme – Year One Update.pdf (6 pages)


11:25 - 11:30
5 min

8. INEQUALITIES

8.1. Equalities Outcome Progress Report 2023

Enclosed *Janette Keenan*

 Item 08.1 - SBAR Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021-2025.pdf (4 pages)

 Item 08.1 - Appendix 1 NHS Fife Equality Outcomes and Mainstreaming Interim Report.pdf (34 pages)

11:30 - 11:35
5 min

9. FOR ASSURANCE

9.1. Delivery of Annual Workplan 2022/2023

Enclosed *Joy Tomlinson*

 Item 09.1 - Delivery of Annual Workplan 2022-2023.pdf (5 pages)

9.2. Proposed Annual Workplan 2023/2024

Enclosed *Joy Tomlinson*

- 📄 Item 09.2 - SBAR Proposed Annual Workplan 2023-24.pdf (4 pages)
- 📄 Item 09.2 - Proposed Annual Workplan 2023-2024.pdf (4 pages)

11:35 - 11:40 **10. LINKED COMMITTEE MINUTES**
5 min

10.1. Fife Partnership Board held on 8 November 2022 (unconfirmed)

Enclosed

- 📄 Item 10.1 - Fife Partnership Board Minute Cover Paper 20221108.pdf (1 pages)
- 📄 Item 10.1 - Fife Partnership Board Minutes (unconfirmed) 20221108.pdf (3 pages)

10.2. Population Health & Wellbeing Portfolio Board held on 15 September 2022 (confirmed) & 13 October 2022 (unconfirmed)

Enclosed

- 📄 Item 10.2i - Portfolio Board Minute Cover Paper 20220915.pdf (1 pages)
- 📄 Item 10.2i - Portfolio Board Minutes (confirmed) 20220915.pdf (4 pages)
- 📄 Item 10.2ii - Portfolio Board Minute Cover Paper 20221013.pdf (1 pages)
- 📄 Item 10.2ii - Portfolio Board Minutes (unconfirmed) 20221013.pdf (4 pages)

10.3. Public Health Assurance Committee held on 7 December 2022 (unconfirmed)

Enclosed

- 📄 Item 10.3 - Public Health Assurance Committee Cover Paper 20221207.pdf (1 pages)
- 📄 Item 10.3 - Public Health Assurance Committee (unconfirmed) 20221207.pdf (3 pages)

11:40 - 11:40 **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

11:40 - 11:40 **12. ANY OTHER BUSINESS**
0 min

11:40 - 11:40 **13. DATE OF NEXT MEETING - WEDNESDAY 1 MARCH 2023 AT 10AM VIA MS TEAMS**
0 min

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 7 NOVEMBER 2022 AT 10AM VIA MS TEAMS**

Present:

Tricia Marwick, (Chair)
Martin Black, Non-Executive Director (*part*)
Alistair Morris, Non-Executive Member
Carol Potter, Chief Executive
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Mansoor Mahmood, Non-Executive Member (*observing*)
Arlene Wood, Non-Executive Member (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a warm welcome to Mansoor Mahmood and Arlene Wood, Non-Executive Members, who will both become members of the Public Health & Wellbeing Committee effective 1 December.

The Chair thanked Martin Black and Christina Cooper, Non-Executive Members, for their invaluable service on the Committee, noting that they both leave the Board on 30 November and 31 December respectively.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members Wilma Brown (Employee Director) and Christina Cooper (Non-Executive Member) and attendee Susan Fraser (Associate Director of Planning & Performance).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Monday 29 August 2022

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

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health advised that the Corporate Risks aligned to the Public Health & Wellbeing Committee replaces the Board Assurance Framework and that refinement of these will be a work in progress over the coming year.

An overview was provided on these risks, as outlined in the paper. It was noted a deep dive on specific risks will be carried out at each future Committee meeting to provide greater assurance. It was also advised that risks are anticipated to change over time and an initial assessment for each risk is being carried out.

The Director of Public Health highlighted Appendix 2: the Assurance Principles developed originally by NHS Lanarkshire, which provides an understanding of the different elements to consider for each risk.

Following a question from A Morris, Non-Executive Member, an explanation on the connection between the 'Summary Statement on Risk Profile' and the 'Total Risk Scores' on the Strategic Risk Profile at section 2.3 within the paper was provided. The Director of Finance & Strategy noted that this is the statement for the overall risk profile and agreed to make the summary statement clearer for future iterations.

Action: Director of Finance & Strategy

M Black, Non-Executive Member, questioned how health inequalities would be targeted to reduce this risk in the most deprived areas. The Director of Public Health clarified that the risk is presented as a high level statement of mitigation and the level of detail will be captured within the strategy, which is still under development.

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

6. STRATEGY / PLANNING

6.1 Report on Outcomes from existing Clinical Strategy

The Medical Director advised that a summary report on outcomes from the existing Clinical Strategy was presented at a recent Board Development Session. The report provides more detail on work that has been undertaken and connects some of the recommendations within the previous Clinical Strategy.

The Chief Executive advised that a session on the existing Clinical Strategy will be presented again at a future Board Development Session, and will include more detailed information and discussion on actions and priorities.

The Medical Director highlighted all the hard work that has been undertaken.

The Committee took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

6.2 Progress Report on Community & Staff Engagement

The Director of Nursing advised that the report on community and staff engagement is a core part of the development of the NHS Fife Population Health & Wellbeing Strategy, and the report provides an update on work to date and identifies some emerging themes. It was also advised that various methodologies were used to collate feedback and knowledge from communities.

M Black, Non-Executive Member, queried the level of engagement, noting the low number of responses from staff and members of the public involved in the engagement work. The Director of Nursing reported that it has been challenging reaching out to staff when they are working in difficult situations. It was reported that organisation-wide engagement has been carried out, including a Grand Round, which has helped to promote conversations with staff. It was noted that 'Progressive' who lead similar sessions on a regular basis across Scotland were happy with the high quality of feedback received, despite the small numbers of staff involved. The Director of Finance & Strategy added that 'Progressive' were less concerned with the total number of responses as the focus is on understanding the range of issues and themes raised by staff and members of the public. She also highlighted the high number of meetings with different clinical groups that have been carried out, which are culminating in the content of the work to support the existing strategy. The Director of Finance & Strategy advised that this has been agreed with the Area Partnership Forum a specific workshop session will be carried out with that Forum in November 2022. Work will continue to reach out to the community and staff to gather as much information as possible.

Fay Richmond, Kirsty MacGregor, Susan Fraser and the team within the Health & Social Care Partnership were thanked for all their hard work.

The Committee took **assurance** and **noted** the engagement process is ongoing to inform the Population Health and Wellbeing Strategy and that a final report will be presented to the committee when the engagement is complete.

6.3 Strategic Planning & Resources Allocation (SPRA) 2023/24

The Director of Finance & Strategy provided assurance that the annual SPRA process is well underway. The recent Scottish Government emergency budget review was highlighted, specifically the very difficult decisions that have been undertaken in terms of significant prioritisation of spend this year and into 2023. The Director of Finance & Strategy highlighted the importance of ensuring prioritisation at a local level.

It was reported that the ongoing pay deal for Agenda for Change and the broader cost of living crisis will be of significant factors in our allocation of resources with the Scottish Government.

A Wood, Non-Executive Member, queried if the workshops in relation to the Population Health & Wellbeing Strategy will support financial modelling to decrease levels of

deprivation within Fife. The Director of Finance & Strategy explained that the SPRA process is for the coming year and would not form part of that economic evaluation; however, work for the medium and longer term strategy will be predicated on priorities for health and improvements.

The Committee took **assurance** from the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.4 Annual Delivery Plan Progress & Winter Actions

The Director of Finance & Strategy advised that the majority of the content within the paper is more relevant to the review that would be undertaken within the Clinical Governance Committee and Finance, Performance & Resources Committee, due to the specific deliverables within the Annual Delivery Plan. The paper is presented to this Committee to highlight the reported mid-year position in terms of progress of high level deliverables within the Annual Delivery Plan.

The Director of Finance & Strategy reported that the Annual Delivery Plan is linked to the Integrated Performance & Quality Report and the Corporate Risk Register. It was reported that the Executive Directors' Group reviewed the Annual Delivery Plan and agreement was made that the presentation of the report requires to be improved, and this will be reflected in the next iteration.

Following a query from A Morris, Non-Executive Member, the Director of Finance & Strategy explained that an exercise was carried out nationally to assess the level of activity that the National Treatment Centre Fife Orthopaedics would commission. The allocation for Fife has been reduced. The Chief Executive advised discussions are ongoing around that allocation, and a paper on the National Treatment Centre will be brought back to the Committee at the next meeting and will include an updated position.

The Committee **noted** the status of deliverables from the Annual Delivery Plan 2022/23 at the end of September 2022.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care spoke to the report and advised that it continues to be a challenge to increase accommodation for smoking cessation services. Options are being explored in both primary care and community venues. It was advised that there has been an increase in the offering, and a Saturday service is now available. It was noted that the work that is ongoing with provision of smoking cessation within community pharmacies.

The Director of Health & Social Care also provided an overview on the Child & Adolescent Mental Health Service (CAHMS) waiting times, noting that the challenges with staffing, experienced in the Summer, had now improved. In relation to Psychological Therapies, it was reported that there may be a delay in achieving the 18 weeks target by March 2023. Assurance was provided that there was nevertheless an improved position in September.

The Director of Health & Social Care provided assurance that targets on uptakes for both Covid and Flu vaccinations had been met.

The Director of Public Health was pleased to report that the target for the 6-in-1 primary vaccination has now been exceeded. In terms of the Immunisation MMR2, it was highlighted more work is required to meet that target.

Following a question from the Chair in terms of uptake in the older cohort for the Flu & Covid vaccinations, the Director of Health & Social Care advised that some of the challenges related to the closure of care homes and a recovery programme is now in place.

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

7.2 Sexual Health and Blood Borne Viruses Framework

The Director of Health & Social Care advised that the report outlines a range of actions across sexual health and blood borne viruses in line with the current strategy. It was noted the national strategy is likely to be refreshed in early 2023. An overview on the contents of the report was provided.

The Director of Public Health highlighted the provision of long-acting reversible contraception, noting that NHS Fife has performed highly in this area.

M Black, Non-Executive Member, questioned the lack of core sites, and how we can improve the uptake. The Director of Health & Social Care agreed to take this forward.

Action: Director of Health & Social Care

The Committee took **assurance** on the action on Sexual Health and Blood Borne Viruses and **noted** that a further report will follow once the national framework is published to assure the actions in Fife are aligned to this framework.

7.3 Shingles & Pneumococcal Vaccination Invite Incident

The Director of Public Health reported that the paper outlines this national incident affecting many NHS Scotland Boards, including NHS Fife. It was advised that significant changes have been made to the way the shingles & pneumococcal vaccine is delivered, and an explanation was provided, as described in the paper. Assurance was provided that the coding issues identified have now been addressed. It was noted enquiries from members of the public were very low.

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

8. ANNUAL REPORTS

8.1 Integrated Screening Annual Report 2022

The Director of Public Health spoke to the report and highlighted that due to Covid-19, a number of screening programmes had been paused. An overview was provided on some of the challenges that are being faced in restarting programmes, with pressures

faced by cervical and breast screening programmes in particular. It was reported all of the programmes show similar reduction in uptake among populations more affected by deprivation. Specific funding has been made available to target inequalities for some of the programmes, and the screening team are developing their plans to address inequalities in the coming year. Preparatory work is also underway for a nationally organised review of women excluded from cervical screening. This will review individuals excluded from cervical screening after surgery to ensure exclusion criteria were correctly applied.

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

8.2 Quality Framework for Community Engagement & Participation

The Director of Nursing spoke to the report, summarising the main points of the briefing paper.

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

8.3 Pharmaceutical Care Services Report 2021/22

The Director of Pharmacy & Medicines provided an overview on the contents of the report.

The Director of Public Health highlighted positively the accessibility of Pharmacies across Fife and committee members agreed the report was informative and clearly presented.

It was agreed to present the report to the Board at their next meeting.

The Committee **considered** the report for decision and **approved** the paper ahead of publication.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

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

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Fife Partnership Board held on 23 August 2022 (unconfirmed)

10.2 Population Health & Wellbeing Portfolio Board held on 11 August 2022 (unconfirmed)

10.3 Public Health Assurance Committee held on 5 October 2022 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

None.

13. DATE OF NEXT MEETING

Wednesday 11 January 2023 at 10am via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Wednesday 11 January 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	29/08/22	Child & Adolescent Mental Health Service (CAMHS) Performance & Recruitment Update	To hold a Public Health & Wellbeing Committee Development Session in early 2023 for a deep dive on psychological services and CAHMS.	NC/HT	Early 2023	In progress. Dates being explored.	In progress
2.	To explore the option of over recruiting with the team.		NC	01/03/23	Will be included in the report to the PH&WB Committee in March 2023.	Deadline not reached	
3.	To ask the team to provide some examples, in relation to successful joint working, in the next iteration of the report for further discussion at this Committee on what else can be achieved through support from other sectors and services.						
4.	To feed back to the team and provide an update in the next iteration of the report re the 'All National Referrals to CAMHS per 1,000 people' and 'Accepted National Referrals to CAMHS per 1,000 people' charts in the paper and to also explain why Fife receive more referrals compared to other local authorities.						
5.	07/11/22	Corporate Risks Aligned to Public Health & Wellbeing Committee	To make the summary statement for the overall risk profile clearer for future iterations.	MM	Future iterations		Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
6.	07/11/22	Sexual Health and Blood Borne Viruses Framework	To take forward exploring how to improve the uptake of core sites.	NC	11/01/22	There is work ongoing to cross reference all the work in the area, e.g. Community Pharmacy and Wider Community Support. Also, to understand for NE Fife, who may be accessing within Tayside in addition to the Fife Service. This will feed back through the next report once the National Strategy is published.	Closed

Meeting:	Public Health and Wellbeing Committee
Meeting date:	11 January 2023
Title:	Corporate Risks Aligned to Public Health & Wellbeing Committee
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author:	Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Emerging issue
- 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 is brought to the Committee as part of the second cycle of reporting to the governance committees on the corporate risks. The content reflects the current status of the risks aligned to this committee. The report will continue to be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 5 January 2023 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to the Board's 4 strategic priorities. The format presents the corporate risks in a manner designed to prompt focused scrutiny and detailed conversations around the level of assurance provided on the management of the risks, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

This is particularly significant for risks which are deteriorating or not improving over time.

2.3 Assessment

NHS Fife Strategic Risk Profile


The Profile is unchanged from the last report to the Committee in November 2022.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile
 Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key <table border="1"> <tr><td>High Risk</td><td>15 - 25</td></tr> <tr><td>Moderate Risk</td><td>8 - 12</td></tr> <tr><td>Low Risk</td><td>4 - 6</td></tr> <tr><td>Very Low Risk</td><td>1 - 3</td></tr> </table>	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 Increased
High Risk	15 - 25									
Moderate Risk	8 - 12									
Low Risk	4 - 6									
Very Low Risk	1 - 3									

Details of the risks aligned to this Committee are summarised in Table 1 below and at Appendix 1. Please note:




- the content of the risk register will be reviewed and developed as appropriate between each committee cycle, with consideration at the Risks and Opportunities Group and recommendations to the Executive Directors' Group (EDG)
- it is acknowledged that the current risk profile may change following an appraisal of risks identified through the Strategic Planning & Resource Allocation (SPRA), and other routes as applicable.

To this end, EDG reviewed and agreed the register on 5 January 2023.

Governance Committees and Aligned Corporate Risk Overview

The risks aligned to this Committee are as at November 2022

Table 1 Risks aligned to the Public Health and Wellbeing Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	1 1 - -	◀▶	<ul style="list-style-type: none"> 1 - Population Health and Wellbeing Strategy 2 - Health Inequalities 	<ul style="list-style-type: none"> It is proposed that the risk target level is increased for the Primary Care Services risk in terms of what might be realistically achieved in respect of risk reduction by financial year end. Updates to mitigations for risks 2,4 and 10
 To deliver value and sustainability	- 1 - -	◀▶	<ul style="list-style-type: none"> 4 - Policy Obligations in Relation to Environmental Management and Climate Change 	
 To improve the quality of health and care services	1 - - -	◀▶	<ul style="list-style-type: none"> 10 - Primary Care Services 	

Deep Dive Review of Corporate Risks

A key objective of the new approach is to further develop the level of assurance that can be taken from the management of our corporate risks. To achieve this, deep dive reviews will continue to be commissioned for individual risks, via the following routes:

- Governance committees
- EDG
- Risks & Opportunities Group with recommendations into EDG

In determining the level of assurance that can be derived from the information provided on the corporate risks, members are asked to apply the Assurance Principles provided at Appendix 2; these are intended to support the process, and replace the questions formerly included in the BAF SBAR.

No deep dives are being presented to this meeting of the Committee.

The Lead Officer has advised that a deep dive review on the Health Inequalities risk is being prepared and is scheduled for submission to the Committee on 1 March 2023, and proposes that a deep dive review on the Primary Care Services risk is presented to the Committee on 15 May 2023.

The Committee is asked to agree the schedule for deep dive reviews on the Population Health & Wellbeing Strategy and the Primary Care Services risks.

Next Steps

The first cycle of reporting on the corporate risks to the Committee was generally well received, with comments indicating the information and presentation were improvements on the previous Board Assurance Framework approach.

Subsequent feedback and discussions with committee members and the Risks and Opportunities Group, have reinforced the need to build on this positive start, by strengthening the process to ensure it provides adequate assurance, particularly around evidence of the implementation, impact and timing of risk mitigations and actions, and demonstrates that the latter are having the desired effect.

To achieve the aim of providing assurance to the Committee and the Board, and subsequent Board approval of our risks, work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided. One of the Board Non - executives is supporting this piece of work.

This along with feedback from all governance committees and the Risks and Opportunities Group, will continue to shape and strengthen our governance reports.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

Subject of the paper.

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 on Option 1: No further action 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 this Committee's particular attention and for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement, most recently at the Risks and Opportunities Group on 2 December 2022 and EDG on 5 January 2023.

2.3.8 Route to the Meeting

- Margo McGurk, Director of Finance and Strategy on 28 December 2022
- Dr Joy Tomlinson, Director of Public Health on 29 December 2022
- Nicky Connor, Director of Health and Social Care on 30 December 2022
- Neil McCormick, Director of Property and Asset Management on 30 December 2022
- Carol Potter, Chief Executive on 30 December 2022
- EDG on 5 January 2023

2.4 Recommendation

- Committee members are asked to agree the scheduling of Deep Dive reviews for the Health Inequalities corporate risk at their meeting on 1 March 2023 and the Primary Care Services corporate risk on 15 May 2023.
- Assurance

3 List of appendices


The following appendices are included with this report:

- Appendix No. 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 5 January 2023
- Appendix No. 2, Assurance Principles

Report Contact

Pauline Cumming
Risk Manager, NHS Fife
Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 5 January 2023


 To improve health and wellbeing							
	Risk	Mitigation	Risk Level / Rating	Target Risk level/ Rating by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
1	Population Health and Wellbeing Strategy 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.	EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development. The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.	Mod 12	Mod 8	◀▶	Chief Executive	Public Health & Wellbeing
2	Health Inequalities There is a risk that if NHS Fife does not develop and implement an effective	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.	High 20	Mod 10	◀▶	Director of Public Health	Public Health & Wellbeing

	<p>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>The future Population Health and Wellbeing Strategy will identify 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>					
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To deliver value and sustainability

	Risk	Mitigation	Risk Level	Target Risk / Date by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
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</p>	<p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed.</p> <p>Regional working group and representation on the National Board</p> <p>Active participation in Plan 4 Fife.</p> <p>Develop NHS Fife Climate Emergency Report and Action Plan by end of January and March</p>	<p>Mod 12</p>	<p>Mod 10</p>	<p>◀▶</p>	<p>Director of Property & Asset Management</p>	<p>Public Health & Wellbeing</p>

	NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'	2023 respectively, for Public Health & Wellbeing Committee and Board approval in March 2023, before submission to Scottish Government					
	Risk	Mitigation	Risk Level	Target Risk / Date by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
 To improve the quality of health and care services							
10	Primary Care Services There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.	A Primary Care Governance and Strategy Oversight Group is in place. The group, co-chaired by the Medical Director and the Director of Health and Social Care, brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It provides assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees. This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife. A Primary Care Strategy is in development and is at final draft stage; it will be progressed for consultation prior to submission for approval via	High 16	Mod 12 by 2023(8 may be possible by 2025)	◀▶	Director of Health & Social Care	Public Health & Wellbeing

		<p>committees of IJB and NHS Fife.</p> <p>A Primary Care Improvement Plan 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 review of models of care incorporating the learning from the pandemic is to be completed by Jan 2023.</p> <p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report to be completed by Jan 2023.</p> <p>Memorandum of Understanding 2 - (Pharmacotherapy, Community Treatment and Care (CTAC) Network and Vaccine Programme) action plan to deliver by September 2022 - Vaccine Programme is COMPLETE.</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 Increased

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 on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or Escalation
Recording
- Scrutiny of 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 to 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 risk opened); has it moved towards target at any point?
• Is there a valid reason given for the current score?
• Is the target score: <ul style="list-style-type: none"> ○ In line with the organisation's defined risk appetite? ○ Realistic/achievable or does the risk require to be tolerated at a higher level? ○ Sensible/worthwhile?
• Is there an appropriate split between: <ul style="list-style-type: none"> ○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now? ○ Actions – planned initiatives which should take it from its current to target? ○ Assurances - which monitor the application of controls/actions?
• Assessing Controls <ul style="list-style-type: none"> ○ Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? ○ Overall, do the controls look as if they are applying the level of risk mitigation stated? ○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
• Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> ○ Are they are on track to be delivered? ○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? ○ Are they likely to be sufficient to bring the risk down to the target score?
• Assess Assurances: <ul style="list-style-type: none"> ○ Do they actually relate to the listed controls and actions (surprisingly often they don't)? ○ Do they provide relevant, reliable and sufficient evidence either individually or in composite? ○ Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> ▪ the control is working ▪ action is being implemented ▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level ○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> ▪ 1st line – management / performance / data trends? ▪ 2nd line – oversight / compliance / audits? ▪ 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE		
Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Meeting:	Public Health and Wellbeing Committee
Meeting date:	11 January 2023
Title:	Population Health and Wellbeing Strategy Progress Update
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.3 Situation

This paper provides an update on the progress of the development of the Population Health and Wellbeing Strategy for assurance.

2.2 Background

Work on developing the Public Health and Wellbeing (PH&W) Strategy commenced in 2021. The strategy will outline how NHS Fife will deliver its organisational strategic priorities (these include improving: health and wellbeing; the quality of health and care services; staff experience and wellbeing; and, delivering value and sustainability). The strategy has a focus on population health and wellbeing which includes access and inequalities.

In previous papers, committee members have received information on how the strategy has been developed and updates on the progress to date.

There is a commitment to prepare a draft strategy document for review and approval by the NHS Fife Board by the end of March 2023.

2.3 Assessment

Significant progress has been made in the completion of

- the public and staff engagement work. The engagement work has been completed by the external company with the final report due by mid-January 2023.
- The writing up of the draft Public Health and Wellbeing Strategy that will be discussed at the next diet of committees.

A first draft of the Population Health and Wellbeing Strategy has been produced and shared at the Portfolio Board in December 2022 in terms of the proposed format of the document. Further discussions with individual directors are taking place during December 2022 and January 2023 to discuss the content of the Strategy. This is an iterative process with the Strategy content being refined after each stage. The next version of the Strategy will be shared at the committees during January 2023.

In terms of the Milestone Plan, the Review of the Clinical Strategy 2016-21 and the Public Health Wellbeing Review have now been completed and reported through the governance structure in 2022.

2.3.1 Quality/ Patient Care

It is anticipated that the Population Health and Wellbeing Strategy will have an impact on all health care services that NHS Fife delivers.

2.3.2 Workforce

Workforce is a key to the delivery of the strategy. As part of the engagement work for the strategy, we are engaging with and listening to the views of our workforce.

2.3.3 Financial

A key part of this work is to consider how we ensure value and sustainability for NHS Fife services in the future. As the strategy is finalised there may be further resource considerations. These will be managed through the existing planning processes.

2.3.4 Risk Assessment/Management

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

2.3.6 Other impact

No other impacts are anticipated.

2.3.7 Communication, involvement, engagement and consultation

Engagement is being managed as part of the engagement work stream as described above.

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.

- Individual Meeting with Directors December 2022/January 2023

2.4 Recommendation

The Committee are invited to take:

- **Assurance** on the progress of the strategy through the contents of this report

3 List of appendices

N/A

Report Contact

Susan Fraser

Associate Director of Planning and Performance

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Meeting:	Public Health and Wellbeing Committee
Meeting date:	11 January 2023
Title:	Anchor Institution Programme Board Update
Responsible Executive:	Dr Joy Tomlinson, Director of Public
Report Author:	Jo-Anne Valentine, Public Health Manager (Health Improvement) Kirsty Berchtenbreiter, Head of Workforce Development and Engagement

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Governance policy/directive
- 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

Over the course of the past year NHS Fife has embedded principles of being an Anchor Institution into the work of its directorates, particularly in relation to employability, procurement and spend, estates, property and land and in its role as a Community Planning Partner. Development of the organisation as an Anchor Institution supports NHS Fife's key objective to continue to work to reduce poverty and inequality.

This paper updates progress and gives some examples of current anchor institution work with a particular focus on youth employment and employability.

The Portfolio Board is asked to note the progress in development of NHS Fife as an Anchor Institution.

2.2 Background

Anchor institutions have been described by The Health Foundation as organisations that have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets¹. In addition, anchor institutions are tied to a particular place by their mission, histories, physical assets and local relationships.

As a community planning partner one of our key objectives is to continue to work to address poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife. As part of the Plan 4 Fife, Fife Partnership has agreed its new priorities as being community wealth building, economic recovery, tackling poverty and climate change.

NHS Fife has agreed to follow the themes set out by the Health Foundation: purchasing more locally for social benefit, widening access to quality work, using buildings and spaces to support communities, reducing environmental impact, working more closely with local partners.

2.3 Assessment

As our understanding of what it means to be an Anchor Institution develops, we are beginning to see Anchors themes threaded through the work of NHS Fife and have embedded the themes within the developing NHS Fife Population Health and Wellbeing Strategy. Information on meeting Anchor themes is now included within SBAR templates.

NHS Fife links into the Plan4Fife recovery and renewal priorities have been strengthened through the inclusion of Executive Directors on the Recovery and Renewal Board, the Community Wealth Building Board, the Tackling Poverty and Crisis Prevention Board and the Climate Emergency Board. Our involvement in ongoing Leadership Conversations supports our anchors ambitions.

Nationally there is no reporting requirement for local Boards however there is an expectation that this will develop, initially with a request for submission of local plans.

Locally, there are existing and emerging areas of Anchor Institution work. This update on progress towards our Anchor Institution ambitions focuses on employability and youth employment but also gives an update on progress with the NHS Scotland Community Benefit Gateway.

Youth Employment and Employability

Within NHS Fife, both Youth Employment and Employability activities were delayed due to the COVID-19 pandemic, impacting plans, including the establishment of Apprenticeships. Despite the challenges, progress has been made to overcome limitations and implement strategic plans, in line with our organisational commitment to employability as part of local economic recovery. New and additional opportunities for engagement have been explored along with recommencement of large-scale events like careers fairs and school activity.

Over the past year, NHS Fife has explored alternative ways to raise the awareness of career opportunities, recruit new talent, and promote NHS Fife as an employer of choice:

- Engaged with schools and careers fairs through virtual platforms.
- Strengthened relationships and scoped opportunities with a variety of key partners, charities, and educational establishments, as well as other partners, such as the MCR Pathways mentoring scheme which we plan to support.
- Worked closely with local education providers and internal colleagues to establish internship and apprenticeship programmes in support of staff development and progression, as well as recruitment to new posts including Graduate Apprenticeships.
- Our collaborative efforts with Fife Council's employability team have resulted in the establishment of employability pathways, such as the Kickstart Scheme; we have recruited and are developing 13 young people in a variety of entry-level roles.
- Identified and secured funding to support the implementation and sustainability of future programmes and will continue to identify further opportunities we may be able to engage with
- By outlining current support provision and planned opportunities for young people to engage with NHS Fife as part of the Young Person's Guarantee, we are further demonstrating NHS Fife's commitment as an Anchor Institution and employer of choice.
- Re-engaging with in-person activities with Developing the Young Workforce (DYW), Schools and Fife College.
- Recruited a Graduate Information Analyst through the Graduate Career Advantage Scotland (GCAS) paid work experience scheme, in collaboration with NES.

In order to retain young people within our organisation we aim to:

- Provide our Kickstart scheme employees with ongoing work experience, development opportunities, and employability support, with the aim of supporting them into a positive destination.
- Establish Apprenticeship opportunities and grow the diversity and number of opportunities over the following years.
- Establish relationships with young people and promote NHS Fife as an employer of choice by collaborating with local partners to provide support.

Looking further ahead, Workforce Development and Engagement colleagues have provided a full overview of plans to Establish, Build and Expand proposed activities over the next 1 to 3 years (see Appendix 1 for detailed information on planned Employability and Youth Employment activities). These activities have been developed in line with aims as an Anchor Institution under the Employment dimension and will support NHS Fife's progress upon

identified improvement areas and go further where possible. Including Anchor features such as developing our apprenticeship offering and methods of recruitment to maximise equality of opportunity for local people, ensuring we pay the living wage and then going further to support people in stretching take-home pay, and offering training, development, and progression opportunities to allow staff to reach their potential.

Community Benefit Gateway

In May 2022 NHS Fife agreed to become part of the NHS Scotland Community Benefit Gateway. This online portal matches community and voluntary sector organisation 'needs' to NHS suppliers. Similar portals exist within local authorities and for City Deal Regions.

In NHS Fife we have agreed that applications for local needs must include at least one of the following themes: 1.Reducing health inequalities, 2. Contributing to anti-poverty work, 3.Improving health and wellbeing and 4. Responding to the Climate Emergency.

We have noted that on the NHS Scotland national system applications from voluntary sector organisations are of variable quality and can sit on the system for a long time without a contractor or business picking them up. In Fife we are therefore working with colleagues in Fife Voluntary Action and in procurement services within Fife Council with the aim of joining up criteria for applications and simplifying the application process for local organisations with the aim of producing higher quality applications that are met by suppliers. Fife Voluntary Action have been working on producing an interface, initially for NHS Fife, but over time we hope to be adopted by Fife Council that will make sure that bids from voluntary sector organisations to the system are strong and meet criteria, but that will also support contractors and procurement functions across Fife. Within NHS Fife it is the intention that we concentrate on a number of quality bids that can successfully be matched to contractors and link up contractors working in Fife with local community and voluntary sector organisations. The interface developed by FVA will be trialled in early January and an event to publicise the system to voluntary sector organisations and to contractors will take place in late January.

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 organizations. We support the enhancement of patient care and quality standards with Employability Schemes and Apprenticeships across the organisation. 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.

Youth employment is at the heart of both NHS Fife and Fife Health and Social Care Partnership's Workforce Strategies. This supports NHS Fife's goals as an exemplar employer.

The scale of our ambition in this area is resource dependant, with plans requiring staffing not yet available to coordinate and administer activities that would allow us to sustain and expand our services beyond year 1. To engage and develop our plans in the coming years and meet our goals, we intend to explore options for additional staffing needs through the SPRA process and any other funding routes.

2.3.3 Financial

As part of engagement with initiatives, workforce development and engagement colleagues are exploring several funding opportunities. As an Anchor Institution, we have committed to providing more access to fair work, but we are likely to need funding to meet these aspirations; a future paper will outline our requirements.

Additional resourcing will be required to expand the programme of activity and will be subject to further funding availability.

No additional financial costs have been identified in relation to the Community Benefit Gateway.

2.3.4 Risk Assessment / Management

Through ongoing efforts to improve youth employment and employability we hope to mitigate some of our recruitment and retention challenges.

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.

Our development of youth employment and employability provision as an anchor institution plays a crucial role in addressing the impacts of the pandemic on social inequality and widening access to employment within NHS Fife.

2.3.6 Climate Emergency & Sustainability Impact

One of the core components of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment.

2.3.7 Communication, involvement, engagement and consultation

Our Anchor Institution work has been discussed at a Board Development meeting, and at meetings of EDG as well as with the Health and Wellbeing Committee. It has also been discussed at Fife Partnership Board. An introductory presentation has been given at the Area Clinical Forum and to the extended acute service Senior Leadership Team. The Anchor Institution Programme Board recognises the importance of engagement and consultation particularly with our own staff groups, and this will form part of the programme's action plan.

We have and will continue to engage in conversations with various Service Line managers and Departments across NHS Fife to understand their needs and determine their capacity to support employment and employability schemes.

Several partners have been engaged in the identification and implementation of our planned activities, including East region colleagues to gain an understanding of their progress and learn from their feedback. This includes but is not limited to regular contact with NHS Lothian, Fife Council, Fife College and the Employability and Apprenticeships Network

2.3.8 Route to the Meeting

Updates on NHS Fife as an Anchor Institution have been presented to Portfolio Board in March 2021, February 2022 and May 2022, the Public Health and Wellbeing Committee in May 2022 and August 2022.

An update on Youth Employment and Employability was presented to the Portfolio Board in September 2022.

2.4 Recommendation

- Assurance - members are asked to note progress and ambitions.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Planned Employability, Youth Employment and Apprenticeship Activities

Report Contact

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Appendix 1: Planned Employability, Youth Employment & Apprenticeship Activities

	Year 1 - ESTABLISH		Year 2 – BUILD UPON		Year 3 - EXPAND	
<i>* Delivery of activity subject to resourcing solutions</i>						
	Year 1 Aims	Year 1 Intended Outcomes	Year 2 Aims	Year 2 Intended Outcomes	Year 3 Aims	Year 3 Intended Outcomes
Develop and retain	<p>Develop an NHS Fife Leadership Development Framework</p> <p>Investigate and secure Flexible Workforce Development funding with Fife College to deliver a range of soft-skills courses for staff development</p> <p>Encourage staff development through Modern and Graduate Apprenticeship Opportunities</p> <p>To include in our onboarding process a bespoke induction, and tailored training and development plan, which also includes Employability Skills training and encourages reflection on learning and experience</p>	<p>Leadership Development Framework created and promoted across NHS Fife</p> <p>Funding secured, and additional development courses delivered for current staff</p> <p>In collaboration with the Nursing Team, set up Band 2/3 Health Care Support Worker (HCSW) Apprenticeship for a small group of current staff as a test of change</p> <p>Run bespoke inductions for those entering our paid-work experience or apprenticeship schemes</p> <p>A training and development reflective booklet created for those on work experience to complete, signposting them to</p>	<p>Secure further Flexible Workforce Development Funding and review offering</p> <p>*Widen opportunities for staff development through Modern and Graduate Apprenticeship connections</p> <p>*Continue to offer a bespoke induction, employability training sessions and development booklet for new scheme employees</p> <p>Scope a mentoring/peer support group to support early career employees entering</p>	<p>Funding secured, new courses developed and delivered alongside the existing selection of courses</p> <p>In collaboration with the Nursing Team, expand Band 2/3 HCSW Apprenticeships allowing for additional cohort(s) from the wider workforce</p> <p>Additional apprenticeship opportunities are promoted to managers and staff.</p> <p>New scheme employees inducted and supported into positive destinations</p> <p>Early careers mentor/peer-support group established for staff who have progressed from an employability scheme.</p>	<p>Secure further Flexible Workforce Development Funding and review offering</p> <p>*Working with departments/teams with an identified need for staff development, look to establish development pathways using apprenticeship offering</p> <p>*Expand employability training sessions and development booklets for new scheme employees. With offering adapted to support existing staff.</p> <p>*Early careers mentor/peer-support group opened to all staff across NHS Fife</p>	<p>Funding secured, new courses developed and delivered alongside the existing selection of courses</p> <p>Progression pathways developed within key areas</p> <p>New scheme employees inducted and supported into positive destinations</p> <p>Staff further supported with Employability skills guidance.</p> <p>Early careers mentor/peer-support group promoted across the workforce.</p>

		relevant opportunities. Run NHS application and interview sessions for those on paid-work experience programmes, in support of them securing a role within NHS Fife or into another positive destination	and progressing in NHS Fife			
	Year 1 Aims	Year 1 Intended Outcomes	Year 2 Aims	Year 2 Intended Outcomes	Year 3 Aims	Year 3 Intended Outcomes
Recruitment support and widening access	<p>Explore opportunities to engage with underrepresented groups as a source of recruitment and promote opportunities to managers</p> <p>Secure suitable funding. E.g. Kickstart and No One Left Behind (NOLB) Funding to enable the delivery and sustainment of a paid work experience scheme</p> <p>Engage with the Kickstart Scheme as a test of change for developing a paid work experience scheme</p> <p>Identify and recruit a small cohort of apprentices</p>	<p>Aware of opportunities to engage in additional recruitment activities and initiated where suitable</p> <p>Aware of a range of funding opportunities</p> <p>Funding secured in support of recruitment incentives</p> <p>Recruited young people with barriers to employment through the Kickstart scheme and supported them into a positive destination</p> <p>Raised awareness of the benefits of Apprenticeships to NHS Fife Staff and identified several apprenticeship opportunities for recruitment.</p>	<p>*Continue to explore new recruitment incentives and opportunities, which could support or expand our activities</p> <p>*Using feedback and learnings from the Kickstart Scheme, develop a sustainable paid work experience scheme, available to managers across NHS Fife.</p> <p>*Build on the Apprenticeship Scheme to key areas with an identified need for recruitment</p> <p>Develop guidance on</p>	<p>Aware of opportunities to engage in additional recruitment activities and initiated where suitable</p> <p>Managers across NHS Fife are aware of schemes and able to apply</p> <p>A paid work experience scheme set up and promoted to key areas across NHS Fife</p> <p>Working with departments/teams with an identified need for recruitment pathways, recruit the next cohort(s) of Apprentices</p> <p>Guidance on recruiting young people shared on StaffLink</p> <p>Provided pre-recruitment application and interview guidance to</p>	<p>*Continue to explore new recruitment incentives and opportunities, which could support or expand our activities</p> <p>*Expand the number of paid work experience scheme opportunities</p> <p>*Using feedback and learnings from the apprenticeships recruited, improve upon, and widen Apprenticeship offering to managers across NHS Fife.</p> <p>*Engage Project Search, in recruiting young people with moderate learning disabilities into paid-work experience opportunities</p>	<p>Aware of opportunities to engage in additional recruitment activities and initiated where suitable</p> <p>Work experience scheme promoted for application from across NHS Fife</p> <p>Wider promotion of Apprenticeships, with a larger number of opportunities available and from a variety of roles/departments.</p> <p>Project Search cohort recruited and supported into a positive destination</p> <p>Application and interview guidance provided to all candidates applying to Band 2-4 roles and shared with schools,</p>

	Ensure all candidates applying to employability and apprenticeship schemes receive application and interview guidance	Provided pre-recruitment application and interview guidance to those applying for paid-work experience and apprenticeship schemes	recruiting young people Ensure all candidates applying to employability and apprenticeship schemes and those with barriers to employment receive application and interview guidance	those applying for paid work experience and apprenticeship schemes. Application and interview guidance shared with schools, college and support organisations who work with those with barriers to employment	*Ensure all candidates applying to Band 2-4 roles (optional), those on employability and apprenticeship schemes and those with barriers to employment receive application and interview guidance	colleges and support organisations who work with those with barriers to employment
	Year 1 Aims	Year 1 Intended Outcomes	Year 2 Aims	Year 2 Intended Outcomes	Year 3 Aims	Year 3 Intended Outcomes
Attract as an employer of choice	<p>Raise awareness of careers and opportunities within NHS Fife</p> <p>Engage with external partners, third sector organisations and colleagues in other areas of the NHS at local and national meetings to represent NHS Fife, and to discover, promote and maintain awareness of opportunities</p> <p>Scope how we might support care-experienced pupils in schools into positive destinations through MCR</p>	<p>Attended local Careers Fairs and engagement opportunities with schools/college /other groups, where appropriate</p> <p>Promoted Apprenticeship case studies to partners on social media during Apprenticeship week</p> <p>Supported the Social Services and Healthcare Foundation Apprentice cohorts</p> <p>Represented NHS Fife at various meetings and used platforms to promote awareness of opportunities and NHS Fife as an employer of choice</p>	<p>*Continue to engage with key partners, representing NHS Fife and where possible expand engagement to raise awareness of careers and opportunities within NHS Fife</p> <p>Engage with MCR Pathways</p> <p>Review and update Young Persons Guarantee (YPG) plans and activities</p> <p>Review virtual resources and expand upon, if beneficial</p>	<p>Represented NHS Fife, and attended local Careers Fairs and engagement opportunities with schools/college /other groups, where appropriate</p> <p>Additional mentors identified, trained and engaged with MCR Pathways mentees</p> <p>YPG updated</p> <p>New virtual resources created and promoted</p> <p>Work experience application forms and guidance reviewed, digitized, and promoted to DYW Coordinators</p>	<p>*Continue to engage with key partners, representing NHS Fife and where possible expand engagement to raise awareness of careers and opportunities within NHS Fife</p> <p>Expand engagement with MCR Pathways</p> <p>Review and update Young Persons Guarantee plans and activities</p> <p>Review virtual resources and expand upon, if beneficial</p> <p>Support key areas to expand work experience offering/school</p>	<p>Represented NHS Fife, and attended local Careers Fairs and engagement opportunities with schools/college /other groups, where appropriate</p> <p>Wider promotion resulting in additional mentors identified, trained and engaged with MCR Pathways mentees</p> <p>YPG updated</p> <p>New virtual resources created and promoted</p> <p>Increased number of young people with barriers to work engaged in work experience</p>

	<p>Pathways mentorship</p> <p>Our plans and activities supporting young people into work are detailed in the Young Persons Guarantee</p> <p>Review and identify opportunities to develop virtual resources to maximise the reach and impact of engagement</p>	<p>MCR Pathways scoped and discussed with internal colleagues on how we could engage</p> <p>NHS Fife signed up to the Young Persons Guarantee (YPG)</p> <p>Virtual work experience platforms scoped, and resources developed, where possible, and promoted across schools etc.</p>	<p>Review the work experience application forms and guidance to simplify and make the process more accessible to those without local links and support</p> <p>Work with the Volunteer Team to identify opportunities to support and engage targeted volunteers' groups into employment</p> <p>Gather and use Case Studies to promote opportunities and encourage engagement</p>	<p>across Fife schools and Fife College</p> <p>Volunteer engagement identified and targeted/supported, where appropriate</p> <p>Case studies for Apprenticeships and paid work experience collated and promoted internally and externally</p>	<p>Engagement to raise awareness and promote recruitment opportunities within NHS Fife</p> <p>Gather a wider variety of Case Studies and feedback to promote opportunities and encourage engagement</p>	<p>Increased departmental engagement with school pupils</p> <p>Case studies for Apprenticeships, paid work experience opportunities, schoolwork experience, and any other initiatives engaged with, collated, and promoted internally and externally.</p> <p>Worked with key partners to develop promotional materials/case studies, if available</p>
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Meeting:	Public Health and Wellbeing Committee
Meeting Date:	11 January 2023
Title:	Fife Mental Health Strategy – Progress Report
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Authors:	Rona Laskowski, Head of Service, Critical and Complex Care, Fife HSCP

1 PURPOSE

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government Policy / Directive
- NHS Board/Integration Joint Board Strategy
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 REPORT SUMMARY

2.1 Situation

The purpose of this report is to provide the Public Health and Wellbeing Committee with a summary of continued progress with the implementation of the Fife Mental Health Strategy and the changing national position.

2.2 Background

The current strategy for Mental Health Services in Fife, 2020 – 2024 was formally signed and agreed on 28th February 2020.

At the point of agreeing the strategy for Fife, it was accepted that the delivery would remain within the service budget, and that financial analysis would be

brought forward, along with an implementation plan for further consideration in due course.

The intervening period then saw extra-ordinary change, including;

- the requirement for everyone to try and navigate through the pandemic
- gradual re-emergence and remobilisation of services
- significant deficits emerging across the health and social care workforce
- the general public seeking re-engagement with services at a pace that was difficult to meet
- significantly increased pressure on mental health services, amongst others, as the impact of the pandemic, the social isolation and other unintended consequences made themselves known.

The list is not exhaustive.

For mental health services there was an additional requirement to be as agile as possible to respond to the increasing demand for services, guided by the ambition of Scottish Government, Mental Health Transition and Recovery Plan, published August 2021, to move to a population health approach, and the requirement for Boards and HSCPs to begin to plan and implement mental health and wellbeing services at Primary Care level.

The original agreement, to develop and invite Committee to consider an implementation plan with accompanying financial analysis was never realised given the extenuating circumstances and continually evolving national agenda noted above.

This report provides examples of the ongoing work across Mental Health services in Fife as we continue to deliver and implement the original strategic improvements alongside the additional national requirements. The report also explores the current demands; further ongoing changes to the national agenda and the risks associated with these.

This report goes on to recommend that the developing refreshed strategy, to be informed by the imminent new national Mental Health strategy, due to be published Spring 2023, is reported with a financial analysis and implementation plan by summer 2023.

2.3 ASSESSMENT

Mental Health services are delegated within the Health and Social Care Partnership. There are a wide range of services and specialties within the umbrella of services, extending across all age groups including, for example, specialist Eating Disorder Services, Peri-Natal and Infant Mental Health and low secure forensic inpatient services. All teams have specialist knowledge, skills

and experience in providing advice, care, support and treatments which aim to improve the health and wellbeing of people living and working in Fife.

Fife’s Mental Health Strategy 2020 – 2024 contains the ambition to develop and improve services across 7 areas of commitment, these being:

- Prevention and Early Intervention
- Shifting the Balance of Care
- Workforce
- Access to Treatment
- Technology Enabled Care
- Participation and Engagement
- Rights, Information Use and Planning

These strategic ambitions were directly aligned to the then national strategy for Scotland, 2017 – 2027 and were a continuation of the preferred direction of travel, to move away from hospital based inpatient care, delivering care closer to home, within local communities and enabling more patient centered rights based care.

As illustrated in the June 2022 progress report, Action 15 and the associated revenue stream from the national strategy enabled and shaped a range of services within Fife HSCP Mental Services and with our strategic and delivery partners across 3rd sector, and Fife Council.

Fife receives a recurring contribution of £2,177,851.00 and was expected to deliver 54.4 whole time equivalent additional mental health practitioners within that allocated sum. Recent communication from Scottish Government has indicated an expectation the additional posts created are embedded into core substantive service budgets.

Fife Mental Health Services met the required Scottish Government commitment, and continue to fund, and benefit from the following range of services which are actively contributing to the identified strategic commitments as reflected in the table below:

Fife HSCP – Action 15 Funded Services				
Service/ Organisation	Service Delivered	Annual Recurring Funding	New Whole Time Equivalent Posts	Strategic Commitment
Fife MH services – NHS Fife	CAMHS Primary Care MH workers	196,000	4.0	Commitment 1 - Prevention and Early Intervention Commitment 2 - Shifting the Balance of Care Commitment 4 - Access to Treatment

Link Living	Self Coaching – psychological therapy	243,855	11.49	As above
Women’s Justice Service, NHS Fife and Fife Council	Psychological Support – Women’s Justice	170,000	3.6	Commitment 4 - Access to Treatment
Unscheduled Care – MH Assessment Team	Psychological Brief Interventions within 5 days of presentation	177,000	2.97	Commitment 4 - Access to Treatment
Unscheduled Care – MH Assessment Team	Unscheduled mental health state assessment	666,000	11.44	Commitment 1 - Prevention and Early Intervention Commitment 4 - Access to Treatment
SAMH	Peer Support drop in café and support 7 days/ week	222,336	8.0	Commitment 1 - Prevention and Early Intervention
FRASAC (Fife Rape and Sexual Assault Counseling)	Trauma Informed practitioners	80,000	2.0	Commitment 4 - Access to Treatment
Fife Voluntary Action	Peer Support Co-ordinator	25,000	0.5	Commitment 6 – Participation and Engagement
Fife Council	Local Area Co-ordination	381,000	10.76	Commitment 1 - Prevention and Early Intervention Commitment 2 - Shifting the Balance of Care
Fife HSCP / NHS Fife	Programme Management	54,000	1.0	Commitment 7 Rights, Information Use and Planning
		2,215,191	55.76	

Recognising the immediate and substantial impact on the mental health of the population, and the pressures on secondary care services, the Scottish Government launched the Mental Health Transition and Recovery Plan in August 2021. Whilst this contained some 100 actions, the main thrust of the plan was encapsulated in the four bullet points below:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advice and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness

This additional strategic intent resulted in a range of specific financial awards, all with their own associated criteria. Whilst these were aligned to the national and therefore local Fife

MH strategy, they brought additional demands, in terms of workforce, specific planning and delivery criteria, and additional national reporting.

Areas that were specifically funded in 2021/22 included:

Phase 1 CAMHS and Psychological Therapies

Eating Disorder Services

Phase 2 CAMHS

(Includes the Neurodevelopmental Pathway)

Phase Two Psychological Therapies

Dementia Post Diagnostic Services

Mental Health Pharmacist and Technician

Peri –Natal and Infant Mental Health

Trauma Informed Practice

Locality based Mental Health and Wellbeing teams in Primary Care

Furthermore – in addition to the above, there was a publish intent to also progress the areas reflected in figure 1.

- Invest in Primary Care. By 2026, every GP Practice will have access to a mental health and wellbeing service, creating 1,000 additional dedicated staff who can help grow community mental health resilience and help direct social prescribing.
- Invest in digital service capacity. Over the next year, we will begin work on an expanded Digital Mental Health Programme, building on the substantial progress already made. This will include continued scaling up of new digital treatments and therapies, ensuring these are also accessible in rural areas, increasing the ability to self-refer to some Computerised Cognitive Behaviour Therapy treatments and establishing a Mental Health Innovation Hub to encourage the development and evaluation of technologies focused on the identified needs of the population.
- Initiate work to develop a set of quality standards for all Adult Mental Health services so that people know what they can expect from their NHS services
- Support the needs of people with dementia to live well, including post diagnostic support. We will provide additional funding for dementia post-diagnostic support, to expand access to front-line services and to strengthen and support wider dementia community projects which benefit people with dementia and their families after a diagnosis.
- Develop our work on mental health and adult neurodevelopmental pathways to support people with a learning disability, autism and ADHD.

Alongside these new areas of required activity outlined above , Fife MH services have continued on the journey pursuing continuous service improvement and further development of the strategic objectives of the local strategy.

The current areas of strategic activity, described below are work streams that will provide the foundations for Fife Mental Health services i.e. pathways into and out of treatment and

shifting the balance of care to community based services. All require a period of years to deliver, in part because of the processes associated with them, and in part because of operational challenges including financial climate and workforce shortages.

Redesign/ Replacement of the MH Inpatient Estate

Fife MH services, in partnership with NHS Capitol Planning have progressed and delivered the first stage of planning and consultation that will inform an Initial Agreement, making recommendations for the preferred model(s) of inpatient care and treatment.

At its heart, the model of care is the principle that hospital services should only consist of treatments that absolutely must be delivered in a hospital setting. Predominantly this will provide for and with people who present such a level of risk, to themselves or others, that their care and treatment must be provided within a hospital setting.

The Initial Agreement will be reporting through the required governance routes in quarter 4 of 2022/23. Informed by discussions and feedback from both internal and Government discussions, it is anticipated this programme of work will move to develop the outline business case in 2023/24.

Community MH Estate

As a direct consequence of the above model, there is an associated need to ensure that we are also planning and preparing for all outpatient services to be delivered from appropriate and accessible community locations.

Embracing the spirit of integration, and our aspiration that our models of care will become ever more integrated with our independent, community and 3rd sector partners, there is an exercise underway to map accommodation across Fife Council, NHS Fife and our 3rd sector partners.

It is intended that our strategic plan for service development, location and accessibility in the community will be informed by the integrated location possibilities identified through this piece of work. This will also enable us to plan for relocation of outpatient services, and office bases which are currently on the hospital sites and need to move. For example CAMHS services, currently located on Stratheden site are extremely difficult for parents and/or young people to access unless they have private transport.

Development of Locality Based Mental Health and Wellbeing Hubs

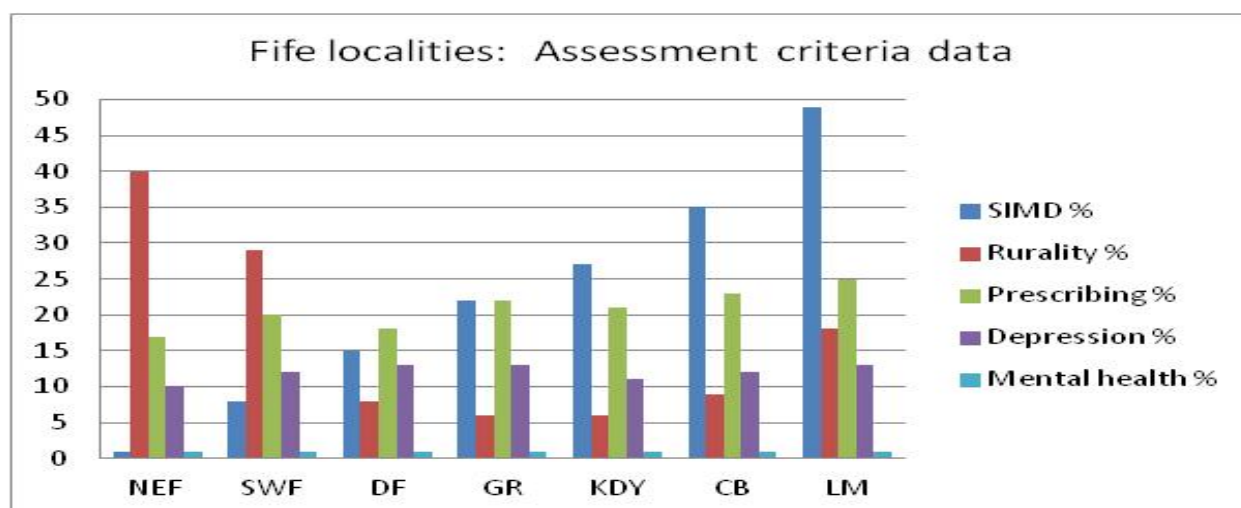
Initiated by a requirement from Scottish Government through the Mental Health Transition and Recovery Plan, a programme of work was convened last year, to deliver 7 locality based mental health and wellbeing hubs by 2026.

Initial work, now concluded, has considered a range of criteria from locality needs assessment, to inform the priority areas from which we will begin.

The criteria for selection, agreed by the MHWPCS Oversight Group, included the following:

- Scottish Index of Multiple Deprivation (SIMD) - % population living in the 20% most deprived data zones;
- General practice depression registers - % population
- General practice mental health depression registers - % population
- Prescribing for anxiety, depression or psychosis medication - % population
- Rural deprivation - % population

The three areas identified are: NE Fife, Leven, and Cowdenbeath.



Recognising the need for the locality hubs to be designed by the local community, and to be able to respond to the unique characteristics of the local community, the initial focus is on the development of co-production groups. It is expected the outputs from coproduction will be very different, for example it is anticipated that the hub in NE Fife may be mobile, rather than a single physical shop front/ high street location that could be more appropriate in a more urban locality.

Continuing the Development of Pathways of Care

In line with the strategic ambition to shift the balance of care and improve access to treatment, 2 key areas of work that will be a focus of 2023 are:

1. Development of Out of Hours. Unscheduled Care. Whilst there were seed funding finance allocated from Action 15 revenue stream to develop this service area, the

challenges of identifying the workforce have caused this to be continually problematic. The initial ambition, to create 5.7 wte Advanced Nurse Practitioner posts proved impossible to achieve. The service is now reviewing and reconsidering how to deliver this essential service.

It is recognised, when benchmarked against other HSCPs that the current resource allocation to this area is particularly poor. Fife MH services, Fife HSCP and NHS Fife may have to consider options if this is to be addressed.

A stand alone paper to consider the requirements of a Fife wide Out of Hours mental health services will be a primary aim of 2023.

2. Development of Community Mental Health teams (CMHTs)

CMHTs were established in Fife in 2019/20 with the resource transfer from MH day hospitals to create Community Teams. No new revenue was allocated and the teams are at the earliest stages of development and delivery.

The MH “industry standard” for CMHTs requires services to be multi-disciplinary, including a range of AHPs, psychology and psychiatric care, both nursing and medical.

Currently across Fife, the CMHTs have nursing Consultant Psychiatry and a small component of MH OT.

MH service are undertaking a DCAQ exercise, considering contemporary standards such as the Mental Health Quality Standards, which require every patient discharged to have a follow up appointment with their CMHT within 7 days, and seeking to capture analysis of unmet need, in order to design a service that will be robust and fit for future. The initial DCAQ work is currently being designed.

New National Strategy for Scotland

Scottish Government has indicated, through the MH leads network, that the new Mental Health Strategy for Scotland has been brought forward, as a direct response to the impact for the pandemic and the known detrimental effect on population wellbeing. It is expected that the draft strategy will be circulated early January 2023.

Currently there are no reports that any further additional finance will be forthcoming. However, there are early indications that there may be more flexibility regarding the use of current allocations, to enable HSCPs to determine local priority within their Mental Health services.

The revised Mental Health strategy for Fife will be directly informed by the national position, as it becomes available.

2.3.1 Quality / Patient Care

The range of examples of strategic service improvement will directly contribute to the MH service ambition to deliver high quality patient care, within quality environments that can evidence improved outcomes for patients, deliver the MH Quality Indicators, and of the National Health and Wellbeing Outcomes.

2.3.2. Workforce

Whilst there have been and continue to be a large number of initiatives to improve recruitment, the service continues to operate with a 20% vacancy rate within nursing, and a significant dependency on locums within the Consultant Psychiatrists, with Older Adult MH having a 50% dependency on locums, Addictions 40% and Adult MH 30%.

There is recognition within Scottish Government that the range of revenue streams and new expectations across all HSCPs throughout 2022 brought additional pressures and unhelpful completion to the recruitment market across Mental Health services, however, fundamentally, the workforce is currently not available within Scotland.

The risk associated with managing and delivering treatment to, an often, volatile patient group is significant.

Locally, work is underway to explore models from elsewhere and the evidence of positive impact from partnership with 3rd sector agencies providing in reach/ outreach models to enhance the patient experience and build successful discharge pathways.

2.3.3 Financial

Whilst it is clear Mental Health services have received significant levels of investment nationally, all allocations have come with specific and additional demands. There has been no investment into core secondary, primary or unscheduled care mental health services. At a time when there is widely recognised unprecedented and continually growing demand for mental health services, this is presenting challenges.

As noted earlier in this report there are current discussions at national level which may impact on the range and application of revenue streams previously allocated for specific service improvements within the mental health family, enabling more local decision making concerning application of the revenue. It is

not yet clear whether there is any flexibility about the previous stipulated additional services the Government wanted to see implemented.

There have also been considerable delays with allocations, which brings with it significant risk. 2022/23 allocations were only confirmed on 16th December 2022, and there remain a number of service areas where we are yet to receive confirmation of recurring funding levels. These include Post Diagnostic Support for Dementia and Peri-natal and Infant Mental Health services.

2.3.4 Risk Assessment / Management

As noted in earlier sections of this report, there are considerable risks associated with both finance and workforce, both of which are impacting on the ability to deliver high quality mental health services.

There is also the additional risk of further deterioration in population mental health given the current and anticipated increase in poverty across the population. Poverty has long been recognised as one of the major contributors to poor mental health. Coming at a time when the impact of enforced social isolation and the increased social anxiety that has caused is already translating into increased demand across the spectrum of mental health services, there is nervousness within Mental Health services of how any further increase in demand can be absorbed.

2.3.5 Equality & Diversity, Including Health Inequalities & Anchor Institution Ambitions

Various aspects of the implementation of the Mental Health strategy will require an EQIA to be undertaken. An initial EQIA has been completed, for example, for the MH Estate programme of work. The outcomes from these will be reported individually within the respective work streams.

2.3.6 Climate Emergency & Sustainability Impact

The individual work streams of the strategy, again using the MH estate programme as an example, will individually consider and inform the organisational duties as they relate to climate change and sustainability.

2.3.7 Communication, Involvement, Engagement & Consultation

There are a range of robust processes, including consultation with the MH Lived Experience Team which are informing each of the work streams that contribute to the implementation of the Five Mental Health strategy.

The re-establishment of the MH Strategic Implementation Group, due to resume face to face meetings in quarter 4 of 2022/2023 with a revised and broader membership than before, will ensure consultation and engagement with every aspect of the strategy implementation.

2.3.8 Route to the Meeting

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

- HSCP Senior Leadership Team, 09 January 2023

2.4 RECOMMENDATION

Committee members are asked to take assurance from the report. The report highlights and identifies the risks recognising the changing financial climate. The re-establishment of the Mental Health Strategic Implementation Group (MH SIG) will retain oversight of the risks, with regular updates to the Strategic Planning Group of Fife Integrated Joint Board.

An update will be provided to the Committee in 6 months' time.

Report Contact:

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Meeting:	Public Health and Wellbeing Committee
Meeting date:	11 January 2023
Title:	Primary Care Update
Responsible Executive:	Chris McKenna, Medical Director NHS Fife Nicky Connor, Director of Fife Health and Social Care Partnership
Report Author:	Lisa Cooper, Head of Services, Primary and Preventative Care Chris Conroy, Immunisation Programme Director

1 Purpose

This report is presented to:

1.1 Assure regarding plans to improve and enhance Primary Care Services across Fife with the development of a Primary Care Strategic Plan and a primary care premises strategy.

Inform and assure regarding the review commissioned of the current governance and assurance frameworks with the aim to enhance the leadership, management and governance infrastructures aligned to Primary Care Services including all 4 independent contracted providers.

Assure the work currently being undertaken to improve sustainability of General Medical Services within Primary care for both Health Board managed 2c Practices and independent 17J practices at risk of terminating contracts.

This report relates to a:

- Operational Service Delivery
- Ongoing issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Primary Care is defined by Scottish Government (SG) as the first point of contact with the NHS and is recognised as being a critical area for care delivery and has key role in the prevention and early intervention agenda and navigating a person to the right place for the care need.

SG is leading the work to transform Primary Care services to better meet changing needs.

NHS Fife and Fife HSCP continue to experience significant workforce challenges within Primary Care Services which impact directly creating risk to effective service delivery.

There is a requirement to act promptly to safeguard the sustainability of 2c Board managed general practices and independently contracted 17j general practices that require support to reduce risk of terminating contracts, in a way that is reflective of the individual circumstances of each Practice and that seeks to best support the population needs that these practices serve.

In addition to the risk within General Medical Services (GMS), there are now increasing risks to sustainability of General Dental Services (GDS) across Fife as service recovers from the pandemic. These risks are detailed in a separate paper presented 05/01/2023 to EDG and also to the Public Health and Wellbeing Committee (PHWBC).

Beyond improving sustainability, there is a need to ensure that there is a strategic plan to enable the transformation required to ensure high quality and sustainable delivery of Primary Care Services to support people to live long healthier lives, services that enable the prevention and early intervention agenda and ensure people receive care close to or at home.

The strategic plan is essential to support ongoing excellence in care delivery and of a Primary care service that ensures accessible and inclusive care across Fife and supports NHS Fife and HSCP in ultimately achieving the ambition of the strategic plans.

2.2 Background

Strategy

Nationally there are significant workforce challenges predominantly with GPs and Dentists. These pressures are now being experienced wider also with the multi disciplinary team (MDT), a team of highly skilled professionals including nursing, pharmacists, allied health professionals and paramedics whose role compliment the medical professionals with the purpose of delivering care by the right person at the right time and releasing GPs to work as expert medical generalists. These workforce pressures are aligned with financial pressures as services recover and redesign and are being experienced significantly within Fife in line with other boards across Scotland.

This is creating risk to sustainability. Fife has progressed with the Primary Care Improvement plan (PCIP). However, due to the impact of the pandemic, ongoing workforce challenges and finance constraints, implementation of the GMS contract in line with the national Memorandum of understanding (MOU) has not been completed although some aspects have e.g. the Vaccination Transformation Programme. Taking cognisance of these challenges, a plan to continue the drive to implement this is being progressed in Fife with a refresh to be undertaken in early 2023 to ensure it remains fit for purpose, is realistic and achievable. This work is overseen by the GMS implementation group reporting to the new convened **Primary Care Governance and Strategic Oversight Group (PCGSOG)** and **Health and Social Care Partnership (HSCP) Senior Leadership Team (SLT)**.

Sustainability

Due to increasing instability within 2c board managed practices and an increasing risk to wider independent practices, the Director of the HSCP and the Medical Director for NHS Fife jointly commissioned a programme of work, with two key focuses:

1. Appraise the current service delivery position, associated pressures, and risks and put in place immediate actions to support safe service delivery
2. Create a longer term plan to ensure safe and effective service delivery and ongoing effective management of 2c practices. The aim being to develop resilience and enhance sustainability across Primary Care Services and anticipate future pressures on General Practice.

Whilst the introduction of a regular Primary Care huddle, has allowed regular MDT review of staffing across 2C practices with key actions taken to safeguard service delivery. Work is ongoing at pace to return the current 2C practices to a position of stability and create capacity to support other practices which may come into difficulty.

Governance and Assurance

Furthermore in line with current challenges it is now realised by senior professional and management leads that there is a need to review and assess the leadership, management and governance frameworks that support delivery of primary care service across all the 4 contractors i.e. General Medical Services, Dental Services, Community Pharmacy and General Ophthalmology Services. There is also a critical need to ensure success of the PCIP as it remains a key priority for the HSCP and is seen as critical to supporting resilience and sustainability for General Medical Services.

A review has been jointly commissioned by the Head of Services for Primary and Preventative care (HoS P&PC) and The Deputy Medical Director (DMD) with the purpose of making recommendations for implementation to ensure a robust infrastructure to support and assure effective delivery of Primary Care.

2.3 Assessment

Primary Care Strategy

A Primary care strategy is realised as necessary to ensure a clear roadmap to navigate the challenge and have a clear shared ambition to ensure services that are fit for the future in line with demographic projections. This is currently being drafted for progression via committees ultimately to the Integration Joint Board for support. The strategy will have a clear mission and objectives to achieve the vision of safe, high quality, accessible and sustainable Primary Care Services for Fife. Once approved, implementation of this can only be progressed with a resilient leadership, management and governance structure being essential to underpin and embed success.

The strategy is one of 9 which will support delivery of the HSCP strategic plan. The discovery phase is now complete and a draft plan is in progress and being co-produced with critical stakeholders involved with the aim of presenting via committees late spring with an implementation plan to commence by summer 2023.

There are key enablers identified to ensure the success of the strategic plan including workforce, finance, premises and digital and these enablers will shape the implementation plan with an oversight group to be established to track progress.

Primary Care Premises Strategy

Regarding Primary care premises as a key enabler, significant work has been ongoing through the development of the primary care premises strategy. This has included robust engagement with all General Practices and considers not only the business cases for Lochgelly and Kincardine but the needs across all primary care estate. There has also been significant responsive work as required such as conversion at Methilhaven to support effective premises for the population. There are connections between the premises strategy and Primary Care strategy to ensure completeness

Services Sustainability / Governance and Assurance

2C tendering process

Through a detailed programme of work which involved assessment of the individual 2C board managed practice arrangements and challenges to effective delivery of services, a series of proposed long-term options for the management of the current five 2c practices was determined. This work concluded that with significantly different circumstances attached to each practice, a 'one size fits all' approach was not appropriate, therefore the proposal was to align each practice to the most appropriate solution to deliver sustainable services that are reflective of local needs. This multifaceted approach is supported for progression by the Director of Fife HSCP and the Medical Director of NHS Fife.

In December 2022, a decision regarding moving to tender for 3 board managed 2c practices was taken by the Primary Medical Services sub-committee and was then taken to the Board for awareness before going into the public domain. Members of the board were assured there is a well-established national procurement framework for tendering contracts which is being followed, with key actions and steps to assess tender returns. Consideration has also been given to best practice from NHS Lothian and other boards who have successfully contracted for general medical services. The specification is now complete and ready to be launched on the public contract portal, with final evaluation of tenders considered through the PMS sub-committee. Detailed papers will be submitted through the Finance, Performance & Resources Committee in March, with a recommendation paper to the Board thereafter.

Governance and assurance

The PCGSOG is a newly formed group chaired jointly by the Medical Director and Director of HSCP. It has a key role in providing high-level strategic leadership oversight, direction and scrutiny of service delivery matters relating to Primary Care covering all of the 4 primary care groups of independent contractors and implementation of the strategic plan and also the primary care improvement plan.

Beyond seeking to improve sustainability of board managed 2c practices, GP practices across Fife are facing challenges in maintaining sustainable services, namely due to challenges in recruiting and retaining GPs. Any risks and issues relating to these are captured and discussed via a newly convened **GP Sustainability Group**, chaired by Portfolio Lead for Primary Care, with the ambition to proactively support practices facing sustainability issues. Reporting via PCGSOG, this group will provide regular updates on live time sustainability pressures across all 53 Practices within Fife.

2.3.1 Quality/ Patient Care

Professional leads are closely involved in the work being progressed to provide clinical assurance. The review commissioned will include clinical governance and focus on developing an enhanced structure which allows for rigour and scrutiny of safe and effective excellence in care delivery with a focus on quality improvement.

The PCGSOG will assure scrutiny of all activities in conjunction with the HSCP **Quality Matters Assurance Group** (QMAG) which reports to the Qualities and Communities Committee of the IJB.

It is essential that the primary care strategy has a focus on inclusive and equitable care with targeted planning for delivery based on communities needs, and assurance is given that any planning will be progressed ensuring localities and communities are engaged and involved in any plans in alignment with the HSCP participation and engagement strategy.

2.3.2 Workforce

Workforce is recognised as a key enabler to achieve the ambition of the Primary Care Strategy. Staff including clinical and managerial team members, are critical within safe and effective delivery and the ongoing work is designed to enhance resilience, supervision, and support to the team in line with the HSCP workforce strategic plan.

2.3.3 Financial

Finance is also recognised as a key enabler to achieve the Primary Care Strategic ambition. Innovation and transformation are essential requirements to achieve success. Assurance is given regarding rigour around financial governance arrangements to clearly track and report on spend.

Specifically to note, there has been decisions nationally not to allow carry forward of any under spend related to PCIP with these to be subsumed in 2023/24 budgets leading to further pressures for successful implementation. Assurance is given this will be factored within decision making as part of the programme of work to review the PCIP in early 2023 with finance colleagues being critical partners in any planning.

2.3.4 Risk Assessment/Management

Risks are captured, managed and mitigated within related risk registers at the correct level for each risk. Key risks recognised include workforce and finance. Implementation of the PCIP is recognised as a high level risk in accordance with these risks namely workforce and finance and is captured on both the NHS Fife and the IJB corporate risk register.

In alignment with the workplan of the PHWBC a deep dive of corporate risks is to be undertaken. Assurance is given the risks regarding Primary Care Service will be assessed to ensure they are clearly articulated, graded correctly based on level of risk with appropriate mitigating actions defined and being progressed.

As the PCGSOG evolves risks are reviewed and scrutinised as a key action for the purpose of the group.

2.4.5 Equality and Diversity, including health inequalities

It can be assured as a minimum a stage 1 EQIA will be completed regarding any decision to be implemented in line with recommendations. There is a clear ambition in line with the person centred quality ambition and statutory responsibilities to ensure services are inclusive, equitable and accessible.

2.4.6 Other impact

N/A

2.4.7 Communication, involvement, engagement, and consultation

Executive leads associated with Primary Care, HSCP Deputy Medical Director, HSCP SLT, Primary Care Management team, Local Medical Committee, clinical and professional leads, communication colleagues, HR and staff side leads are all closely involved in working groups and planning for Primary Care Improvement work. Systems leadership is critical to success and it can be assured that there are key relationships established with critical stakeholders and partners in care to allow critique and co-production of any plans

A detailed communication plan to include workforce, wider general practice, the citizens of Fife, elected members, press and media will be created in tandem with any implementation plans to ensure engagement and mitigate risk of adverse publicity as plans evolve.

2.4.8 Route to the Meeting

05/01/2023, this paper was presented to the EDG for discussion and endorsement to allow progression to the NHS Fife PHWBC for assurance. It will also be presented for discussion and assurance also at the PCGSOG.

Reporting regarding progress for assurance and/or escalation will be provided to the PCGSOG as plans and work detailed within this paper progresses.

3. Recommendation

The Public Health and Wellbeing Committee (PHWBC) are asked to:

Be assured of the work being progressed to design and implement a strategic plan for Primary Care Services to underpin delivery of the strategic ambitions for Fife HSCP and NHS Fife.

Be assured regarding the content within this paper including the risks articulated and the significant work being undertaken within Fife HSCP to plan and deliver services across Primary care including 2c and independent practices to manage and mitigate risk, ensuring safe service delivery and sustainability.

Be assured regarding the plan to review and deliver effective leadership, management and an enhanced governance framework to ensure a strong foundation for delivery of the primary care strategic ambition.

Report Contact

Lisa Cooper, Head of Services, Primary and Preventative Care Services, Fife HSCP
Email: lisa.cooper@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	11 January 2023
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1 Purpose

This is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan

This aligns to the following NHSScotland 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 October 2022, although there are some measures with a significant time lag and a few which are available up to the end of November.

2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and 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 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 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July.

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

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

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, the Indicator Summary Table, the Executive Summary narratives and the relevant drill-downs.

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Public Health & Wellbeing extract of the December IPQR will be available for discussion at the meeting on 11 January 2023.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 5 January 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

Integrated Performance & Quality Report – Public Health & Wellbeing

Report Contact

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Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

Produced in December 2022

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 for the Public Health & Wellbeing Committee 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 for Patient TTG, New Outpatients and Diagnostics.
- 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) 2022/23, 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
5 January 2023

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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 Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	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	Oct-22	36	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Oct-22	23.1%	●	▲	▼	●
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●
	Inpatient Falls	6.91	Month	Oct-22	8.00	○	▲	▼	●
	Inpatient Falls with Harm	1.65	Month	Oct-22	2.03	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Oct-22	1.03	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Oct-22	9.6	○	▲	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Oct-22	3.2	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Oct-22	41.7	○	▼	▼	● QE Jun-22
	S1 Complaints Closed in Month on Time	80%	Month	Oct-22	63.9%	○	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Oct-22	0.0%	○	▼	▼	● 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Oct-22	10.3%	○	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Oct-22	100.0%	●	◀▶	◀▶	●
	4-Hour Emergency Access	95%	Month	Nov-22	70.1%	○	▲	▼	● Nov-22
	Patient TTG % <= 12 Weeks	100%	Month	Oct-22	50.6%	●	▲	▼	● Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Oct-22	50.2%	●	▼	▼	● Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Oct-22	62.5%	●	▼	▼	● Sep-22
	18 Weeks RTT	90%	Month	Oct-22	69.9%	●	▲	▼	● QE Sep-22
	Cancer 31-Day DTT	95%	Month	Oct-22	96.7%	○	▲	▼	● QE Sep-22
	Cancer 62-Day RTT	95%	Month	Oct-22	68.3%	○	▼	▼	● QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Oct-22	93.8%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Nov-22	12.1%	●	▼	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Nov-22	7.7%	○	▼	▲	● QE Jun-22
	Antenatal Access	80%	Month	Sep-22	86.1%	●	▼	▼	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Nov-22	(£19.6m)	●	▼	—	●
	Capital Resource Limit Performance	£29.3m	Month	Nov-22	£17.8m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Oct-22	6.63%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Nov-22	33.6%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jul-22	99	●	—	▼	● 2021/22
	CAMHS Waiting Times	90%	Month	Oct-22	77.2%	○	▲	▲	● QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Oct-22	75.8%	○	▼	▼	● QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Sep-22	98.8%	●	▲	▲	● QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Nov-22	87.1%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Nov-22	85.5%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	● QE Sep-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	● QE Sep-22	

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 and Actual Activity

Better than Projected | Worse than Projected | No Assessment
 (NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Month End			Quarter End	Quarter End
		Jun-22	Sep-22	Oct-22	Nov-22	Dec-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	1,029	1,029	1,029	3,087	3,087
	Actual	2,878	2,996	1,012	1,215		2,227	0
	Variance	-158	-57	-17	186			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	6,400	6,395		12,795	19,166
	Actual	20,951	21,448	6,710	8,611		15,321	0
	Variance	2,384	2,642	310	2,216			
Urgent	Actual	10,868	11,377	3,684	4,177		7,861	0
	Routine	10,083	10,071	3,026	4,434		7,460	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	497	497	497	1,491	1,491
	Actual	1,550	1,608	595	560		1,155	0
	Variance	59	117	98	63			
Upper Endoscopy	Actual	575	630	227	191		418	0
Lower Endoscopy	Actual	182	191	77	71		148	0
Colonoscopy	Actual	738	742	268	277		545	0
Cystoscopy	Actual	55	45	23	21		44	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	3,996	3,996	3,996	11,988	11,988
	Actual	13,471	12,936	3,950	4,311		8,261	0
	Variance	1,483	948	-46	315			
CT Scan	Actual	4,083	3,989	1,140	1,304		2,444	0
MRI	Actual	2,936	2,923	913	927		1,840	0
Non-obstetric Ultrasound	Actual	6,452	6,024	1,897	2,080		3,977	0

d. Assessment

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



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>	473	99
<p>The number of successful quits in the first 4 months of the FY was 63% of the figure which would be required if the end target is to be achieved by March 2023. At this stage in FY 2021/22, the successful quit number was 138 (87%).</p> <p>The quit success rate in specialist services is nearly double that delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).</p> <p>Note that there is 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, so final data will not be available until around August next year.</p> <p>The number of referrals remains low but we have seen an increase in referrals from GPs. To support service awareness some marketing and promotion work is underway to highlight that the service is open for face-to-face support. This will run for until the end of December. Plans are underway for No Smoking Day awareness in March.</p> <p>Interviews for two stop smoking advisors will be conducted in December which will support capacity, however new advisors need to undertake a 4 to 6 months of training to be competent confident advisors.</p> <p>Non-pharmacy service is supporting pharmacy with 12-week follow-ups, by contacting clients who have missing data on the database. This has provided an opportunity to recruit clients that have relapsed with the pharmacy scheme. A text messaging system to reduce DNAs has been implemented and this seems to be having a positive impact.</p> <p>We are still receiving a number of calls from clients looking to use Champix but supply remains interrupted.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	77.2%
<p>Monthly performance improved in October and was at its highest level since April. The focus on long-waits has resulted in there being only a single young person waiting over 35 weeks for initial treatment at the end of October.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) but was below the Scottish average (67.1% compared to 67.9%).</p> <p>The Waiting List is stable and is significantly improved compared to one year ago, despite the number of patients starting treatment in the first 7 months of the FY being 8% less than for the same period of FY 2021/22.</p> <p>Significant focus remains on reducing the longest waits which will result in RTT improvement once 90% of those waiting are below the 18 week threshold. This focus has been directed and prioritised by the Scottish Government Mental Health Division through local monthly SG engagement sessions and National CAMHS clinical service manager network. The SG acknowledges that RTT will remain low and will fluctuate during this process due to the nature of how activity is reported. Fife trend continues to show a reduction in the longest waits with all those waiting over 18 weeks having appointments booked in December. Ability to maintain waiting times under 18 weeks and the RTT national target by March 2023 will be dependent on acuity, demand and staffing capacity linked to increased absences.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	75.8%
<p>Monthly performance worsened in October and was below the 2-year monthly average (80%) as well as being below the Standard.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in December (for the quarter ending September) and continued to be below the Scottish average (74.2% compared to 80.7%).</p> <p>The number of patients starting treatment in the first 7 months of the FY was 13% less than for the same period in FY 2021/22, however, this was largely due to 38% drop in referrals for computerised CBT with treatment starts for individual or group PTs increasing by 37.5% in adult services in the first half of 2022. The overall waiting list has increased by 4% since October 2021. The number of patients waiting more than 52 weeks has, however, reduced by 20% in that period.</p> <p>Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services.</p>			

The workforce pressures which are affecting the wider mental system, has reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

Adult Mental Health Psychology Service

1. A recent evaluation of the Schema Therapy Group pilot found it to be an effective intervention for people with complex difficulties (who comprise the majority of the waiting list in secondary care services). The group will now become part of mainstream service provision, enabling delivery of an appropriate intervention in a more efficient manner.
2. A pilot of group delivery of Compassion Focused Therapy is underway. This is an evidence-based approach which provides a treatment option for people with complex presentations (complementing the Schema Therapy group) and will increase service capacity.

Child and Family Psychology Service

1. A test of change within the Primary Care Child Psychology Service assessed the impact of introducing an initial contact appointment. Preliminary evaluation shows families are now being seen more quickly for an initial appointment and can be signposted to online/group interventions (thereby reducing their wait time) or placed on a waiting list for a 1-1 psychological intervention, knowing why this is the appropriate treatment option for them.
2. Following a successful pilot, the service launched a new group psychological intervention "Embracing Difference", aimed at meeting the needs of parents/carers of children who were on the waiting list for assessment of autistic spectrum disorder. The group is non-diagnostic and provides psychoeducation /appropriate strategies and support for parents/carers of children with neurodevelopmental difficulties, without a formal diagnosis.

Clinical Health Psychology Service

We have been successful in recruiting a Senior Clinical Psychologist (external appointee) with specialist expertise in working with Functional Neurological Disorder (FND). This complex presentation currently accounts for 40% of longest waiters for treatment within General Medical Clinical Health. This appointment will add service delivery capacity and contribute to strategic service developments for this patient group.

Older People's Psychology Service

1. We were successful in recruiting a new Head of Older People's Psychology Service (an external appointee). This appointment will both increase service delivery capacity and ensure strategic focus and leadership to meet the needs of a priority population within health and social care.

COVID Vaccination	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	80%	87.1%
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At the end of 27th November, NHS Fife had administered the Autumn/Winter Booster Vaccination to 87.1% of the Age 65+ population. The annual target for this cohort was achieved by the end of 1st November.

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. Age continues to be the biggest risk factor for severe COVID-19 illness. The uptake of the vaccine in the oldest age groups across Fife has been good, and the challenge of vaccinating those in residential care homes and the housebound cohort in parallel with the community clinics has been met by the delivery team. The collaborative efforts of all involved with the immunisation programme over this period has ensured we protect the most vulnerable ahead.

Flu Vaccination	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	80%	85.5%
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At the end of 27th November, NHS Fife had administered the Flu Vaccination to 85.5% of the Age 65+ population. The annual target was achieved by the end of 2nd November.

With >90% of the winter programme being delivered through co-administration of COVID-19 and flu in the same appointment the uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. Free flu vaccinations for those eligible have also been available in community pharmacies across Fife, with some residents preferring this option.

Flu activity levels have started to increase in Scotland earlier than previous seasons, with current activity levels based on laboratory reporting at moderate. Achievement of the 80% target has ensured that high population coverage in the oldest age groups has been achieved ahead of any anticipated peak of winter flu activity in the community.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.2%
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The latest published data (for quarter ending June) shows that NHS Fife achieved a figure for this measure of vaccination which is above the 95% target. This is the first time the target has been achieved since the quarter ending March 2021. NHS Fife remains below the Scottish average, and the aim going forward is to sustain this and also improve our ranking across all Mainland Health Boards.

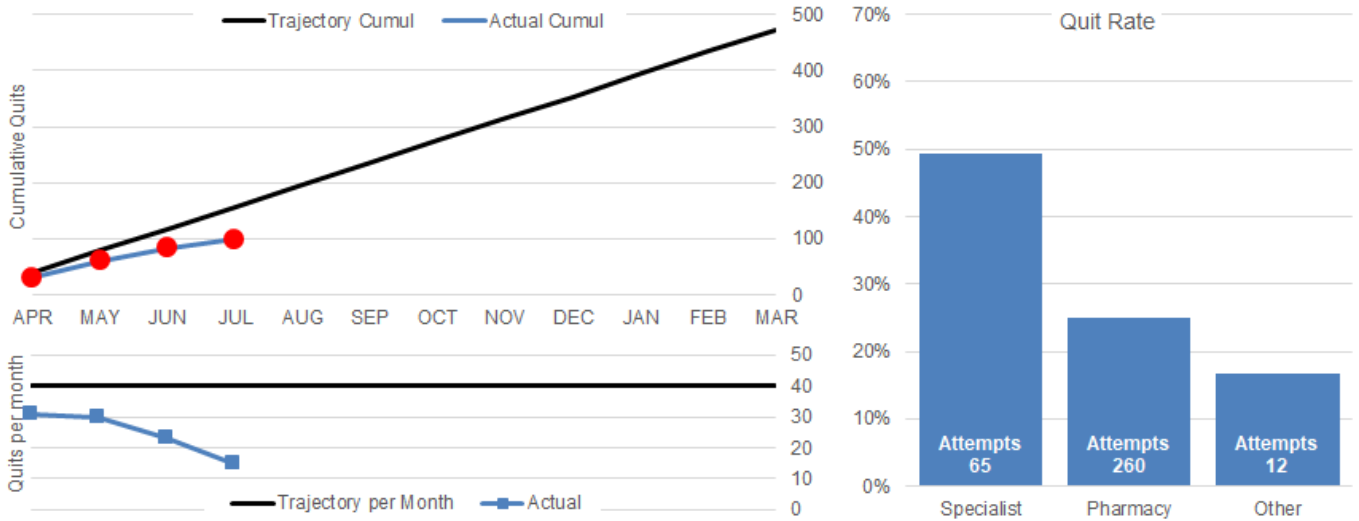
A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-

		Target	Current
<p>based quality improvement actions, with the aim of improving infant and pre-school uptake. A review of the patient pathway is in progress, and a project plan based on a driver diagram is being developed.</p>			
Immunisation: MMR2	<i>At least 90% of children will receive their MMR2 vaccination by the age of 5</i>	95%	89.9%
<p>The latest published data (for quarter ending June) shows that NHS Fife achieved a slightly improved figure for this measure of vaccination compared to the previous 2 quarters. Performance, however, remains a few points below the target and also below the Scottish average. The aim going forward is to continue the recent improvement whilst also improving our ranking against all other Mainland Health Boards and the Scottish average.</p> <p>A multidisciplinary Quality Improvement Group formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A review of the patient pathway is in progress, and a project plan based on a driver diagram is being developed.</p>			

e. Performance Exception Reports

Smoking Cessation <i>In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife</i>	Performance 99
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Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	31	30	23	15								
	Actual Cumul	31	61	84	99								
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	77.5%	77.2%	71.2%	62.7%								
Scotland	Achieved												

Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 At risk
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 On track
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 On track
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	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-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

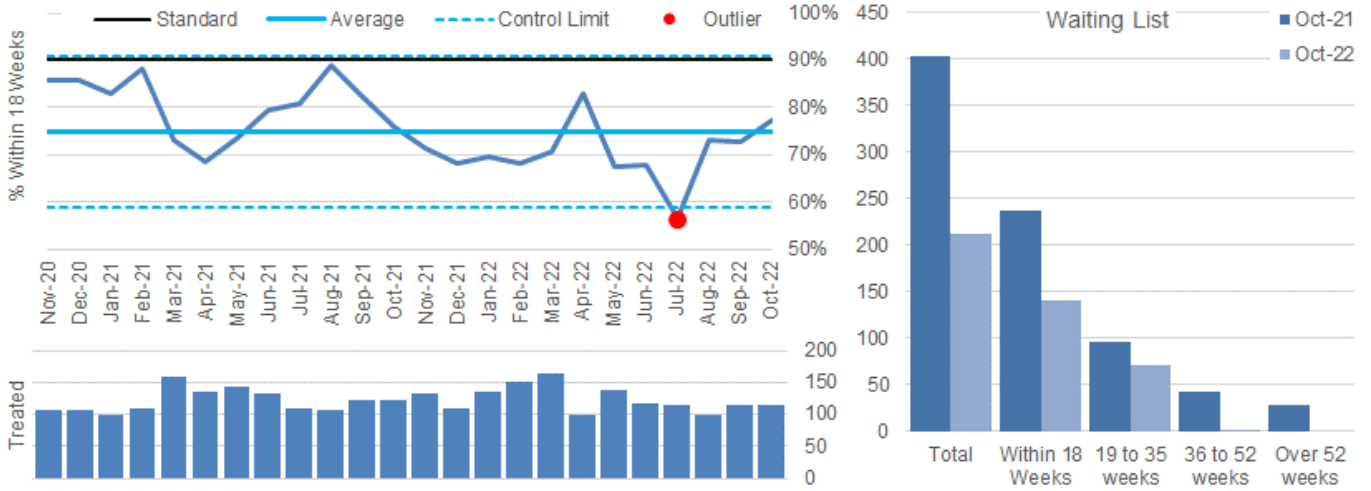
CAMHS 18 weeks RTT

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

Performance

77.2%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	71.2%	68.2%	69.4%	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%
Scotland	70.5%	68.9%	73.9%	71.9%	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%	

Key Deliverable

End Date

Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS

Mar-23
On track

Key Milestones
Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic

Nov-22
Complete

Recruitment of Additional Workforce

Mar-23
On track

Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health

Mar-23
On track

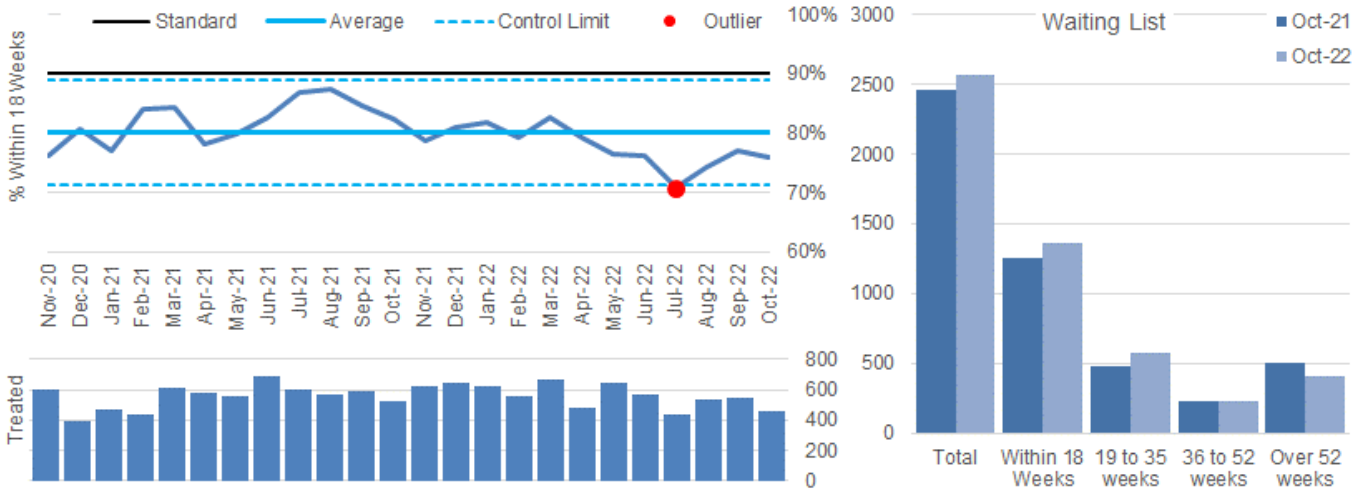
Psychological Therapies 18 weeks RTT

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

Performance

75.8%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%
Scotland	83.0%	85.1%	82.6%	82.0%	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%	

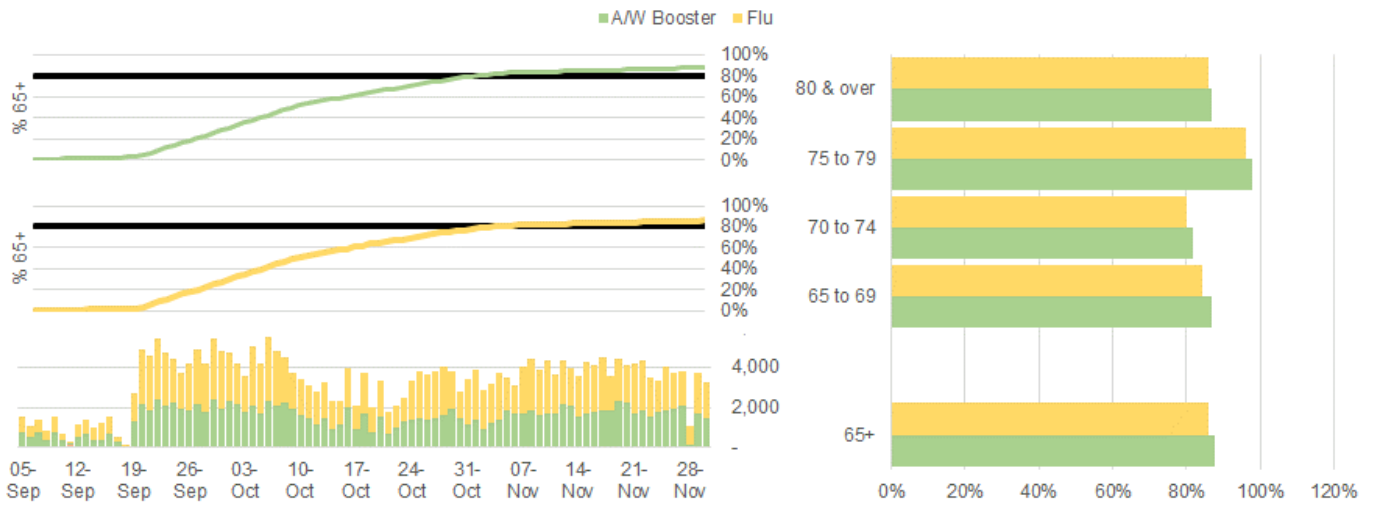
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Mar-23 On track
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-23 At risk
	Support and develop the NHS Fife response to Long COVID <i>This action is covered by work being done in the Nursing Directorate - development and delivery of the Fife COVID Recovery and Rehabilitation Framework</i>	Dec-22 Suspended

Covid-19 and Flu Vaccination

At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination
 At least 80% of the Age 65+ population will receive a Flu vaccination

Performance
COV: 87.1%
Flu: 85.5%

Local Performance



National Benchmarking

Scotland figures as per publication by Public Health Scotland on 30th October 2022, covering period up to end of 27th November 2022
 NHS Fife figures as per local calculations at end of 27th November 2022

Month Ending		2022/23						2023/24					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
COVID A/W	NHS Fife	30.1%	78.3%	87.1%									
	Scotland		76.0%	88.1%									
Flu	NHS Fife	30.1%	76.9%	85.5%									
	Scotland		80.6%	82.9%									

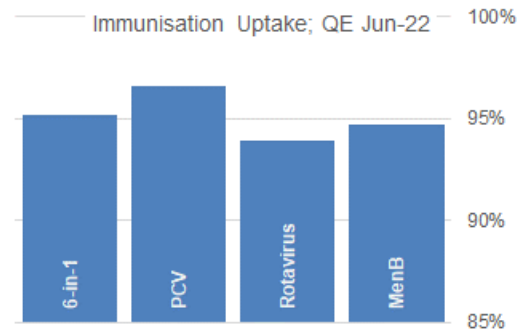
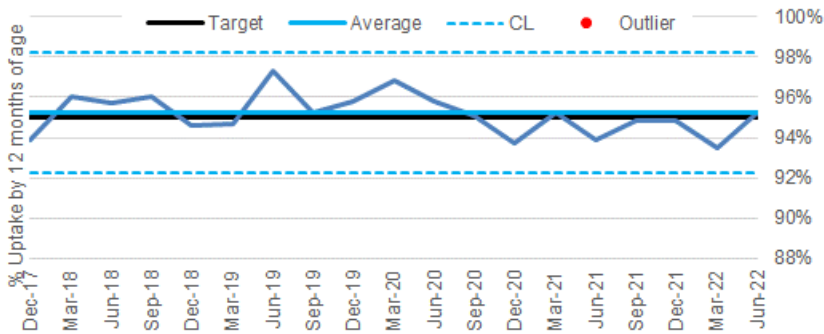
Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 Complete
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i>	Jul-22 Complete
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife		Jan-23 On track
Key Milestones	COVID uptake for 75+ in Fife, Autumn/Winter 22-23	Dec-22 On track
	Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23	Jan-23 On track
	Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23	Dec-22 On track
	Flu vaccination uptake in 2-5 years, primary & secondary school programme	Jan-23 On track

Child Immunisation: 6-in-1

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

Performance
95.2%

Local Performance



National Benchmarking

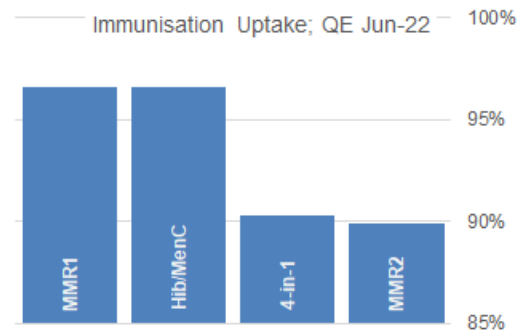
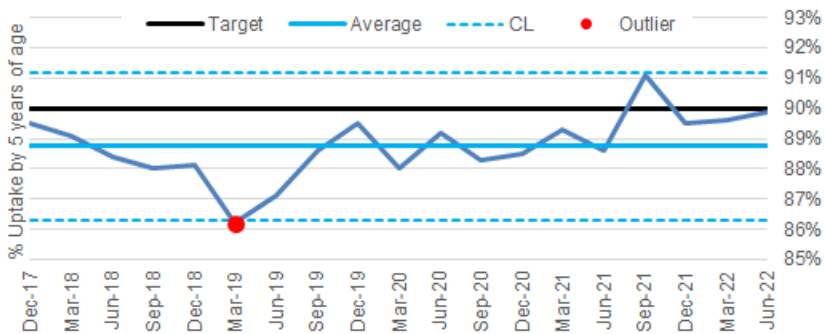
Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
89.9%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Mar-23
At risk

Key Milestones

6-in-1 primary vaccination uptake at age 12 months for Fife population

Mar-23
On track

MMR2 uptake at age 5 years for Fife population

Mar-23
At risk

Meeting: Public Health and Wellbeing Committee
Meeting Date: 11 January 2023
Title: Dental Services & Oral Health Improvement
Responsible Executive: Dr Joy Tomlinson, Director of Public Health
Dr Chris McKenna, Medical Director, NHS Fife
Nicky Connor, Director of Health and Social Care
Report Authors: Emma O’Keefe, Consultant in Dental Public Health

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government Policy / Directive
- Local Policy

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The purpose of this report is to provide the Public Health and Wellbeing Committee with a summary of dental services and oral health improvement programmes in Fife. It highlights a number of issues particularly in primary care dental services and provides assurance that NHS Fife is following due process within the limited powers available, as determined by the NHS (General Dental Services) Scotland Regulations 2010.

2.2 Background

Oral health is more than just having healthy teeth in a healthy mouth; it is integral to general health and wellbeing and is a determinant of quality of life. Poor oral health can impact significantly on work, school and other daily activities. The

relationship between oral health and general health is well documented, with oral diseases and non-communicable chronic disease sharing many common risk factors.

Scottish Government published the Oral Health Improvement Plan in 2018 with a number of recommendations, including reform of the dental contract. COVID-19 impacted on the delivery of preventive activities as well as dental care. The National Dental Inspection Programme for schools was affected and all general dental practices were closed for 3 months in 2020. Urgent dental care centres were established rapidly and managed by the Public Dental Service.

This created a backlog of dental care for patients and as services remobilised the infection prevention control requirements meant reduced footfall. During the pandemic dentists were given a financial sustainability package, set at 85% pre-pandemic gross. The financial package has evolved as NHS dentistry has remobilised and the government is working on a financial reform package. This is creating uncertainty within the profession about financial stability into the future.

2.3 Assessment

This report summarises the key achievements and challenges and the impact recruitment and retention has on the services as the need and demand for dental services is high due to the pandemic leading to issues accessing NHS dental care.

The National Dental Inspection Programme remobilised in January 2022 and comprised of basic dental inspections of Primary 1 pupils in Fife's 135 primary schools. This provided an opportunity to screen for dental decay whilst supporting child welfare. The child's oral health is highlighted to parents/carers. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or abscesses are able to access dental services.

The results for Fife in 2022 estimated that 70.9% of Primary 1 children had no obvious decay experience compared to 73.7% in 2020. There was an increase in the estimated number of children who had severe decay or abscess from 3.4% in 2020 to 11.7% in 2022 for Fife; this compares to an increase for Scotland from 6.65% in 2020 to 9.7% in 2022. The increase in the figure can be attributed to the impact of the pandemic but consideration has to be given when interpreting the 2020 figure as only 58.5% of the Primary 1 population was inspected due to the pandemic. Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5).

Oral health improvement programmes, including Childsmile and Caring for Smiles, have remobilised having been paused due to the pandemic. Toothbrushing continues in nurseries and targeted primary schools and the fluoride varnish programme in Primary 1-4 year groups and ASN schools. The programme will expand following the recruitment and subsequent training for staff.

As of November 2022, 67 general dental practices are listed with NHS Fife meaning they deliver NHS dental care to Fife residents, to varying degrees. Dental practices are mixed economy and operated as independent businesses. NHS Fife has no oversight or governance over private dental care and no statutory powers to influence the balance of NHS versus private dental care.

Five of the 67 dental practices are orthodontic practices, providing a mixture of private and NHS orthodontic care. Thirteen dental practices are vocational training practices, offering one year placements for vocational trainees, who are newly qualified dental graduates; this year there are only 7 trainees in place. The Public Dental Service (PDS) operates out of 12 sites across Fife.

Dental body corporates (DBC)* have become significant players in Fife with a number of DBCs owning multiple practices in Fife. The largest one is Real Good Dental, which owns 14 of our 67 practices in Fife. Other DBCs include BUPA and Clyde Munro. Some dentists in Fife own several practices.

The challenges that Fife is experiencing are in line with national workforce challenges due to recruitment and retention issues, resulting in the contraction or centralisation of services, particularly with the DBCs. This means that patients are not receiving full courses of NHS treatment as urgent dental care is being prioritised. Patients are expected to travel to sister practices, which are often miles away, potentially in different NHS Board areas. This, with the cost-of-living crisis is putting additional pressures on the population of Fife. The NHS Dental Regulations which NHS Fife has to operate within make it hard to challenge the business model and ultimately patient care and experience is not as expected.

These issues have an increasing impact on the Public Dental Service and the Emergency Dental Service (EDS) which operates at the weekend and also provides cover for the next day rota. There has been an increase in calls to NHS24 out of hours as patients are unable to be seen at their practices during the week; calls to NHS 24 in the week day evenings have almost doubled since 2019. The EDS is a co-operative and relies on dentists working a small number of sessions per year in Fife. As the number of vacant posts increases the rota becomes more intense for those dentists that continue to work in Fife. PDS dentists are being asked to fill gaps.

The recruitment and retention issues impact on the ability of the population to register as NHS patients with a dentist. This is evidenced by an increase in calls to NHS Fife's Dental Advice Line and the Public Dental Service is offering urgent dental care and short targeted courses of care. The staff on the Dental Advice Line contact every practice every fortnight to ascertain whether the practice is registering NHS patients or if there is a waiting list for NHS patient registration. Unlike General Medical Services, NHS Fife is not required to provide NHS dental care to the population of Fife; however we actively try and facilitate this.

A more detailed questionnaire has been sent out by Primary care to gather data to better understand the availability of NHS dental service provision. This will gather information about the number of surgeries per dental practice and number of clinical sessions dentists operate per week. There is a potential issue on quality and level of service being provided to different localities across Fife.

Scottish Government funding allocation has reduced and there is an expectation that the Public Dental Service will continue to provide urgent dental care for both registered and unregistered patients as well as being the main provider for vulnerable groups. This approach is not sustainable long-term and the Public Dental Service faces similar challenges recruiting staff. These pressures are apparent across Scotland and escalated to Chief Dental Officer. Staff health and wellbeing is important, as Public Dental Service clinicians are delivering more urgent care which adds pressure as the patients are in pain, not familiar to the clinicians and in effect they are operating in an emergency environment.

***Dental bodies corporate** are corporations entitled to practice dentistry in the UK. Originally they were limited in number by the Dentists Act 1984, but their status has changed following the 2005 Amendment to the Act. Any corporate body can now carry out the business of dentistry provided that it can satisfy the conditions of board membership set out in the amended Dentists Act. One intended objective of the amendment was to require a majority of the directors of a DBC to be registered dentists or registered Dental Care Professionals (DCPs), or a combination of dentists and DCPs.

The PDS Senior Management Team has drop-in sessions, regular individual meetings and recently used the Fife Health Charity funding for a Health and Wellbeing Session.

The Public Dental Service has remobilised the oral health improvement programmes and NDIP (national dental inspection programme). The recent PHS publication of the NDIP report highlights inequalities in oral health between the least and most deprived and an increase in more severe dental decay/dental abscesses.

2.3.1 Quality / Patient Care

This report is part of the governance arrangements for dental services and oral health improvement programmes in NHS Fife which aim to ensure that dental services and oral health improvement programmes are working to high standards and meeting the needs of the population of Fife.

2.3.2 Workforce

As detailed in the paper recruitment and retention of dentists and dental care professionals are challenging.

2.3.3 Financial

The allocation for Public Dental Services and Childsmile is less than expected from Scottish Government putting additional pressures on the services.

2.3.4 Risk Assessment / Management

Risks are considered for inclusion on the Primary Care Risk Register. Mitigating actions include the Public Dental Service operating an access service to ensure patients are seen within the Scottish Dental Clinical Effectiveness Programme timescales for urgent dental care. The Public Dental Service is also providing short courses of treatment as a mitigation, but this service will have to be retracted if there is an increase in emergency dental care.

The senior dental team ensure that all queries/letters are answered in a timely manner and offer help/advice where required. The Public Dental Service, as an employed service, complies with NHS Fife risk management process. General Dental Practices do not use DATIX. There is an expectation that patient feedback/complaints are submitted to the Board on a quarterly basis. These data are published in the Patient Experience quarterly report that is shared at the Clinical Governance Committee.

2.3.5 Equality & Diversity, Including Health Inequalities & Anchor Institution Ambitions

The registration data show that more people from more deprived areas are registered with an NHS dentist compared to less deprived areas but this does not translate into access or participation in NHS dental care. In general, there is an inverse care law, in that less deprived populations are accessing dental services more than the population from more deprived areas.

The basic NDIP screens children and aims to inform parents/carers of their child's oral health needs and the PDS follow up children with gross dental decay/dental abscess if they are unable to access NHS dental services. The 2022 data highlights the inequalities in oral health.

The national oral health improvement programmes take a targeted approach to reducing inequalities while ensuring oral health improves across the populations. The adult oral health improvement programmes aim to support those who are more vulnerable and work with partner agencies and third sector organisations.

2.3.6 Climate Emergency & Sustainability Impact

All primary care dental settings have recently been audited and the final pre-acceptance audit report has been submitted to SEPA. The findings from the audits are being used to develop a quality improvement project focusing on sustainability.

2.3.7 Communication, Involvement, Engagement & Consultation

The report is based on evidence from a variety of nationally produced data and locally held management data. Patient complaints and queries relating to dentistry are responded to in a timely manner and learning from key themes helps engage with the relevant practices/DBC's to explore access to NHS dentistry issues. A dental update is contained within the monthly briefing for MP/MSPs.

2.3.8 Route to the Meeting

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

- Public Health Assurance Committee, 7 December 2022
- HSCP Senior Leadership Team, 28 December 2022
- Executive Director Group, 5 January 2023
- Primary Care Strategic Oversight Group, 10 January 2023

2.4 Recommendation

Public Health and Wellbeing Committee members are asked to take assurance from the report. The report highlights and identifies the risks. The Primary Care Strategic Oversight Group has oversight of the risks. Planned areas of work for 2022/23 are detailed at the end of the report. These include strengthening the governance and assurance arrangements. An update will be provided to the Committee in 6 months' time.

Assurance – For Members' information.

3 List of Appencies

The following appendices are included with this report:

Appendix No. 1, Dental and Oral Health Improvement Annual Report 2022

Report Contact:

Emma O'Keefe

Consultant in Dental Public Health

Emma.OKeefe@nhs.scot



DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT 2022

EMMA O'KEEFE
Consultant in Dental Public Health

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NHS FIFE DENTAL AND ORAL HEALTH IMPROVEMENT ANNUAL REPORT REPORT TO THE PUBLIC HEALTH ASSURANCE COMMITTEE 7 DECEMBER 2022

1 INTRODUCTION

- 1.1 The purpose of this report is to provide the Public Health and Wellbeing Committee with a summary of dental services and oral health improvement programmes in Fife. It highlights a number of issues particularly in primary care dental services and provides assurance that NHS Fife is following due process within the limited power available as determined by the Dental Regulations.

2 DENTAL SERVICES

- 2.1 Dentistry and oral health improvement straddles primary and secondary care. Primary care dentistry comprises of independent dental practices and the Public Dental Service. Primary care sits within Fife's Health and Social Care Partnership.
- 2.2 Primary care dentistry is usually the first point of contact for patients seeking dental care. The majority of dental care is provided by independent general dental practitioners (GDPs) working on behalf of local NHS boards and salaried general dental practitioners, within NHS Fife's Public Dental Service who provide an alternative service to independent GDPs to help meet the oral health needs of the local population. The aim of oral health services is to improve the oral health of the population, reduce inequalities and work in partnership with the patient/carer/guardians.
- 2.3 At present there are 179 dentists listed to provide NHS dental care in Fife but no data are available on the number of whole time equivalents. There are 67 independent dental practices (totaling 220 dental surgeries) listed with NHS Fife, of which five are orthodontic practices and one mainly a referral practice. Within Fife there are 20 practices owned by dental body corporates, one corporate owns 14 practices within Fife. Thirteen practices are vocational training practices but, this year, only 7 have vocational trainees working in them; vocational trainees are newly qualified dentists.
- 2.4 Listed dentists are contracted to provide NHS dental services in Scotland set out within the NHS (General Dental Services) (Scotland) Regulations 2010 as amended. The Statement of Dental Remuneration, set by the Scottish Government, determines the fees associated with each item of treatment for general dental practitioners and payments for adults and children registered; dentists may also receive centrally-funded allowances and grants.
- 2.5 Patients registered with an NHS dentist can receive the full range of NHS treatment ranging from simple examinations to complex restorative and advanced surgical treatments. Adult patients unless exempt from charges, contribute 80% of the total fee, up to a maximum of £384 (www.psd.scot.nhs.uk/dentists/treatment-costs.html). Since April 2021, dental care for child/young adult patients (those under 26 years) is free.

The SNP manifesto (2021) is that everyone in Scotland will be entitled to free NHS dental care.

- 2.6 The Public Dental Service offers dental care for approximately 30,000 listed NHS patients and also offers referral services for dental anxiety, oral surgery, special needs, paediatric dentistry and dental General Anaesthetics. The Public Dental Service operates the Dental Advice Line to address the urgent and emergency care needs of unregistered patients and manages the Emergency Dental Service that operates weekend emergency clinics and the next day rota.
- 2.7 Hospital Orthodontic Service and Oral Maxillo-Facial Surgery are part of the wider dental and medical workforce and are managed under acute services. Some patients still continue to present at the Emergency Department (ED) and work is ongoing to ensure only those that need to present at ED attend and others are triaged and appropriately signposted to Fife Emergency Dental Service out of hours.
- 2.8 Delivery of effective dental services and oral health improvement programmes is set out in the Scottish Government's Oral Health Improvement Plan, 2018. Unlike General Medical Services the NHS Boards are not tasked with ensuring every member of the public is able to register with a NHS dental practitioner.

3 ORAL HEALTH IMPROVEMENT PROGRAMMES

- 3.1 Oral health is integral to general health and supports individuals participating in society to achieve their potential. Yet oral diseases are the most widespread non-communicable diseases. The national oral health improvement programmes are evidence-based interventions for vulnerable groups which provide cost effective opportunities to improve the health of individuals and work in collaboration with partner organisations and third sector.

The four programmes are:

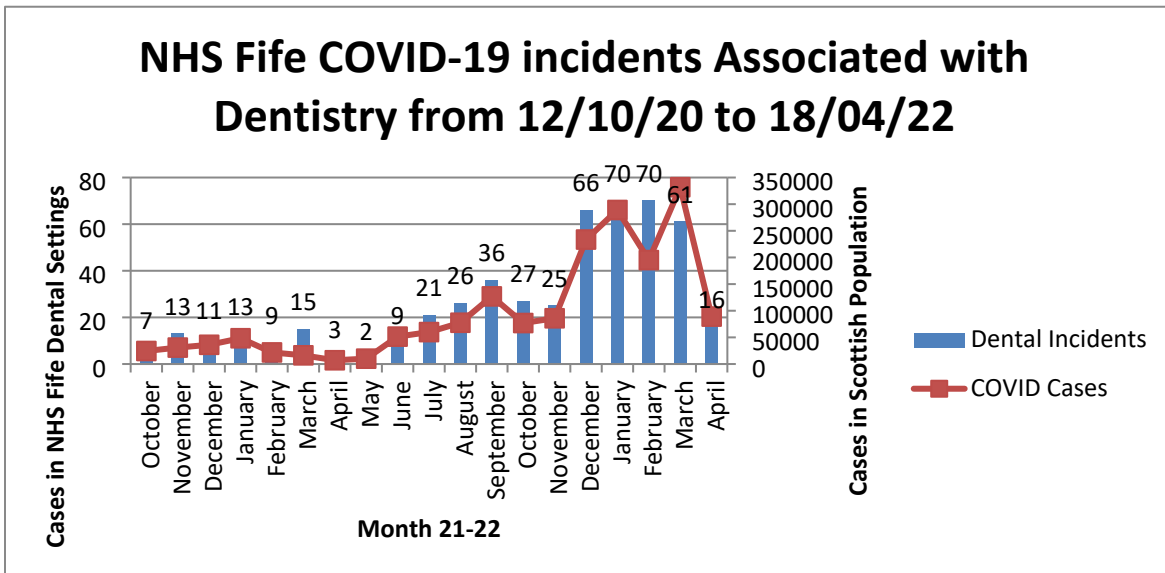
- Childsmile- national oral health improvement programme to reduce inequalities in oral health and ensure access to dental services for every child in Scotland.
- Caring for Smiles- Scotland's national oral promotion, training and support programme, to improve oral health of older people, particularly those living in care homes.
- Mouth Matters- this programme is designed to enable health professionals, prison staff and support workers to meet specific oral health needs of offender populations in Scotland.
- Open Wide- the newest oral health improvement programme for adults, aged 16-64 years old, who require support with daily oral care as a result of a physical, cognitive or medical condition.

- 3.2 NHS Fife Public Dental Service has oversight of the programmes and liaises with dental practices, partner organisations and the third sector to deliver the oral health improvement programmes.
- 3.3 A review of governance arrangements at national level is ongoing with regard to the oral health improvement programmes.
- 3.4 Water fluoridation is a topic generating interest at present after the recent publication of the CATFISH study in Cumbria which showed a modest benefit of water fluoridation for young children over and above the use of fluoride toothpaste. The four UK CMOs, in September 2021, made their position clear in support of water fluoridation as an effective public health intervention for improving the oral health of both adults and children. Scottish Government, while supporting water fluoridation, is mindful of public opinion and working with them. Two NHS Boards have a question in their health and wellbeing surveys asking the public about their views on the topic.

4 DENTISTRY, ORAL HEALTH IMPROVEMENT PROGRAMMES AND THE IMPACT OF COVID-19

- 4.1 On 23 March 2020, in response to the Covid-19 outbreak, the Chief Dental Officer for Scottish Government ordered the closure of all general dental practices in Scotland and the establishment of Urgent Dental Care Centre (UDCCs). Urgent dental care was based on national guidance provided by Scottish Dental Clinical Effectiveness Programme published on 31 March 2020. General Dental Practitioners (GDPs) were asked to provide telephone triage for their registered patients and to provide a triage service for unregistered local patients. Urgent Dental Care Centres were managed by the Public Dental Service, mainly staffed by the PDS with General Dental Practitioners (GDPs) working sessionally.
- 4.2 Restrictions on dental services eased in line with Scottish Government's phased recovery and more treatment types became available. During the summer of 2020 GDPs were remobilised to provide non aerosol generating procedures in local dental practices and then aerosol generating procedures. As time went on routine dentistry reopened but with reduced foot fall due to ventilation issues, infection control measures and the need for continued physical distancing. NHS Scotland produced a National Dental Standard Operating Procedure that all NHS Scotland Dental Teams were required to follow when providing NHS dental care. Scottish Government funding was made available to help with improving ventilation and other innovative equipment to increase dental activity.
- 4.3 The closure of dental services resulted in a backlog and the pressures are still being felt. People registered with NHS dentists are having to wait longer for routine assessments. Those unregistered with a dentist are finding it very challenging to register with an NHS dentist. The Dental Advice Line, managed by the Public Dental Service, contacts all dental practices fortnightly to ask if the practice is in a position to register NHS patients (Children and adults). Currently there are two practices that have a waiting list to register NHS dental patients, both practices are in Dunfermline.

- 4.4 As the restrictions have eased and NHS activity has steadily increased. Activity figures for 2021 were less than half of 2019 NHS activity. The data show an increase in NHS dental activity in 2022 the CDO office has reduced the financial sustainability package available to NHS dental practices and the current bridging payment ends in March 2023.
- 4.5 Concerns have been raised relating to the impact of the pandemic on cancer pathways. NHS Fife has reinforced key messaging around making appropriate referrals, especially in relation to timely referrals for potentially malignant lesions. In Scotland, there were 219 fewer head and neck cancers with a pathology confirmed diagnosis in 2020 (n=1119) compared to 2019 (n=1338). By mid-2021 the number of pathology confirmed cases has returned to 2019 levels. International research has shown the impact that the pandemic has had on oral cancer pathways and reports of a 'stage' shift as cases have presented later and are being diagnosed with more advanced disease. This is likely to have an impact on prognosis of people diagnosed with these cancers reducing quality of life and survival outcomes.
- 4.6 NHS Fife's senior dental colleagues established a senior leadership team to respond to the challenges faced by dental services during the pandemic. The group included primary care, secondary care and dental public health colleagues and continues to huddle weekly. This resulted in a collaborative approach to ensure the maintenance of an Emergency and Urgent dental care service at all times and was responsible for key communications to practices and the public. The team supported independent dental practices to safely remobilise to provide more routine care. There continues to be significant COVID-19 related challenges for dentistry and efforts to remobilise dental services to pre-pandemic levels continue. Dental teams contributed to the broader response including health protection duties and through redeployment to other areas of NHS Fife including working as vaccinators, contact tracers, and at COVID-19 testing sites. Dental public health colleagues, in collaboration with health protection team, managed COVID-19 cases in the dental setting, as illustrated in the chart below.



4.7 Dental general anaesthesia (GA) still accounts for the highest amount of inpatient and day-case hospital activity for elective surgery in children. General anaesthesia is not without risk and causes anxiety and stress to both the child and family. The procedure is a burden on resources and the environment and results in time off school (and time off work for the child’s parents/carers) and remains a major public health problem, despite dental caries being a largely preventable, non-communicable disease.

4.8 General anesthetic services have been affected by the pandemic. In NHS Fife, a retracted GA service was maintained throughout the pandemic. Pre-COVID, there were 10 GAs sessions in Fife Community Dental Centre within Victoria Hospital, Kirkcaldy where 8 patients were seen per session. This reduced during the pandemic and currently there are 10 sessions but with 5 children per session. This is therefore impacting on waiting times, which are not included in waiting time targets as patients are not recorded on SMR as they are not in the hospital setting. NHS Fife is in a better situation than most NHS Boards and there is much media interest on the topic. Alternative treatments are offered to children and families/carers.

4.9 All oral health improvement programmes stopped during the pandemic and have recovered and remobilised at different speeds, based on staff availability, due to being deployed to NHS Fife’s wider COVID response and working with partner organisation’s restrictions for health care professionals to access premises and residents.

5 GENERAL DENTAL SERVICES

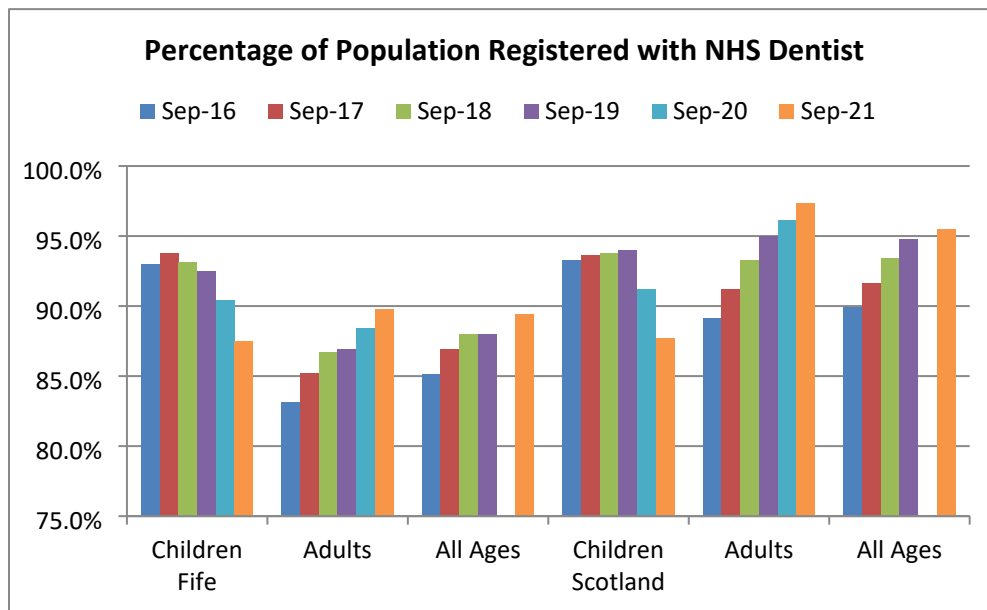
5.1 The latest data only reports until September 2021, the next report is due out in January 2023. Generally, the COVID-19 outbreak has had little impact on registration rates due to the 'lifetime registration' policy. It has had a slight impact on new patient registrations particularly amongst children in the younger age groups.

5.2 Participation is a measure of patient attendance at an NHS dentist in the two years prior to the time point of interest. As a result, it could take up to two years before we see the full impact from COVID-19 on participation rates.

5.3 Registration

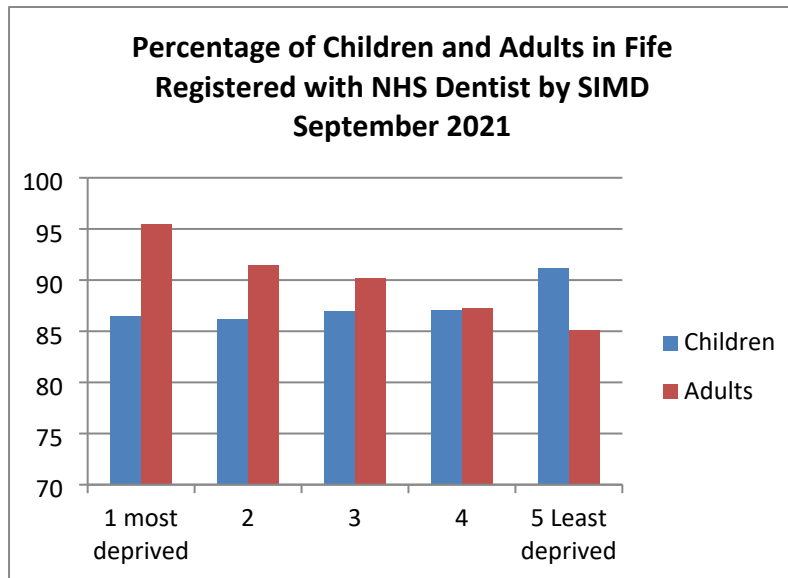
- At 30 September 2021, 89.4% of Fife population were registered with an NHS Dentist compared to 95.5% in Scotland
- 87.5% of children in Fife were registered with an NHS Dentist, down from 90.4% in 2020 and 92.5% in 2019.
- 95.5% of adults living in most deprived areas were registered with NHS dentist compared to 85.1% in least deprived areas
- 86.5% of children living in the most deprived areas (SIMD 1) were registered with NHS Dentist compared to 91.2% in the least deprived (SIMD 5)

The percentage of registered children in the highest and lowest SIMD quintiles were similar; SIMD1 86.6% and SIMD5 87.9%.



5.4 Contact with a dentist (participation)

- As at 30 September 2021, 2.7 million registered patients had seen an NHS dentist within the last two years (52.6% compared to 65.1% in 2020). Children were more likely than adults to have seen an NHS dentist within the last two years (63.9% compared to 50.2%).
- In 2021, children and adults from the most deprived areas were less likely to have seen their dentist within the last two years (55.3% compared to 73.1% for children and 45.1% compared for 56.4% of adults).



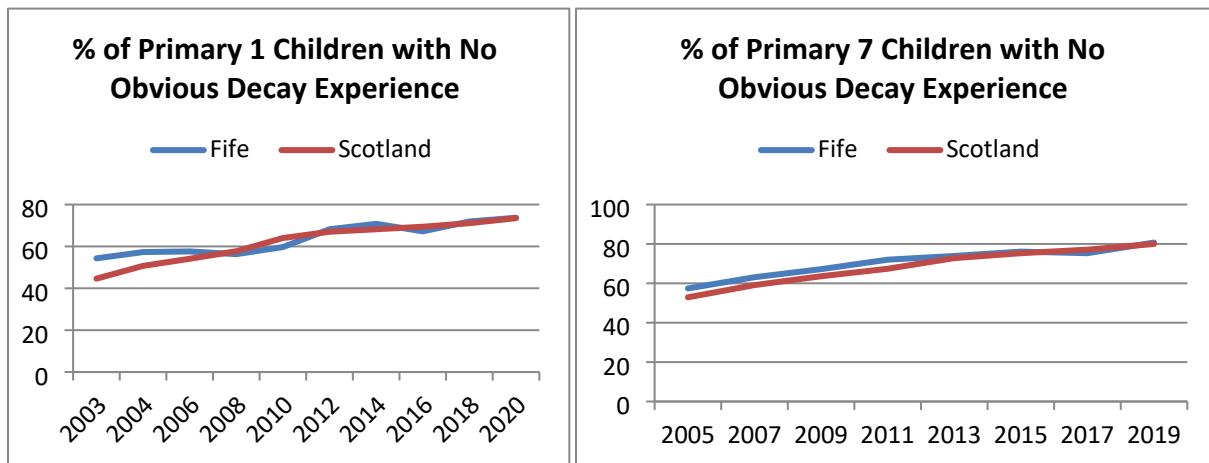
- 5.5 Combined data for children and adults show that 80.6% those living in the least deprived area quintiles in Fife are registered with an NHS dentist compared to 62.3% for those living in the most deprived areas. This variation is similar in Scotland. This is due to affordability of private dentistry. No data are available about people seeking and using private dental care, whether that be privately registered or membership of private dental schemes.

6 TRENDS IN CHILDREN'S ORAL HEALTH

- 6.1 The National Dental Inspection Programme (NDIP) surveys are conducted each year in Scotland's local authority schools and provide information on trends in children's oral health. The pandemic meant that NDIP was paused in the school year 2020/2021. NDIP invites every Primary 1 (P1) and Primary 7 (P7) child in local authority schools to have a basic dental inspection carried out; a representative sample of these children receive a detailed dental inspection (P1 or P7 in alternate years). These inspections are a core component of the public health function of the NHS community dental service across Scotland and are detailed in the Health Act and Education Act. The main aim of the inspections is to inform parents/carers of their child's oral health and convey the degree of urgency of a dental appointment for the child. The results are also used in the planning and evaluation of local and national oral health initiatives to ensure the appropriate use of resources.
- 6.2 NDIP remobilised in January 2022 and comprised of basic dental inspections of Primary 1 pupils in Fife's 135 primary schools. This provided an opportunity to screen for dental decay whilst supporting child welfare. The child's oral health is highlighted to parents and helps children in need access appropriate dental care.
- 6.3 The results for Fife in 2022 show a decline compared to the improvements that have been seen since the inspection programme began 20 years ago. There was an increase

in the estimated number of children who had severe decay or abscess from 3.4% in 2020 to 11.7% in 2022. NHS Fife has a follow-up process in place to ensure those children who are inspected and seen to have severe dental disease or abscesses are able to access dental services.

- 6.4 Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5).



- 6.5 Activity related to the Childsmile national oral health improvement programme for children has been impacted by the pandemic due to staff redeployment. Despite this, NHS Fife has continued to distribute tooth brushing packs to 163 nurseries and 135 schools in Fife. Health visitors have continued to receive support when requested. The referral pathway for children who are having problems or pain and who do not have a high street dentist has continued including the maintenance of access to general anaesthetics for children requiring this mode of emergency dental treatment.

7 VULNERABLE GROUPS

- 7.1 A range of activity to support vulnerable groups has continued. Over the last year, up to April 2022, NHS Fife have distributed 255 tooth brushing packs for children, 1160 adult toothbrushes and 1152 tubes of fluoride toothpaste to food banks across Fife. Nine

hundred and eight packs have also been provided to 30 locations supporting people experiencing homelessness.

- 7.2 A new collaboration with the University of Dundee and the Scottish Drugs Forum focused on oral health improvement for people with experience of drugs has remobilised. The collaboration has included capturing lived experience in a series of comics highlighting oral health issues that are pertinent to this population and an oral health training programme for addiction workers supporting people in recovery. The next stages of development of the programme are currently being planned.
- 7.3 NHS Fife Public Dental Service has formed part of the response for Afghan refugees providing emergency dental care for the cohort and also short course of treatment to stabilise oral health where indicated. The Chief Dental Officer had encouraged General Dental Practices to register the Ukrainian populations. Due to the wider NHS dental access issues in Fife the Public Dental Service delivered services for this population group, with access to translation services if required.

8 GOVERNANCE ARRANGEMENTS & KEY RISKS

- 8.1 Primary care dental services comprise of independent General Dental Practices and the Public Dental Service. For the coordination and quality assurance the primary care dental services the reporting mechanism is through Primary Care Strategic Oversight Group. There are four oral health outcome measures within the Annual Delivery Plan.
- 8.2 Work is ongoing to strengthen the governance and assurance processes in place within NHS Fife and ensure risks relating to dentistry are on the appropriate risk register.
- 8.3 Key risks include:
- Workforce- Recruitment and retention of dentists and dental care professionals. Covid-19 restrictions in 2020 reduced the availability of clinical training facilities and experience, with the result that students in Scotland had to extend the duration of their training. This in turn impacted Universities' training capacity and feasible intake sizes in academic years 2021 and 2022. This reduction in intake will have an impact on the inflow to the dental workforce in 2025 and 2026. Brexit has also impacted dentist numbers and the number of Vocational Training Numbers issued to EEA dentists saw a large decrease in 2019.
[The Dental Workforce in Scotland 2021 | Turas Data Intelligence \(nhs.scot\)](#)
 - Increase in Dental Body Corporates (DBC's) and associated business models could lead to destabilisation of dental services across NHS Fife due to large numbers of NHS patients registered with DBC's. DBC's are finding recruitment particularly challenging and are having to look at centralising services or mass de-registration of NHS patients. This has the potential to reduce access for patients at a time of cost of living crisis and further increase inequalities.

- Due to recruitment and retention difficulties and issues with accessing NHS dentistry the Public Dental Service is having to see more unscheduled care patients, both registered and unregistered patients. This has the potential to impact on the patients listed with the PDS. The Chief Dental Officer is clear that the PDS is not to be an 'access' service. Fife's Emergency Dental Service at the weekend is seeing a significant increase in the number of patients compared to 2019, with no uplift in budget from CDO office.

9 PLANS FOR 2022/2023

- 9.1 Assure the delivery of high quality, accessible and effective NHS dental services in NHS Fife through governance and monitoring of primary care issues; e.g. dentist vacancies, access to NHS dental practices, deregistration of NHS dental patients.
- 9.2 Re-establish the Quality, Governance and Support Group within Primary Care to deal with poor performance and escalate to the appropriate level.
- 9.3 Establish a working group, including GPs, to review NHS Fife Emergency Dental Service to ensure it is sustainable going forward with appropriate budget to ensure resilience of service which operates as a cooperative of NHS dentists in Fife.
- 9.4 Assure the delivery of oral health improvement programmes in Fife with strategic oversight and reporting through outcomes framework.
- 9.5 Explore the public's opinion on water fluoridation through a question in the Social Attitudes Survey.
- 9.6 Re-establish Dental Professional Committees with appropriate secretariat support from NHS Fife and ensure dental representation on Area Clinical Forum and Primary Care Strategic Oversight Board.
- 9.7 As part of the Scottish Government's commitment to reduce inequalities use the recent NDIP data to target resources.
- 9.8 Work with partner organisations to ensure oral health of refugees is assessed in a timely

manner and people are signposted into the necessary services. Work with Equality and Diversity to develop information to manage public expectations.

9.9 In summary, during 2022/23, the Dental Senior Management Team will:

- Continue to work collaboratively to ensure access to NHS dentistry
- Continue to develop a quality and assurance programme for dentistry to provide a clear mechanism to identify risk, to assess and manage risk.
- Continue work to improve oral health and address inequalities in oral health.

EMMA O'KEEFE

Consultant in Dental Public Health

Meeting:	Public Health & Wellbeing Committee
Meeting date:	11 January 2023
Title:	Medication Assisted Treatment (MAT) Standards Progress Report
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Elizabeth Butters ADP Service Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

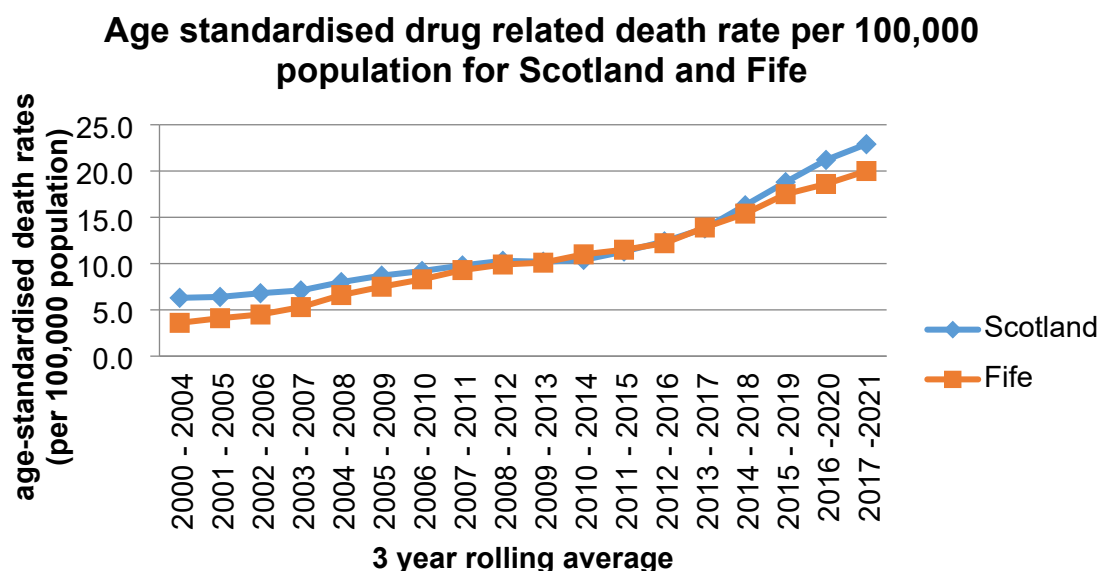
In January 2021, the First Minister announced a new national mission to reduce drug related deaths and harms. The National Mission on Drugs plan 2022:2026 was published in August 2022 and sets out in further detail an outcomes focussed approach to reduce drug deaths and improve the lives of those impacted by drugs.

Partnership working across all agencies and communities are the only way to enable a coordinated response to address the issues and enable delivery of outcomes to be embedded and sustained. The Fife Alcohol and Drug Partnership (ADP) brings together the health board, health and social care partnership, local authority, police and voluntary agencies to commission and develop local strategies for tackling problem alcohol and drug use and promoting recovery, based on an assessment of local needs.

Fife ADP are in the second year of a five-year nationally funded programme to implement the Medication Assisted Treatment (MAT) Standards for the improvement of care and support to people receiving Medication Assisted Treatment

2.2 Background

There are rising levels of drug related deaths in Fife and across Scotland. In 2021 the high levels of drug related deaths across Scotland were declared a public health emergency. 70 drug-related deaths were registered in Fife in 2021. The average age of those that died in Fife was 40 years old, and the majority of drug-related deaths that were registered in 2021 involved opioids and benzodiazepines. Rates of drug-related deaths 15 times higher in the most deprived areas compared to the least deprived areas in Fife.



o

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.

The implementation of MAT Standards is complemented by wider work within Fife to reduce the harms associated with substance use. 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. This group recently reported to the ADP its learning from 2020/21, with themes emerging in relation to opportunities for strengthening:

- Additional proactive support and coordination of care
- Communication
- Access to services
- Care for vulnerable adults
- Overdose awareness
- COVID affecting service response/engagement

An action plan is being developed to respond to the learning identified by the MDDRG and will supplement the MAT Standard Implementation Plan for this year and further plans.

2.3 Assessment

The ten standards are simple statements intended to be understood by those who access drug and alcohol services. The following chart summarises the standard, status, progress and next steps to support continuous ongoing improvement. There is particular focus on standards 1-5 in 2022/23., Public Health Scotland have requested that only an implementation plan is required for the standards 6-10 in 2022/23, with full implementation expected by April 2025. At this time there is not specific funding for these standards. This is a national matter and being raised through ADP Chair and Co-ordinator meetings with Scottish Government.

Standard	Standard Statement	Status	Progress
1	All people accessing services have the option to start MAT from the same day of presentation.	Amber	Mat 1 has remained at amber due to some delays in establishing same day in prescribing in all three sites. This has been rectified and a same day prescribing café/drop was also established in Methil (an area with exceptionally high levels of drug related death) during the first two quarters of the year. This is a partnership between third sector, NHS Addictions Service and housing and foodbank partners in the locality and developed with the community and those with lived/living experience.
2	All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.	Green	This is now green due to implementation of access to long-acting injectable buprenorphine across the full NHS Addictions Service.
3	All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Green	We now have commissioned hospital liaison service and third sector provision previously commissioned by the ADP, this includes Near Fatal Overdose service, Custody Navigation and Inreach/Outreach peer mentoring service in prisons.
4	All people can access evidence-based harm reduction at the point of MAT delivery.	Amber	Currently remains at amber as work remains ongoing to fully embed harm reduction with both the NHS and third sector. A short life working group is established to aid progress with an action plan in place. This focuses on workforce development needed across the NHS service with training support from NHS Blood Borne Virus & Sexual Health team and third sector harm reduction service. The ADP has allocated additional capacity to the harm reduction service to facilitate this training and initial focus is on

			needle exchange, increasing rates of Take-Home Naloxone uptake and blood borne virus testing and treatment pathways. NHS Addiction Service are also exploring the implementation of the Needle Exchange Online (NEO) database used in community pharmacy to record harm reduction interventions and evidence progress of this standard.
5	All people receive support to remain in treatment for as long as requested.		Processes, policies and specific services are in place to support retention specifically within third sector and the NHS using the MAT 1 clinics as a mechanism for rapid retitration. In addition to support keeping people in treatment, the ADP commissioned a third sector organisation to provide assertive outreach retention support in partnership with the NHS service. This remains at amber as the need for this care remains oversubscribed and further work is ongoing to strengthen follow up for people who are unplanned discharges for treatment. This is on the ADP risk register.
6	The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections.		Although all actions can be completed, without funding the ADP workforce development plan can only be employed partially in some parts of the system of care. This has been escalated to the ADP Committee and is being considered by the ADP Joint Commissioning Group.
7	All people have the option of MAT shared with Primary Care.		A steering group is being established to oversee the development of a shared care model between NHS Addictions and primary care. a funding application has been submitted which if successful will enable progress in this area in the coming months. supported by Joint Commissioning Group could mitigate against this risk remaining at amber for next year.
8	All people have access to independent advocacy as well as support for housing, welfare and income needs.		There is a new independent advocacy service commencing this year. There is also focused work ongoing with Public Health, Housing and income maximisation initiatives. There are strategic links in place to support this, and further work will be progressed to measure effectiveness between operational teams.
9	All people with co-occurring drug use and mental health difficulties can receive mental		NHS Addictions service provide support to current patients. Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on

	health care at the point of MAT delivery.		their “Ending the Exclusion” Report September 2022.
10	All people receive trauma informed care.		All in year actions in the ADP implementation plan will be completed within the year but further work needs to be planned for full implementation by April 2025.

The standards are assessed and monitored through the work of the Alcohol and Drugs Partnership which is chaired by the Director of Health and Social Care. There are two ADP subgroup focused on delivery of MAT 1 to 5 and MAT 6 & 10. These are multi-agency groups with support of the ADP support team. All of the subgroups report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government. A new steering group for MAT 7 will be established in the last quarter of the year to enhance treatment choices within the primary care setting. The standards are detailed in the NHS Annual Delivery Plan, the development of the HSCP Plan and the Plan for Fife Health and Wellbeing subgroup.

2.3.1 Quality / Patient Care

The quality of care should greatly improve for the people in the current system with implementation of the MAT Standards. Assertive outreach approaches employed by third sector colleagues (MAT 3) will increase access to support whilst also preventing unplanned early discharge (MAT 5) including the hospital liaison service, specialist social work team. 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 and within outreach teams (MAT 4) will improve protection and act as access points for those not yet in the treatment and support system.

Delivery of support in the centre of communities 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. The team will require two additional speciality doctors, one team leader and 11 additional nurses with administrative support included. Psychologist input has also been required for implementation of MAT Standards 6 and 10 for development of skills across the workforce is a key aspect of MAT standards implementation.

2.3.3 Financial

Funding has been provided for five years, commencing in 2021/22 until 2025/26 to fully implement and maintain the MAT Standards. 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. All funding from this income has been used for improvement work within the NHS Addiction Services with an additional

£204k per annum provided by the ADP from the Drug Mission Priority funding also allocated to this 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. There are still significant gaps in capacity and in some areas particularly MAT 6, 7, 9 and 10 where partial implementation is only possible based on quality improvement approaches. This position is not untypical 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

Implementation of the MAT standards is essential to improve population health and continue to improve the quality of health and care services delivered in Fife.

The strategic risk associated with implementation 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.

Work is ongoing to map the risks across agencies and as this develops in 2023/24 we will be able to better align to shared objectives such as delivery of our population health and wellbeing strategy. This will be included in future reports.

Operational risks are included in the NHS Addictions risk register though these are not currently shared with the ADP, such risks are included in the quarterly reports.

In addition, the MAT Standards are featured in the NHS Fife 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 hardship 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.

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. As part of the response universal and targeted services are being made available in the areas of greatest need. 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. MAT 8 seeks to address wider determinants of health that contribute to health inequalities and drug use affecting people who use drugs.

The ADP is currently exploring an EQIA associated with the mat standards implementation and there is close working with Public Health in many areas of work in relation to inequalities.

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. However through delivering care closer to home and there will be an indirect positive impact on the climate emergency.

2.3.7 Communication, involvement, engagement and consultation

Fife ADP has for over two years an established Live Experience Panel. The lived experience panel chair is co-designing the work. Members of this panel were involved at the initial planning stages for the MAT project plan and the implementation plan for 2022/23. Their chair sits on the ADP MAT Standards Implementation subgroup and the ADP Committee and some of the members have also attended the subgroup to contribute during the development of the plan. Public Health representative also attends this meeting as do a number of operational partners including representatives from housing, advocacy and the family support service.

The ADP support team conducted two sessions with the Lived Experience Panel both on the MAT Standards development in Fife and on the drug mission priorities. Based on their direct feedback NHS Fife Pharmacy Services in partnership with NHS Fife Public Health, developed a bespoke response to providing COVID vaccinations (MAT 4) to people affected by alcohol and drug use and their families.

Recently, the ADP support team contributed to a CJSW lived/living experience panel focused on MAT Standards and will include their contributions to measure progress of the implementation and reflect their contributions in development of the plan.

2.3.8 Route to the Meeting

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

- ADP Joint Commissioning Group – 22nd September 2022
- ADP MAT Standards Implementation Subgroup – 14th December 2022
- ADP Committee – 13th December 2022

2.4 Recommendation

- **Assurance** – Progress is being made on the delivery of MAT Standards Implementation in Fife as part of the ADP's multi-agency strategic plan to prevent drug related deaths, harm and support and treatment for recovery. A report will be brought to the public health and wellbeing committee on an annual basis to update on the progress of this work.

3 List of appendices

N/A

Report Contact

Nicky Connor

Director of Health and Social Care

Email: Nicky.Connor@nhs.scot

Meeting:	Public Health and Wellbeing Committee
Meeting date:	11 January 2023
Title:	High Risk Pain Medicines Patient Safety Programme – Year One Update
Responsible Executive:	Ben Hannan, Director of Pharmacy & Medicines
Report Author:	Deborah Steven, Programme Director, High Risk Pain Medicines Patient Safety Programme

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes/Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

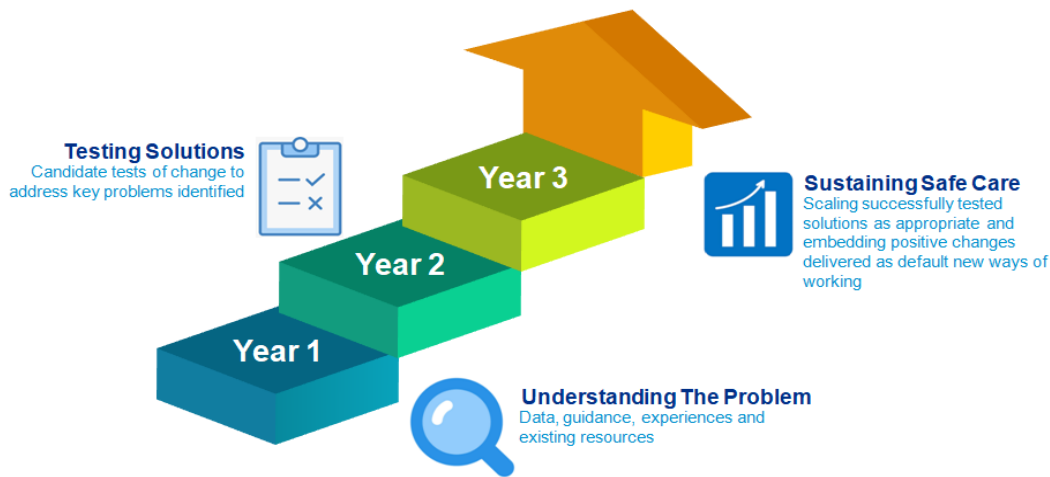
2 Report summary

2.1 Situation

The High-Risk Pain Medicines (HRPM) Patient Safety Programme is a strategic priority agreed by NHS Fife in response to national and international growing concern of adverse effects and harm to patients when these medicines are used ineffectively or inappropriately, and, subsequent changes in policy and guidance on how chronic pain is managed.

NHS Fife are high prescribers of these medicines, as measured by national therapeutic indicators, and have a higher-than-average involvement of prescribed medicines in drug related deaths. The programme looks to understand how pain is currently managed across Fife, including identifying examples of good practice with the aim of seeking a reduction in the prescribing culture and use of High-Risk Pain Medicines across all NHS Fife settings and increased awareness and utilisation of non-pharmacological strategies for managing pain.

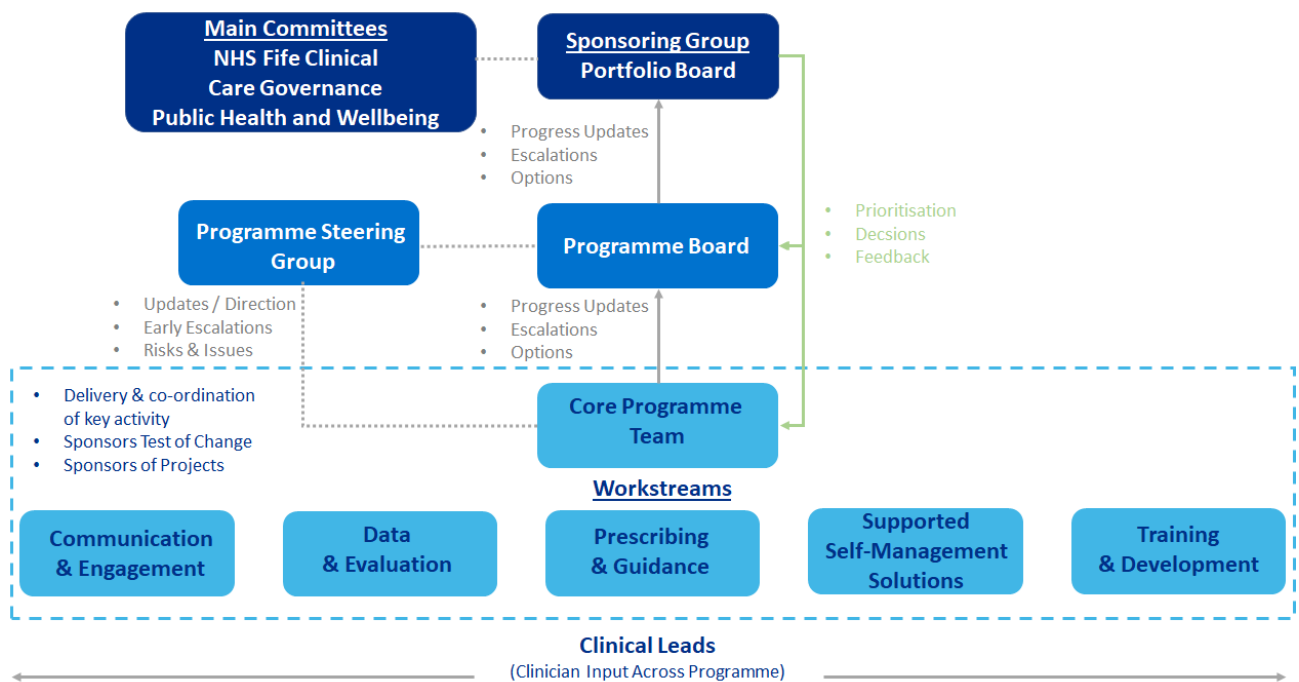
To achieve these objectives the programme was arranged over the following three annual phases:



The purpose of this paper is to assure on progress to date and outline the areas of work being planned for the remainder of Year One.

2.2 Background

A programme structure has been applied to this area of work to support the co-ordination of activity and decision making required across multiple streams, which is illustrated below:



The Workstreams and Clinical Leads Group are the vehicle for taking forward the work of the programme. Key outputs in each workstream have been identified, where their related milestones are tracked at the Programme level and reported to the Portfolio Board. The Core Programme Team have a role in supporting Workstreams in the use of a Workstream Tracker. This ensures activity is aligned to key programme milestones and provides activity visibility across all workstreams at a project level.

2.3 Assessment

Work has been completed to formally establish the governance structure and programme workstreams. This includes the completion of communications enablers, for example a Blink Hub, as well as the required Stage 1 Equality Impact Assessment. The report assesses that positive progress has been made by the HRPM Patient Safety Programme on work towards understanding the problem and should provide assurance. The report recommends priority work areas to complete Year One successfully.

2.3.1 Quality/Patient Care

The focus of this programme is to improve patient safety and care in relation to administering and subsequent use of high-risk pain medicines. The starting point agreed was to understand the problem in a Fife context.

National and International research was a cornerstone activity for the programme to understand the problem in a holistic manner. Findings from this research will be disseminated towards the end of Year One. Research undertaken to date covers analgesic and opioid stewardship. However, gabapentinoids, benzodiazepines and NSAIDs are also in scope for the HRPM Patient Safety Programme. To complement this research, further desk research at local and national levels has been completed alongside audits. These assess staff confidence levels to address pain medicine issues in primary care practice pharmacy teams, as well as the adherence to surgery and Opioids 2021 guidance on specific wards.

Other work completed includes agreeing Primary Care indicators to better understand our prescribing data, patient journey mapping and resource mapping on existing services in Supported Self-Management Solutions.

A mid-way point Phase 1: Understanding the Problem event was hosted in November 2022. The event was attended by key stakeholders and aimed to create a common understanding on the main drivers of the programme, create awareness of wider work across the programme, as well as support ideas sharing on how best to complete Year One. Feedback was overall very positive with a main gap area identified on the growing need for co-ordination around internal communication between workstreams. Also, the need for a communications campaign targeted at patients in support of clinicians.

Priorities were identified and to address areas acknowledged for improvement, the programme has developed a Business Case to clarify programme purpose/scope. CQL Clusters have also been engaged on what the initial data shows on HRPM and to seek opportunities on how we continue to engage and shape potential tests of change/improvement work. The programme has also aligned additional expertise to develop our consultation with clinicians, as well as supported workstreams with planning to ensure alignment of workplans to agreed milestones.

For the remainder of Phase 1 the primary focus is on the following areas

Understanding The Problem (Theme)	Activity Area
Understanding our prescribing data	<ol style="list-style-type: none"> 1. Confirming measures for Primary Care, Secondary Care, Drugs Related Deaths and collating the associated data into dashboards 2. Sharing our understanding of the data picture and engaging stakeholders using dashboards 3. Undertake a series of Acute audits across the system, to help address data gaps in our present understanding (examples include a Front Door Audit and Acute Discharge Audit)
Understanding our guidelines and how best to implement	<ol style="list-style-type: none"> 1. Reviewing how current guidance is accessed and used, with areas for improvement identified.
Understanding what resources are out there	<ol style="list-style-type: none"> 1. Complete the mapping of existing services and the analysis of available data to inform baselines in supported self-management service areas 2. Complete the review of the Pain Management Jigsaw with opportunities for improvements identified
Understanding our prescriber/staff and patient/carer experiences	<ol style="list-style-type: none"> 1. Understand the interfaces between services and the key roles involved through the completion of patient journey maps 2. Complete an analysis of staff knowledge, skills, and attitudes regarding the management of pain 3. Identify any training gaps likely needing addressed in the management of pain 4. Understanding the public perspective through the development of patient and carer stories, for those living with chronic pain conditions

2.3.2 Workforce

Dedicated workforce recruited to with no issues of concern to escalate.

2.3.3 Financial

The budget for Year One of the programme is £200,000. A review of outturn to date and forecasted spend for the remainder of Year One totals around £130,000, thereby an anticipated underspend of around £70,000 for Year One activity. Given Year One activity is forecast to be within current budget constraints, no financial implications are anticipated for this phase of the programme.

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

This is a system wide programme of work, therefore will cover all areas across Fife including where health inequalities are experienced by local communities. A Stage 1 Equalities Impact Assessment (EQIA) has been published. It highlighted the need to build community links with opportunities for joint working to advance the equality of opportunity. Stage 1 also highlighted the need to capture both patient and staff experiences in the management of pain to foster good relations. These considerations having informed work plans for Year One with work

being progressed on engaging staff via events/surveys. Patients/carers are being engaged through the development of patient stories.

There is a requirement to complete a Stage 2 EQIA. Planning with the Equalities and Human Rights Lead Officer for this activity will occur in January 2023. The detail of the Stage 2 assessment will be informed by the intent around the next phase of the programme; therefore, this will be developed following Year One completion.

2.3.5 Risk Assessment / Management

From the perspective of continuing to improve the overall health and quality of care for the people of Fife, the following risks are relevant to the programmes area of work:

Ineffective/High Prescribing

There is a risk that patient safety, care and wellbeing is compromised due to limited staff/clinician knowledge of unintended consequences from extended, ineffective, or high prescribing of HRPM.

Ineffective Pain Management Pathways

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

The above risks are being mitigated by the work of the programme. The programme also uses a RAID (Risk, Assumptions, Issues & Dependencies) Log, which is regularly assessed and reviewed to inform risk mitigations.

2.3.6 Climate Emergency & Sustainability Impact

Pain medicines are among the most widely used medications. As a result, the environment is becoming increasingly contaminated with analgesic residues created by the manufacture, consumption, and disposal of these medication. Improved prescribing initiation and monitoring because of the programme should lead to reduced volume of prescribing, increase in appropriate destruction pathways and reduction of overall waste.

2.3.7 Communication, involvement, engagement, and consultation

Awareness, engagement, and development are a fundamental parts of programme work. The following are key activities that have taken place to involve and engage internal and external stakeholders as appropriate:

What	When
GP Cluster Quality Leads	August 2021
Pharmacy Senior Leadership team, Addiction Services	November 2021
Pharmacy Managed Service	December 2021
Physiotherapy Senior Management Team	11 February 2022
Senior Nurse Forum	21 March 2022
Royal Pharmaceutical Society Best Practice Event	20 May 2022
Grand Round, GP Cluster Quality Leads	29 June 2022
Fife Voluntary Action, Health & Social Care Forum	14 July 2022

What	When
GP Learn @ Lunch Session-awareness (also recorded/circulated)	16 August 2022
Grand Round	21 September 2022
ScotGem Medical Students	6 October 2022
GPST Lunchtime Training	7 October 2022
Phase 1: Understanding the Problem Event, GP Learn @ Lunch Session, Showcasing the Art of the Possible	1 November 2022
GP Cluster Quality Leads, data & engagement	23 November 2022
Patient gateway events to raise awareness and plan ongoing engagement	1, 6 and 7 December 2022
GP Practice Visits – Oakley	13 December 2022
3 GP Practices Visits – Lochgelly	28 February 2023

Further events are being planned as part of the Communications & Engagement Workstream/Plan. A priority is placed on engaging patients to detail their experiences of pain management over January 2023.

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.

1. HRPM Steering Group, 6 December 2022
2. HRPM Programme Board, 20 December 2022

2.4 Recommendation

The Public Health and Wellbeing Committee is asked to take **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

3 List of appendices

None.

Report Contact

Deborah Steven

Lead Pharmacist, Fife Pain Management Service & HRPM Programme Director

Email deborah.steven@nhs.scot

Meeting: Public Health & Wellbeing Committee
Meeting date: 11 January 2023
Title: Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021 – 2025
Responsible Executive: Janette Keenan, Director of Nursing
Report Author: Isla Bumba, NHS Fife Equalities and Human Rights Lead

1 Purpose

This report is presented for:

- Assurance
- Discussion
- Decision

This report relates to:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

This report aligns to the following Staff Governance Standard(s):

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

2 Report summary

2.1 Situation

The Equality Act (2010) and the Public Sector Duty (2011) legally requires NHS Fife to devise, monitor and publish an Equality Outcomes and Mainstreaming plan every 4 years.

It also requires NHS Fife to publish an interim progress report after 2 years, and a final progress report at the end of the 4-year period. The Interim report is due to be published at the end of March 2023 with agreement of NHS Fife Board. The Commission for Equality and Human Rights regularly monitors authorities' including Health Boards compliance with the Equality Act 2010.

The attached document provided is:

An interim report giving information and detail of the work undertaken over the past two years to progress the outlined set of equality outcomes for the period 2021 – 2023. This report also details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years.

2.2 Background

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012) require NHS Fife to:

- Report on progress on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay including occupational segregation information

Additionally, the Public Sector General Duty 2011 of the Equality Act 2010 requires NHS Fife to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a relevant protected characteristic and those who do not.

The attached report will summarise and document how NHS Fife has complied with the above legislation.

2.3 Assessment

The Equality Outcomes and Mainstreaming report has been worked on for many months, working collaboratively with many services across NHS Fife and is now complete. This report covers a summary of NHS Fife and its workforce, the Fife population, how NHS Fife is mainstreaming equality work and details the progress on each equality outcome as set in the 2021 – 2025 plan, and the progress on each specific action.

Due to COVID-19 there have been challenges with achieving the outlined outcomes, and so this report acknowledges this and details how NHS Fife intends on addressing this challenge and any delays experienced, by meeting the outcomes over the years 2023 – 2025.

2.3.1 Quality / Patient Care

An update is provided in the report regarding the progress made towards each of the specified equality outcomes:

- Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years
- Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community
- Outcome 3 – To make senior management equality focussed by improving and embedding knowledge and skills through learning, mentoring and leadership
- Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff

2.3.2 Workforce

It is recognised that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that NHS Fife, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

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

The attached report will summarise and document how NHS Fife has complied with:

- The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012).
- The Public Sector General Duty 2011

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

- The report details communication, involvement and engagement work

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.

- Equality and Human Rights Strategy Group
- EDG 5 January 2023

2.4 Recommendation

- **Assurance** – The report details NHS Fife’s mainstreaming activity and how we intend to continue to make progress against these actions for the next two years.
- **Discussion** - Consider content of Report
- **Decision** – Agreement to publish the Interim Report by 31 March 2023

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 NHS Fife Equality Outcomes and Mainstreaming Interim Report

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NHS Fife's Equality Outcomes & Mainstreaming Interim Report

March 2023



NHS Fife's Corporate Equality and Human Rights Statement

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.



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1. Foreword by Janette Keenan, Director of Nursing & Executive Lead for Equality and Human Rights



As the Executive Lead for Equality and Human Rights, I am pleased to present NHS Fife's Equality Mainstreaming Plan (2021-2025) Interim Progress Report.

NHS Fife as a public authority must ensure that The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010 are met and published as required. This report aims to provide an update on progress towards delivering our corporate Equality Mainstreaming Plan (2021-2025), highlighting what difference the plan is making to our patients and service users and, to provide examples of how equality is being embedded throughout our organisation. Co-production is used to drive that work, to help shape and inform the future of health and care across Fife by listening and acting upon the voices of those representative of protected characteristics. Using Human Rights - PANEL Principles (Participation, Accountability, Non-discrimination, Empowerment and Legality (reference only) we ensure that our work is person centred, safe and effective.

Our equality work will contribute significantly to NHS Fife Population Health and Well-being Strategy which will be published in 2023. The Equality and Human Rights Strategy Group (EHRSG) has been refreshed. The EHRSG holds responsibility for ensuring NHS Fife fulfils and complies with its Equality and Human Rights legal and ethical obligations, in line with local and national legislation and guidance. It will act to guide progress of mainstreaming Equalities and Human Rights throughout NHS Fife, and aid monitoring and reporting on NHS Fife's progress towards the Equality Outcomes and Mainstreaming Reports, including the Plans, Progress Reports and Final Reports. The Group will ensure participation and engagement structures are equitable and fair, and improve learning from trends in complaints, comments and case studies, and to provide a forum for sharing of current issues relating to Equality and Human Rights.

We have taken steps to incorporate the Fairer Scotland Duty 2018 into our Equality Impact Assessments (EQIA) and reviewed our EQIA Toolkit for the organisation. In addition to this we developed a new EQIA training programme for staff.

If you would like to know more about our work on Equality Mainstreaming, please email fife.equalityandhumanrights@nhs.scot.

2. Introduction

NHS Fife is delivering its [Equality Outcomes & Mainstreaming Plan 2021 - 2025](#) in partnership with the NHS Fife board, Senior Managers, staff, services, patients and local communities. This Equality Outcomes and Mainstreaming Interim Report will feedback on the progress made throughout 2021 and 2022 on the 2021 – 2025 Plan for Fife and provide a thorough update on future developments.

2.1 Aims of this report

This two-year interim progress report discusses the work NHS Fife has carried out so far in the delivery of the four high-level equality outcomes that were outlined in 2021. This report aims to cover the revisions to our current mainstreaming plan created in 2021, what progress has been made with the plans up to March 2023, who has been involved in the co-delivery of these plans, and highlight how we have used patient engagement to ensure lived experiences and patient opinions are being heard and accounted for in all NHS Fife decisions. This report will also cover a general workforce update such as details of workforce networks, staff training and an employee satisfaction and wellbeing update. Additionally, we have also provided an update on our Board membership composition which has changed over the past two years.

This reports overarching aim is to document the progress NHS Fife is making to ensure we are adhering to all equality legislation, ensure appropriate governance, and report back to the Scottish Government. Additionally, this report aims to enable NHS Fife to remain open and transparent with our patients and members of the public about what work we are undertaking in relation to Equality.

2.2 Why we need to mainstream and have equality outcomes

Mainstreaming equality is a specific requirement for public bodies in Scotland, laid out by the Scottish Government. It is a means to ensure we are integrating equality into all aspects of NHS Fife, and by the development of specific equality outcomes every 4 years, NHS Fife must continue specific areas of work aimed at addressing particular areas in need of improvement. The equality outcomes outlined in the 2021 – 2025 plan do not limit our actions but provide a specific focus for the organisation as identified from patient feedback and both local and national evidence, and allows us to adhere to the legislative responsibilities laid out by the Equality Act 2010.

2.3 The legislation

The Equality Act 2010 is a means to legally protect people from discrimination in the work place and in wider society, and it was introduced to the public sector (through the public sector Equality Duty), including health boards, to ensure they have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 works to protect individuals with 'Protected Characteristics' which are as follows: Age, Gender Reassignment, Marriage and Civil Partnership, Maternity and Pregnancy, Disability, Race and Ethnicity, Sex, Sexual Orientation and Religion and Beliefs.

In addition to the Equality Act 2010, NHS Fife strives to ensure that the Fairer Duty Scotland Act, the Human Rights Act 1998, the Patients Rights Act 2011, The BSL Scotland Act 2015, the United Nations Rights Convention on the Rights of the Child, Children and Young People (Scotland) Act 2014, the Breastfeeding Act (Scotland) 2005 and the Public Bodies (Joint Working) (Scotland) Act 2014 are all embedded in our Equality Impact Assessment (EQIA) process. This ensures that NHS Fife is not only mainstreaming the content of the Equality Act 2010, but of all of the above listed legislation.

NHS Fife's previous mainstreaming reports have illustrated how NHS Fife is committed to embed equalities into all of our functions and our continued approach is outlined hereafter.

3. NHS Fife & the Mainstreaming Update



3.1 About NHS Fife

NHS Fife works collaboratively with the Fife Health and Social Care Partnership to ensure the health needs of around 37,000 people living in Fife are met by delivering safe, accessible and high quality health and social care services.

NHS Fife has approximately 8,500 members of staff and consists of a number of different facilities across the county which have varying roles within the health care service and these are supported by a network of GPs, dentists, opticians and pharmacies. These facilities are as follows:

- **The Victoria Hospital**, Kirkcaldy – The largest hospital in Fife and is the location of Accident and emergency services as well as minor injuries, specialist, acute and support health services. Additionally, there is an onsite Maggie’s Centre
- **Queen Margaret Hospital**, Dunfermline – This is the second largest hospital in Fife and is home to a number of community and therapy services in addition to a minor injuries unit, outpatient and diagnostic clinics.
- **Adamson Hospital**, Cupar – A community hospital with a 24-bedded inpatient unit, a minor injuries unit, X-ray department and a range of outpatient clinics.
- **Cameron Hospital** – This community hospital delivers a wide range of inpatient services including stroke rehabilitation and outpatient services such as addiction services.
- **Glenrothes Hospital** – This community hospital provides outpatients services such as dietetics, occupational therapy, physiotherapy, podiatry and speech and language therapy.
- **Whyteman’s Brae Hospital**, Kirkcaldy - It caters for psychiatry and elderly patients, including an inpatient ward, amongst other outpatient clinics.
- **Lynebank Hospital**, Dunfermline – A community hospital which has a range of services including an inpatient learning disabilities service providing care for adults aged 18 – 65, in addition to community learning disability services, dietetics, speech therapy, clinical psychology, addiction services, dental access and audiology, amongst others.
- **Stratheden Hospital**, Cupar - cares for patients with mental health issues and contains inpatient services for this.
- **St. Andrews Community Hospital** - contains a minor injuries unit in addition to offering outpatients services and inpatient wards for rehabilitation services.
- **Randolph Weymss Memorial Hospital** - contains one inpatient ward and also sexual health clinics, physiotherapy and children’s services.

Further information is available on NHS Fife’s website [here](#).

3.2 Leadership & Governance

3.2.1 The Board

NHS Fife makes a clear and consistent commitment to Equality and Human Rights throughout the organisation by demonstrating diversity at a senior level and amongst Board members.

The overall purpose of the NHS Fife Board is to ensure the efficient, effective and accountable governance and to provide strategic leadership for the overall system, focussing on agreed outcomes.

The role of the Board is specifically to:

1. Improve and protect the health of local people
2. Improve health services for local people
3. Focus clearly on health outcomes and people's experience of their local health system
4. Promote integrated health and community planning by working closely with other local organisations
5. Provide a single focus of accountability for the performance of the local NHS system.

The functions of the NHS Board comprise:

- Strategy development
- Resource allocations
- Implementation of an annual delivery plan
- Performance review and management.

The Board comprises of 18 members:

- A Chairperson (female)
- Nine non-executive members, including the designated whistle blowing champion (5 male, 4 female)
- Two stakeholder members (2 female)
- A member of Fife Council (male)
- The Chief Executive of NHS Fife (female)
- Four Executive Directors (3 female, 1 male)

3.2.2 Governance statement

NHS Fife's Equality and Human Rights department is delegated to the Population Health & Wellbeing Committee and to the Staff Governance Committee for compliance relating to Equality and Human Rights legislation.

3.2.3 Equality and Human Rights Team and Strategy Group

NHS Fife's Equality and Human Rights Department has re-launched their [public website](#) to improve accessibility to resources and to make it more user-friendly. Additionally, the Equality and Human Rights Internal Intranet page has been updated and re-launched to allow for staff to easily navigate the resources and improve overall mainstreaming efforts.

NHS Fife has an Equality and Human Rights Strategy Group which is co-chaired by the Director of Nursing (the Executive lead for Equalities) and the Equality and Human Rights Lead Officer, and comprises of NHS staff, a staff-side representative, and members of the Fife Health and Social Care Partnership. The group supports NHS Fife to meet the legal requirements of the Equality Act 2010 and has a key role in ensuring that our mainstreaming plan and equality outcomes are delivered. As part of NHS Fife's goal to constantly review services and make improvements where possible, this group's remit and terms of reference were revised in 2022 in addition to updating and expanding the group's membership, in order to ensure the group aligns with NHS Fife's current equality outcomes and mainstreaming plan.

In winter of 2022, NHS Fife also began an Equality and Human Rights Online Network which is available for all members of staff to join and aims to distribute useful and topical pieces of information/, training and updates relating to Equality and Human Rights in Fife. So far this network has 104 members and this will be used to monitor mainstreaming and general engagement of NHS Fife with Equalities. NHS Fife endeavours to declare an update on this network, its progress and relevant statistics in the 2025 Equality Outcomes Report.

3.3 Equality Impact Assessments

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that NHS Fife, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

Due to COVID-19, the volume of changes, new policies and procedures that were introduced was significantly reduced; therefore we have seen a reduction in the number of EQIA's being completed. This has also subsequently caused a slow in momentum and reduction of knowledge regarding EQIA's and their importance. As this issue has been successfully identified, significant efforts have been made to review, update and re-

launch all EQIA-related materials including both EQIA forms (Stage 1 and 2), and also the EQIA toolkit to aid staff in completion of EQIAs. All new and improved EQIA materials have been launched on the new NHS Fife Equality and Human Rights public website, and also the staff Intranet.

Additionally, a robust and detailed training programme has been developed and began in 2023 to ensure staff learning and promote the use of EQIA's in all aspects of the organisation. This training schedule aims to educate a minimum of 60 members of staff per year, and the numbers of attendees to these sessions will be utilised as a performance indicator to allow for year-by-year comparisons and this will be reported on in the 2025 Equality Mainstreaming review.

NHS Fife will continue to monitor and audit our EQIA process and seek to make regular changes and improvements as and when they are identified.

Published EQIA's in 2021 – 2022:

Stage 2 EQIAs:

There have been no Stage 2 EQIA's published over the 2021-2023 period so far.

Stage 1 EQIAs:

Title	Publication Date
Mental Health Inpatients Redesign	November 2022
Child and Young Persons Death Review	November 2022
Buddy Healthcare Pre-Operative Assessment App	November 2022
Heel Prick Blood Sampling Teaching Pack	June 2022
High Risk Pain Medicines Patient Safety Program	May 2022
Hospital Electronic Prescribing Medicines Administration (HEPMA)	October 2021
Parent - Patient Continence Information Leaflets and Documents	September 2021
Service Now Project Team	August 2021

All EQIA's produced by NHS Fife are published within 2 weeks of completion onto the Equality and Human Rights website [here](#).

3.4 Workforce Update

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality & Human Rights Lead, who will support this work, in collaboration with H&SCP colleagues.

Other activities that we have been able to commence during the previous two years as the NHS comes out of its emergency response footing due to the COVID-19 pandemic include a participation in the Kickstart Programme in 2022. This is a scheme aimed at attracting 12 – 24 year olds at risk of long-term unemployment into work through offering paid-work opportunities.

NHS Fife is also refreshing its previous commitments to introduce an increasing number of modern apprenticeship opportunities through a range of job families across the health board, providing participants an alternative to further or higher education by offering the opportunity to work, learn and earn whilst gathering a recognised qualification.



3.4.1 Staff Wellbeing Update

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. NHS Fife has held the Healthy Working Lives Gold Award since 2016 until its cessation in 2022. NHS Fife's new employee Health and Wellbeing programme is 'Well@Work'.

The most recent NHS Fife Workforce Plan (2022-2025) outlines their approach to staff wellbeing as focussed 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.



For full details of how NHS Fife is supporting staff wellness, please refer to the [NHS Fife Workforce Plan 2022 -2025](#).

3.4.2 Equality Profiling

NHS Fife will publish data regarding equality profiling and a gender pay gap statement in their end of year report which will be published on the NHS Fife [website](#) after April 2023.

3.4.3 Staff Training

NHS Fife has two mandatory training modules relating to Equality and Human Rights which are 'Equality and Diversity: Equality and Human Rights' and 'Human Trafficking' and a range of additional non-compulsory Equality-related training modules. NHS Fife offers staff equality training in a range of formats, including online training modules (see below), training seminars both digital and in-person, and 1-1 or personalised training sessions where appropriate.

In this report, we aim to document the number of staff who have completed each specific Equality-related training module available on Turas (the online training site) and the overall percentage of staff that are compliant with up-to-date equality training (this must be updated every 3 years). The most up-to-date figures show that 71% of NHS Fife staff engaged with at least 1 of the core online Equality-related modules, including the 2 mandatory modules over the November 2019 - November 2022 period. Additionally, please see the below table for the number of each of the specific modules relating to Equality and Human Rights, completed over the April 1st 2020 – October 31st 2021 period.

Course	Number of Staff Completed
British Sign Language (BSL) and Tactile BSL	13
Coercive control	19
Deaf awareness	21
Deafblind awareness	3
Domestic abuse awareness raising tool	25
Equality and diversity : equality and human rights	3924
Gender-Based Violence	208
Human trafficking	2521
Menopause awareness	10
Raising awareness of Gypsy Traveller communities	24
Sight loss awareness	5
Transgender awareness	10

Figure 1. The number of NHS Fife staff to complete each online Equality Training Module.

3.4.4 Hate Reporting

The NHS Fife Equality and Human Rights Lead Officer receives a report which documents all hate incidents that have occurred within NHS Fife in the outlined time-period. NHS Fife will report in each Equality Outcome and Mainstreaming report, the number of reported hate incidents in the reported time period and which of the Protected Characteristics they relate to. This will allow for monitoring of improvements to mainstreaming by the expansion of knowledge of hate incidents, the importance of accurate reporting, and the support offered after the incident. The reports for 2021 - 2023 are as follows:

Number of Reported Hate Incidents by Protected Characteristics

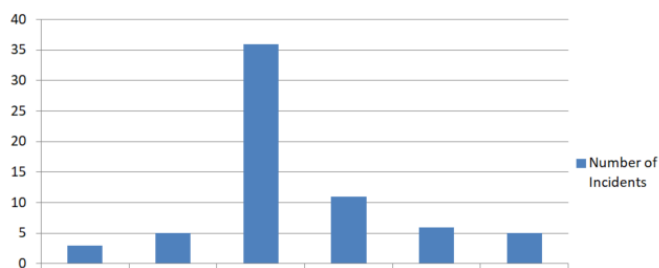


Figure 2. Number of hate incidents reported on DATIX by Protected Characteristics between April 1st 2021 – December 6th 2022 (time of writing)

Protected Characteristic

3.5 Procurement

NHS Fife is ‘treating suppliers equally and without discrimination’ Equality is considered throughout its tendering processes and complies with all legislative aspects of procurement as required under ‘The Procurement Reform (Scotland) Act 2014’ and further legislation detailed in:

- The Public Contracts (Scotland) Regulations 2015 and
- The Procurement (Scotland) Regulations 2016

NHS Fife Procurement continues to review existing policies and procedures and carries out EQIAs on any new documentation.

4. NHS Fife’s Population & Health

The following section gives oversight to the Fife population and any key pieces of data.

4.1 Population Estimates & Projections

The [latest data](#) shows that on June 30th 2021, Fife had a population of 374,730 which is a 0.2% increase from 2020. In 2021, Fife had the 3rd largest population out of all 32 council areas in Scotland, despite seeing a lesser increase in population size by 7.1% compared to 8.2% for Scotland overall.

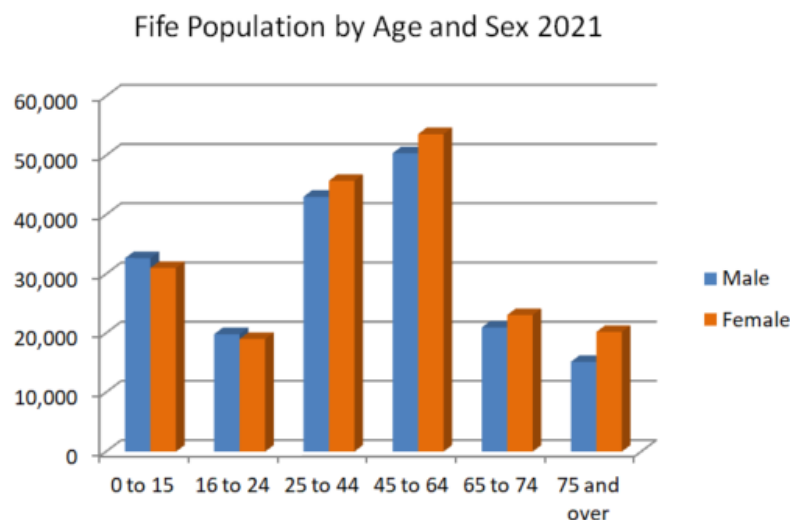


Figure 3. The population of Fife by age and sex in 2021.

Over the next 10 years, the population of Fife is projected to decrease by 2.3% due to natural change (more deaths than births), however the total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 2.3% over the same period. This will result in a total change of 0.1% to the population.

4.2 Deprivation

The [Fife Child Poverty Action Report 2021/22](#) stated that percentage of children in Fife living in relative poverty is 17.3% and in absolute poverty is 14.1% (compared with the overall Scottish figures of 15.9% and 12.9% respectively). The highest rate of children living in relative poverty is in Kirkcaldy central (25.8%) and the lowest rate in St. Andrews (9.1%). 23.6% of children in P6-7 in Fife are registered for free school meals, and 19.4% of all secondary school pupils.

The [Fife's Fuel Poverty COVID-19 Recovery Plan 2021-22](#) revealed that fuel poverty affects 26% of people in Fife and 11% are in extreme fuel poverty, with both anticipated to increase considerably. In addition to this, the number of households in Fife struggling to heat their homes since the beginning of the COVID-19 pandemic has nearly doubled. According to this plan, 72.7% of participants of the Scottish Housing Condition Survey (SHCS) saying that their household income was directly impacted by the pandemic and a further 27.3% saying that in-direct causes of the pandemic have resulted in financial struggles. Finally, this plan also stated that 20.5% of participants in the SHCS survey in Fife lost their job due to the pandemic.

4.3 Births & Early Years

In 2021, there were 3,157 births (1623 male and 1534 female) and for the years 2018-2021, the most deprived areas saw 32% more premature births than the overall average for Fife. Additionally, the [Latest Data](#) (2018 -2021) showed the most deprived areas of Fife saw 97% more smokers during pregnancy than the overall average for the population.

The most recent data from the [Pupil's Census](#) showed that in 2021, there were 5,044 (18.04%) and 8,655 (39.12%) primary and secondary school pupils, respectively, in Fife with Additional Support Needs. The reasons for support are shown below:

Additional Support Need	Number of Primary School Pupils	Number of Secondary School Pupils
Learning Disability	191	345
Dyslexia	579	2,146
Other specific learning difficulty (e.g. numeric)	177	792
Other moderate learning difficulty	248	821
Visual Impairment	76	153
Hearing Impairment	88	181
Physical or motor impairment	212	415
Language or Speech disorder	607	361
Autistic Spectrum Disorder (ASD)	523	692
Social, emotional and behavioural difficulty	1,105	2280

Physical health problem	399	793
Mental Health Problem	55	668
Interrupted learning	130	815
English as an additional Language	1,106	898
Looked after	245	414
More able pupil	24	122
Communication support needs	138	86
Young carer	32	349
Bereavement	85	188
Substance misuse	10	49
Family Issues	432	637
Risk of exclusion	12	104
Other	226	330

Figure 3. Additional Support Needs for Pupils in Fife Schools

4.4 Life Expectancy & Mortality

The most [recent data](#) (2019 – 2021) shows that in Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) and that the leading causes of death in 2021 for males and females (as seen in the below graphs) mirrors that seen in Scotland overall. In 2021, there were 4,575 deaths in Fife, of which 2283 were male and 2292 were female.

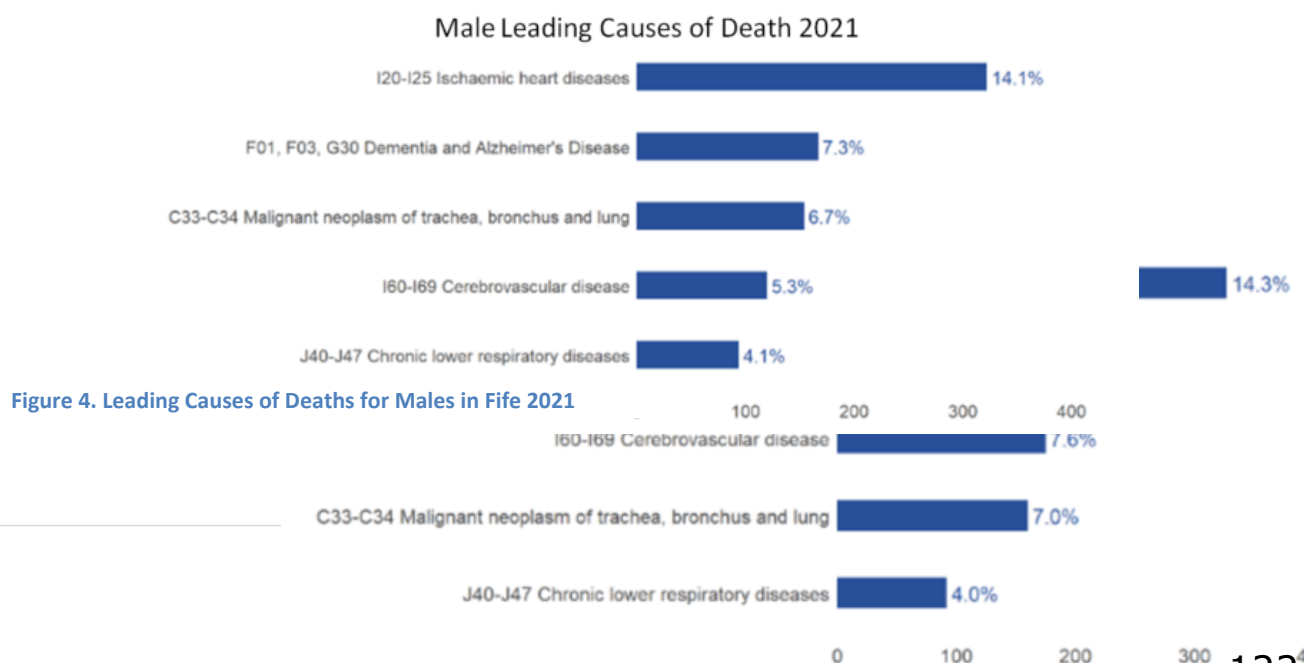
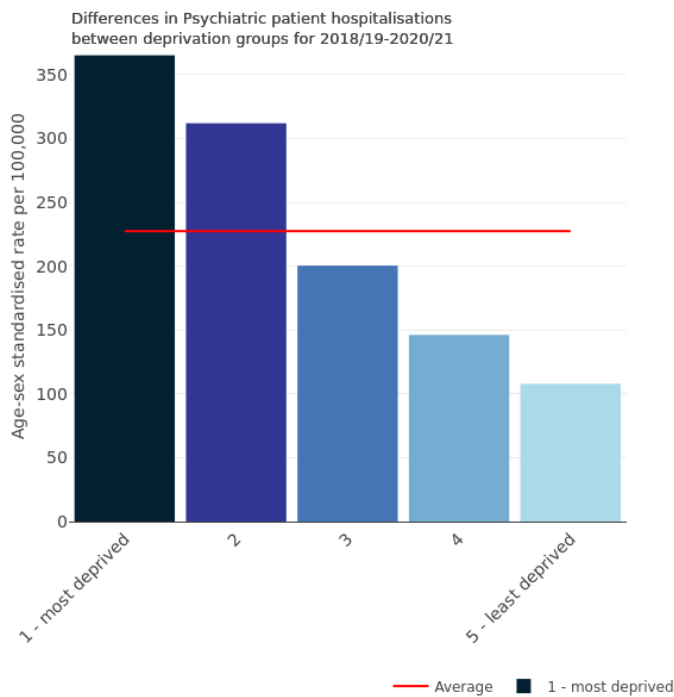


Figure 4. Leading Causes of Deaths for Males in Fife 2021

Figure 5. Leading Causes of Deaths for Females in Fife 2021

Health Risk Behaviours and the Impact of Health Inequalities

The following data illustrates the correlation between health outcomes, health risk behaviours and health inequalities in Fife.



The most deprived areas of Fife saw 75% more psychiatric patient hospitalisations than the overall average, and these would be 53% lower if the levels of the least deprived area were experienced across the whole population ([ScotPHO](#)).

Figure 6. The differences in psychiatric patient hospitalisations between different deprivation groups across Fife between the years 2018 - 2021

Alcohol-related hospital admissions would be 60% lower if the levels of the least deprived area were experienced across the whole population ([ScotPHO](#)).

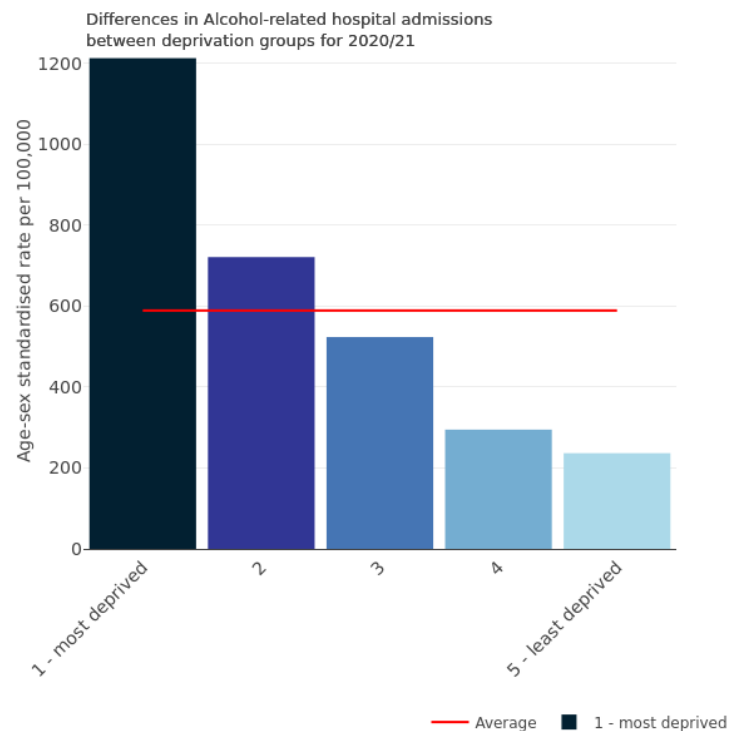


Figure 7. The differences in Alcohol-related hospital admissions between deprivation groups across Fife in 2020-2021

Drug-related hospital admissions would be 84% lower if the levels of the least deprived area were experienced across the whole population. It was also found that for the years 2017 – 2021, the most deprived areas in Fife had 152% more drug-related deaths than the overall average ([ScotPHO](#)).

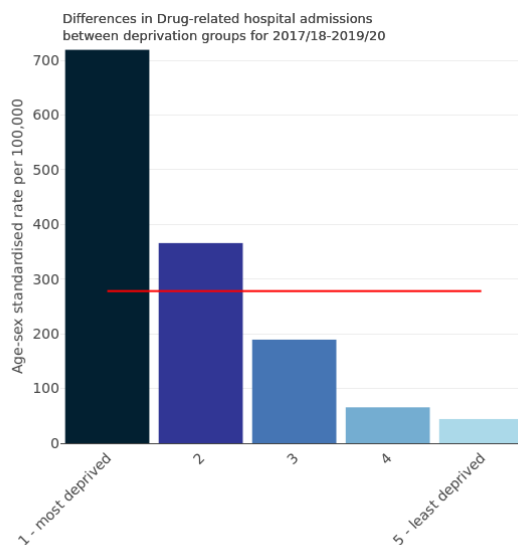


Figure 8. The differences in Drug-related hospital admissions between different deprivation groups across Fife between 2017 - 2020

More information relating to health inequalities can be found in the [Director of Public Health Report](#).

5. Equality Outcomes 2021 – 2025

5.1



Progress

Overview of

NHS Fife’s equality outcomes are based on evidence collected prior to the publication of the 2021 – 2025 plan, and it highlights areas for improvement regarding groups with specific Protected Characteristics.

In this section, an update will be provided regarding the progress made towards each of the specified equality outcomes. Due to the COVID-19 pandemic persisting through 2021 and into 2022, the progress made has been limited in this timeframe, however we will report on the detailed plans for 2023 – 2025, where progress has not yet been made. Additionally, the difficulties caused by COVID-19 resulted in the need to slightly revise of some of the following outcomes to account for the needs of the service changing throughout this time.



5.2 Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years

Action: NHS Fife will provide opportunities for older people to participate in volunteering within NHS Fife to improve and support both their health and wellbeing, and also our patient’s health and wellbeing. Additionally, the range and number of volunteering activities will be increased to enable more opportunities for older people in our community.

NHS Fife’s volunteering team have implemented a ‘no upper age limit’ rule when recruiting for volunteers to the health board and they are working closely with occupational health to ensure adequate support for those over 70 to return to volunteering activities following the suspension of volunteer services due to COVID-19. Additionally, NHS Fife are mindful of the possible impact to this demographic of the use of digital technology as part of the application and training process, so alternatives have been developed, such as hard paper copies of application forms and face-to-face training rather than online delivery. Additionally, lead nurses, together with the volunteering service are aware of the benefits to our older inpatient population of volunteer involvement. Our medicine of the elderly and stroke wards at Queen Margaret Hospital, Dunfermline, have a number of volunteers engaging with patients providing a singing group, conversational visiting and meaningful activities. NHS Fife also benefits from a number of volunteer gardeners which are placed in various sites across Fife. The volunteers are retired individuals who all have a keen interest in gardening and utilising their gardening skills to improve NHS Fife garden areas for the benefit of both patients and staff. Discussions have also taken place with NHS Fife Facilities to involve volunteer gardeners in Staff Wellbeing hubs where there are outside spaces.

Action: To improve the nutrition and hydration status of Older Adult Mental Health Inpatients and improve the level of engagement in meaningful and therapeutic activity.

‘Simple Pleasures’ is a Quality Improvement project which explores person-centred choices relating to nutrition, hydration and meaningful activity. The project commenced in April 2022 and will run until April 2023 and it uses scale and spread methodology by confining testing to one Older Adult MH inpatient ward. Any key findings will then be spread to remaining Older Adult MH inpatient wards in a controlled and structured way.

The Multi Disciplinary approach to the QI project sees representation from Consultant Psychiatrist and Clinical Lead, Catering management, activities coordinators, dieticians, nursing staff and quality improvement practitioner. Patient voice is also being incorporated with the use of qualitative information captured through supported conversations on ward.

The project is at the testing change stage following successful baseline data gathering. Changes being tested include changing crockery and drinking utensils from traditional plastic tumblers and mugs to china mugs (where appropriate) and the implementation of fruit tea and sparkling water into hydration choices. Environmental changes to the dining area are also being explored with tables being “dressed” for meals including table clothes, crockery and ambient music. All of which are aimed at improving patient engagement with mealtimes where cognitive decline has impacted association with verbal cues. Patient involvement in setting the tables for lunch is also being explored, aimed at promoting patients sense of purpose and maximising therapeutic benefit. Communication and engagement is also being improved, with additional changes to “All about me” forms used to gather person centred information on patients. The addition of structured questions relating to mealtime preferences is being tested. This includes specific questions such as how the patient enjoys their tea/coffee- with examples provided for cues e.g. Strong tea in a proper china mug with no milk and one sugar, or a milky coffee in a large mug. This combined with information relating to meal choices is hoped to improve the quality of person centred care planning for those patients who find it difficult to maintain good levels of nutrition and hydration, as well as ensuring all patients receive a high level of person centred care whilst an inpatient in the ward.

The project is also focused on improving the level of engagement with therapeutic and meaningful activity on the ward. Changes being tested are the implementation of a therapeutic and meaningful activity record which tracks the level of engagement on a patient specific basis each day. It specifies the activity offered, and the level and duration of engagement the patient participated in. This information should allow staff to build a good picture of the kinds of activities patients engage in best, and combined with information contained in the all about me form should help inform good quality person centred care plans relating to patient activity. It is also hoped that the learning from this can also be rolled out in the ongoing activity to monitor and reduce PRN administration by improving the use of non-pharmacological activity. More information on this approach [can be found below.](#)



Action: Monitor PRN (Pro re nata – As needed) usage on Older Adult Mental Health Inpatient wards and work to identify patient-specific patterns which can be used to improve person-centred care.

Older Adult Mental Health wards piloted the implementation of the PRN Toolkit and use of PRN stickers from Aug 2021 to July 22. Initially PRN was recorded in patient notes through the use of red stickers for intramuscular administration and yellow stickers for oral administration. The stickers provided information at a glance of how, when and why the PRN was administered. The sticker had the date, time, medication used and the reason for its usage recorded. Staff are then required to undertake a post administration review 60 minutes post administration to record the therapeutic effect this had on the patient (much improved, slightly improved etc.)

Historically this information required manual audit, with staff going through patient notes to gather information and use this in Multidisciplinary Team (MDT) meetings. By turning these stickers digital, reports were auto generated indicating specific trends in patient's usage of PRN, e.g. specific days and times. This provided staff with the necessary information to inform person centred care.

The introduction of green stickers (for non-pharmacological activity) was also introduced. The aim of this initiative was to increase the use of non-pharmacological activity as potential opportunities to reduce the use of oral PRN medication. The results of this have been positive, with a noted increase in the use of non-pharmacological activity.

NHS Fife is also going to be beginning a new initiative with Older Adults to focus work on improving the outcome of non-pharmacological activity to achieve maximum therapeutic benefit. It is hoped that improved information gathering and person-centred care planning related to activity will help ensure staff are attempting patient-specific activities that have been proven to be beneficial for that patient in the past. This has linked nicely to the work being tested in the above mentioned 'Simple Pleasures' project.

PRN stickers and toolkit are used throughout all Mental Health Older Adult Wards and have been recently implemented in the General Adult Psychiatry wards following their success.

Action: Reduce the number of falls in Older Adult Mental Health Wards.

A collaborative project was run in three of the five older adult mental health wards, with an aim of reducing the number of falls by 25%. The collaborative was supported by a quality improvement (QI) practitioner and used QI methodology to identify successful change ideas. This project was initially meant to run for 1 year, but was extended due to the impact of Covid-19. The collaborative ended in July 2022 with the biggest success showing one of the wards achieving a sustained reduction from week 35 of the project, reducing their mean number of falls per week by 66.7%.

Both of the other wards also achieved shifts below the median in their number of falls during the time of the collaborative and have subsequently since July 2022 have both shown a sustained reduction in their weekly falls by 75%.

The collaborative tested a number of changes and have implemented most of these changes after successful Plan-Do-Study-Act (PDSA) cycles. These include the introduction of fortnightly MDT falls meetings which facilitate person-centred conversations about patients who have either experienced multiple falls, or have been highlighted as being at risk of experiencing a fall. This MDT approach ensures that each patient is provided with a detailed person-centred action plan relating to their falls risk which includes physical, mental and social factors.

Wards have also implemented routine lying and standing blood pressure tests as well as improved 'at a glance' mobility status boards at a patient's bedside. All of the changes have proved positive and have led to a much more proactive person-centred approach rather than a reactive approach. One of the ward areas have also looked at taking this 'at a glance' approach further and are testing the use of flower symbols on the boards to alert staff to hidden disabilities or additional requirements such as hearing aids, glasses, etc. The aim is to provide staff with a suitable alert without compromising patient dignity or confidentiality.

The learning from this is expected to be spread to the remaining Older Adult Mental Health wards in a structured way.

Action: Explore the potential to gain feedback on care from inpatients in Older Adult Mental Health wards.

Historically, due to the level of cognition with many patients within Older Adult Mental Health inpatient wards, their opinions and feedback has been somewhat overlooked. However, this year, the QI Team are using accessible storyboarding in an attempt to gain valuable feedback relating to patient care and treatment from those patients who are 'harder to reach'.

The Mental Health QI Team undertakes the Scottish Patient Safety Program (SPSP) climate tool survey on an annual basis. The survey gives patients an opportunity to have their say about the care and treatment they receive, and it is a Scottish innovation that is leading the way in person-centred care. The tool is designed to enquire about environmental, relational, medical and personal safety and the information gathered from the survey supports learning among staff delivering care, and supports the QI team to target areas for development.

The person-centred approach of storyboarding is to be trialled using QI methodology and if successful, will allow this patient demographic to be provided with an opportunity to give valuable feedback which shapes patient safety.

Action: Patients who need language and/or communication support whilst in long term inpatient care receive this regularly via additional support technological devices and access to interpreting.

As seen across the world, older people in Fife tend to exhibit hearing impairments at a far greater rate than the rest of the population. NHS Fife have introduced and sourced a range of technological devices to enable patients with hearing difficulties to have easier access to healthcare and more efficient and accurate communication when they are in our facilities. NHS Fife have a number of Sarabec crescendo 60 personal listening systems which are used to enable hard of hearing patients to hear individuals trying to communicate with them better. These devices work by containing earphones which the hard of hearing patient can place in their ears; these are then attached to a sound control device which is attached to a small microphone. The microphone is placed on an item of clothing near the hearing persons face, or held close to the individuals mouth, and they can then speak into it and the sound

be enhanced or reduced as appropriate for the patient. This device has had very positive feedback from patients and staff and can be delivered to any NHS Fife inpatients for them to use for the duration of their inpatient stay. NHS Fife also use whiteboards to communicate with hard of hearing patients, and allows for quick and easy conversation between staff and patient. Finally, for patients where English is not their preferred language, interpreters will be arranged for all consultations with NHSF staff, even in care home settings.

It has been shown that effective communication between patients and staff results in improved mental wellbeing and so NHS Fife Equality and Human Rights team have made communication and language support a top priority.

Action: Improve access to timely dementia diagnoses and improve support for access to appropriate post-diagnostic support.

In November 2021 the Older Adult Community Mental Health Team (CMHT) introduced an Advanced Nurse Practitioner role within their team. Advance practice is a level of practice which aligns to four pillars, clinical practice, leadership, facilitation of learning and evidence, research and development. Historically, advanced practice roles in nursing have focused on assessment, diagnosis and treatment of physical health conditions.

Currently, services objectives of the CMHT are aligned to improving access to timely diagnoses of dementia, supporting access to post-diagnostic support, and improving physical health of those with mental health illnesses. The ability of an ANP to carry out assessment, diagnosis and recommended treatments in a timely, person-centred way offers the opportunity to improve access to a timely diagnosis and reduces the need for individuals to see multiple practitioners.

The recruited ANP has developed a non-medical prescribing forum for those working in Older Adult Mental Health services and it is currently widening to include trainee and ANP colleagues working in the Acute Mental Health services. This collaboration offers the opportunity to share knowledge and skills, whilst promoting parity of esteem for patients, demonstrating the ability of the ANP to work across the four pillars of practice and contributing to service development.

Feedback from patients and relatives have been collected to ensure the ANP role is providing a high quality of care and to date, 90% of feedback questionnaires have been returned. At present, all feedback has been positive with 100% of patients agreeing that the ANP respected them and treated them with dignity and 91% of these strongly agreed.

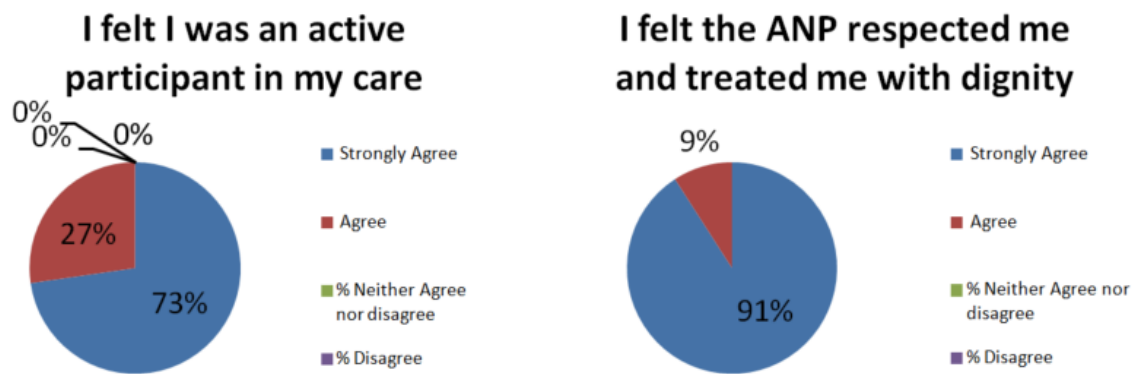
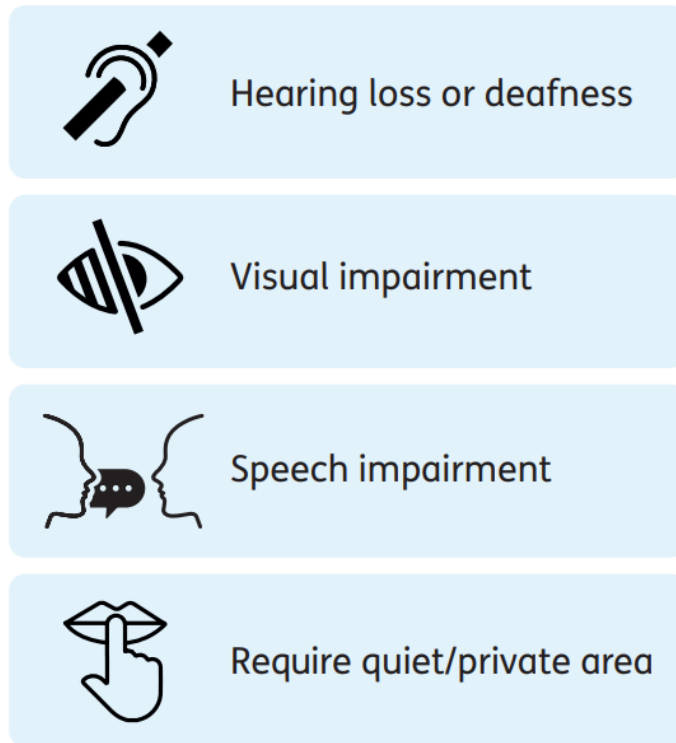


Figure 9. Results from ANP Feedback Questionnaires.

Action: To improve ease of conversation for older patients with communication issues at outpatient clinics and short stay inpatient wards.

Through Autumn/Winter 2022, NHS Fife trialled a new communication support poster (see *Figure 8*) which aimed to improve the ability of patients to declare any communication issues they may have with outpatient and emergency reception staff by pointing to the image that applies to them. The outcome of this was to enable reception staff to rapidly make appropriate adaptations to improve the patient’s experience. The adaptations include arranging an interpreter immediately for patients whose preferred language is not English, for patients who are hard of hearing, staff could speak louder, move to a private/quiet area or exchange their Type IIR mask for a fluid-resistant clear mask to allow lip readers to do so. Additionally, for patients with sight issues, this would involve staff not relying on the patient to read any small print documents. NHS Fife have found that this has drastically reduced the time it takes for staff to identify communication issues and has improved the overall experience of patients, including over 65s who have a higher occurrence of hearing and sight impairments than the general population.

I would welcome support due to:



This poster has been designed by the NHS Fife Equality and Human Rights team and the NHS Fife Communications team to be as accessible as possible and so it was created in an easy-read format, colour scheme and size appropriate for individuals with sight impairments. Additionally, it was designed in a font that is used specifically to ease reading for people with learning difficulties.

Figure 10. The NHS Fife Additional Communication Support Needs Poster

5.3 Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community

Action: NHS Fife to improve ethnicity data collection.

NHS Fife currently has poor ethnicity data due to staff and patient apprehension on the purpose of this data collection. It has been identified that staff learning must be undertaken in order to address this and ensure all staff who should be collecting this data understand its significance and value to both the individual patients care, and the health and wellbeing of the overall population. NHS Fife plans to undertake a collaborative evaluation with Public Health Scotland to explore the issues and opinions of staff with regards to collecting patient ethnicity data. This will look to establish the barriers in this process and work to explore the ways to address said barriers through training and other identified means. Once this has

been established, NHS Fife will trial the decided methodologies and undertake an evaluation to explore if there has been an improvement in this data collection. This could then be rolled out across NHS Scotland dependent on the results and success of this trial.

In Fife, the majority ethnicity is the White Scottish population or other White British

Action: To continue to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

ethnicities which tend to have English as their preferred language, however ethnic minorities regularly have an alternative language as their preferred communication means. Therefore, NHS Fife strives to enhance the care of black and minority ethnic patients through means of the interpreting and translation services. Since 2021 NHS Fife has seen an influx of patients whose preferred language is not English, with the top 5 requested community languages being Polish, Romanian, Russian, Arabic and Bulgarian.

NHS Fife is currently progressing on a service redesign for the Interpreting and Translation services. The aims of this service redesign is to ensure that NHSF is adhering to the Scottish Government procurement frameworks and/or the NSS frameworks, enhancing quality assurance, and enabling us to provide an optimum service across all sectors of the health board. NHSF hopes that this redesign will allow us to ensure patients have wider access to interpreting and translation services and the quality of these is of a higher calibre.

FGM is most common in some African, Middle Eastern and Asian ethnicities, including Somali, Iraqi, Yemeni, Indonesian, Guinean, and Djiboutian, amongst others. In Scotland,

Action: To improve the management of Female Genital Mutilation (FGM) in Fife.

FGM can be seen very rarely in White ethnicities but is known to adversely impact ethnic minorities in Scotland. In 2022, NHS Fife sourced FGM information leaflets which were in Arabic and Somalia, 2 of the most commonly spoken languages in FGM –prevalent communities. This will enable these communities to engage more easily with information and resources around FGM, enhancing population knowledge and overall improving patient-care. Additionally, NHS Fife is working to update the FGM protocol in 2023 and redistribute them to staff to improve knowledge and understanding of how best to manage FGM. This will be accompanied by a series of training sessions for maternity, obstetrics and gynaecology staff which will continue to take place bi-annually.

5.4 Outcome 3 – To make senior management equality focussed by improving and embedding knowledge and skills through learning, mentoring and leadership.

NHS Fife has arranged for bi-annual board development sessions on Equality and Human Rights which will aim to improve the knowledge and understanding of this at the most

Action: Bi-annual Board development sessions will take place.

senior level. The desired outcomes of this is to make board decisions and actions equality focussed and aid efforts to mainstream equalities across NHS Fife.

Due to the COVID-19 pandemic which has absorbed NHS Fife, along with health boards across the country, other efforts to this equality outcome were required to be suspended to allow the board to focus on tackling COVID-19. NHS Fife strived to get back on track with equalities as a priority and towards the end of 2022, the Board successfully undertook a development session with the Equality and Human Rights Lead officer, where they learned about the importance of EQIA's and had a hands-on experience of how to complete them. NHS Fife aims to continue these efforts and undertake further board development sessions throughout the 2023 – 2025 period.

5.5 Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.

Action: To improve engagement including supporting to establish networks and forums, or other means, with a particular staff groups, ensuring their voice is heard across NHS Fife, nationally and including it at NHS Fife board level.

NHS Fife established a Minority Ethnic Staff Network in 2021, where the aim of the Network is to work in partnership with staff and management to progress the general equality duty, and encourage a culture of respect and equality for everyone. Throughout winter of 2022, NHS Fife re-evaluated this network and undertook a survey for feedback of opinions regarding the purpose of the network, its function and its governance. The evaluation of the results of this is currently ongoing, with NHS Fife aiming to make appropriate amendments to this forum early in 2023.



Action: To increase involvement of BAME volunteers to the service.

NHS Fife have made continued efforts to engage and attract a younger volunteer demographic which has also resulted in a larger number of BAME volunteers entering the service. The volunteer service has supported the international recruitment program with volunteers assisting new recruits during the initial orientation with tours of the hospital site.

Action: NHS Fife to make efforts to boost the recruitment of International Medical Graduates, Internationally trained Nurses and Radiographers, and improve the rates of retention of these staff members.

Research tells us that the career outcomes for doctors working in the UK who graduate from abroad is vulnerable to differential attainment. Differential attainment is the achievement gap between different groups of doctors not based on ability and is generally down to attitudes, illness or discrimination. NHS Fife recruits multiple doctors from abroad and medical job adverts often result in a high number of international applicants. Doctors in training schemes, particularly GP training schemes, are also recruited from abroad. There is a wide range of points where performance measures lower in International Medical Graduates (IMGs) including recruitment, progression, relationships with seniors and training outcomes. One of the main issues that are faced by the IMGs is housing, therefore NHS Fife has been working with the local Mosque councils and 3rd sector organisations to assist with these issues. The NHS Fife IMGs are also encouraged to utilise the NES IMG induction and buddy system along with the Scotland wide support groups for IMGs. NHS Fife is striving to make more new and stronger links with local organisations to further the support for these medics around issues such as accommodation. NHS Fife is also undertaking an evaluation of the work done so far by a series of IMG interviews. The aim is that the results of these will shape and help plan for future intakes of IMGs.

In early 2022, NHS Fife welcomed its first cohort of international nurses and radiographers, totalling at 38 and 3, respectively. In order to fully support these recruits, and ensure they assimilate appropriately, NHS Fife has developed an extensive program to enable them to settle in rapidly. NHS Fife also aligns each of the recruits with our Spiritual Care team to ensure they are emotionally and spiritually supported in their transition in addition to the professional and personal support provided. All of these staff were formally invited to join NHS Fife's BAME network to provide support and allow networking with other staff of similar cultural backgrounds and overall enhance staff wellbeing.

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

For more information, please contact us.

NHS Fife Equality & Human Rights Team
Patient Relations
1st Floor, Hayfield House,
Hayfield Road, Kirkcaldy
Fife, KY2 5AH

Phone: 01592 729130

Ext: 29130

Email: fife.EqualityandHumanRights@nhs.scot

BSL users can contact us via www.contactscotland-bsl.org – the online British Sign Language interpreting service OR via our partner agency, the Deaf Communication service (DCS) by email at swinfo.deafcommunications@fife.gov.uk.

**PUBLIC HEALTH & WELLBEING GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023**

Governance - General							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risk Register	Director of Finance & Strategy				✓		
Corporate Risks Aligned to PHWC	Director of Finance & Strategy					✓	
Review of Annual Workplan	Director of Public Health	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	Board Secretary						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Strategy / Planning							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Population Health & Wellbeing Strategy	Director of Finance & Strategy	✓	✓	✓	✓ Community & Staff Engagement	✓	✓
Anchor Institution Programme Board / Portfolio Board	Director of Public Health	✓		✓		✓	
Corporate Objectives	Director of Finance & Strategy	✓					
Annual Delivery Plan 2022/23	Director of Finance & Strategy / Associate Director of Planning & Performance	Postponed (awaiting national guidance)	✓ Private Session	✓ Private Session			

Strategy / Planning (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	Director of Property & Asset Management	✓					
Mental Health Strategy Implementation	Director of Health & Social Care	Deferred to next mtg	✓			✓	
Primary Care Governance & Strategy Group	Director of Health & Social Care					✓	
IJB Strategic Plan	Director of Health & Social Care					Deferred to next mtg	✓
Quality / Performance							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Covid Testing Programme	Director of Public Health	✓	(General population testing ended in April '22)				
Flu Vaccine / Covid Vaccine (FVCV) Programme	Director of Public Health / Director of Health & Social Care	✓	(Will become part of business as usual)				
Children Services	Director of Health & Social Care			✓			
Health Promoting Health Service	Director of Public Health			✓			
Health Weight <i>*timing tbc</i>	Director of Public Health						
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Long Covid	Director of Public Health						✓
Joint Health Protection Plan (two yearly)	Director of Public Health		Deferred to next mtg	✓			
Oral Health Reporting	Director of Public Health					✓	
Sexual Health and Blood Borne Virus Framework	Director of Health & Social Care				✓		
Smoking Cessation and Prevention Work	Director of Health & Social Care		✓				
LDP Standard for Psychological Therapies	Director of Health & Social Care			✓		Will be covered at the PH&WC Development Session, which is being arranged	
CAMHS Performance & Recruitment Update	Director of Health & Social Care						

Inequalities							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Equalities Outcome Progress Report <i>(also goes to CGC)</i>	Director of Nursing					✓	
Participation & Engagement Report <i>(also goes to CGC)</i>	Director of Nursing				✓		
Child Poverty Action Plan	Director of Public Health			✓			
Annual Reports							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing					Deferred to May '23	
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care						✓
Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health	✓					
Fife Child Protection Annual Report	Director of Nursing					Deferred to May '23	
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care	✓					
Health Promoting Health Service Report	Director of Health & Social Care	✓					
Immunisation Annual Report <i>(also goes to CGC)</i>	Director of Public Health		Deferred to next mtg	✓			
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health			Deferred to next mtg	✓		
Linked Committee Minutes							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Fife Partnership Board	Director of Public Health				✓ 23/08	✓ 08/11	

Linked Committee Minutes (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Portfolio Board	Director of Finance & Strategy	✓ 17/03		✓ 12/05 09/06 14/07	✓ 11/08	✓ 15/09 13/10 & 10/11 – mtg cancelled	✓ 08/12 & 12/01
Public Health Assurance Committee	Director of Public Health	✓ 09/02 & 06/04	✓ 01/06	✓ 03/08	✓ 05/10	✓ 07/12	TBC 01/02
Ad Hoc Items							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Mental Health Estate Re-Design Programme	Medical Director	✓					
Implementation of the Immunisation Strategic Framework	Director of Public Health	✓					
Flu Vaccination Covid Vaccination (FVCV) Local Governance Arrangements	Director of Public Health	✓					
Progress of Annual Delivery Plan (RMP4) 2021/22	Associate Director of Planning & Performance	✓					
Post Diagnostic Support for Dementia Update	Director of Health & Social Care		✓				
Corporate Risk Register - Draft Strategic Risks	Director of Finance & Strategy			✓			
Report on Outcomes from Existing Clinical Strategy	Medical Director				✓		
Shingles & Pneumococcal Vaccination Invite Incident	Director of Public Health				✓		
Pharmaceutical Care Services Report 2021/22	Director of Pharmacy & Medicines				✓		
Strategic Planning & Resources Allocation 2023/24	Director of Finance & Strategy				✓		✓

Ad Hoc Items (cont.)							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Breast Screening Programme	Director of Public Health					✓ Private Session	
East Region Health Protection Service - Progress Update	Director of Public Health					✓ Private Session	
Tender Process for 2C GP Practices	Medical Director/Director of Health & Social Care					✓ Combined with Primary Care Update	
Medication Assisted Treatment Standards Progress Report	Director of Health & Social Care					✓	
High Risk Pain Medicines Patient Safety Programme – Year One Update	Director of Pharmacy & Medicines					✓	
Primary Care Oversight Group	Medical Director/Director of Health & Social Care						✓
Mental Health Estates Initial Agreement	Medical Director						✓
Development Sessions							
	Lead	16/05/22	04/07/22	29/08/22	07/11/22	11/01/23	01/03/23
Psychological Services and CAHMS	Director of Health & Social Care					TBC	

Meeting:	Public Health & Wellbeing Committee
Meeting date:	11 January 2023
Title:	Proposed Annual Workplan 2023/2024
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Dr Joy Tomlinson, Director of Public Health

1 Purpose

This is presented for:

- Decision

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper sets out the Public Health & Wellbeing Committee (PHWC) workplan for 2023/2024 and summaries the approach adopted to ensure there is a regular review of the workplan to enable the PHWC to fulfil its remit.

2.2 Background

The PHWC is a Standing Committee of the Board. In order to provide effective scrutiny, assurance and escalation of key issues the PHWC adheres to the Committee Assurance Principles. To support the effective delivery of the Committee an annual workplan is developed to ensure clarity of priorities and focused agendas.

2.3 Assessment

The 2023/2024 PHWC workplan is attached in appendix 1 for consideration of the Committee.

Given the dynamic nature of our organisation the workplan is included as a standing agenda item at each Committee meeting. This regular review will ensure the workplan reflects new and emerging risks or areas of focus. To support this a tracker of the workplan is maintained to monitor the business of the Committee.

2.3.1 Quality/ Patient Care

The Public Health & Wellbeing Committee's responsibility is to oversee the delivery of Public Health agenda and will seek to assure the Board and the public of Fife that appropriate systems of control are in place to continuously improve and safeguard the quality and safety of care. An effective workplan is required to ensure that this responsibility is delivered.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The workplan will be reviewed at each Committee meeting and updated to ensure that Corporate Risks aligned to the PHWC as well as emerging risks or concerns are reflected in the workplan.

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

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

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

The workplan for 2023/2024 has been developed in collaboration with the Director of Public Health & the Director of Health & Social Care Partnership.

2.4 Recommendation

The Public Health & Wellbeing is recommended to:

- Consider and approve the proposed workplan for 2023/2024; and
- Approve the approach to ensure that the workplan remains current

3 List of appendices

The following appendices are included with this report:

- Appendix 1- Public Health & Wellbeing Workplan 2023/2024

Report Contact

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

Governance - General							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risk Register	Director of Finance & Strategy				✓		
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Review of Terms of Reference	Board Secretary						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Strategy / Planning							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Anchor Institution Programme Board / Portfolio Board	Director of Public Health	✓		✓		✓	
Annual Delivery Plan 2022/23	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Corporate Objectives	Director of Finance & Strategy	✓					
IJB Strategic Plan	Director of Health & Social Care	✓					
Implementation of the Promise National Strategy	Director of Health & Social Care	✓					
Mental Health Strategy Implementation	Director of Health & Social Care				✓		

Strategy / Planning (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Primary Care Strategy	Director of Health & Social Care	✓					
Prevention & Early Intervention Strategy	Director of Health & Social Care			✓			
Population Health & Wellbeing Strategy	Director of Finance & Strategy		✓		✓		✓
Post Diagnostic Support for Dementia	Director of Health & Social Care		✓				
Strategic Planning & Resources Allocation 2024/25	Director of Finance & Strategy				✓		✓
The Rights of the Child	Director of Health & Social Care		✓				
Quality / Performance							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Dental Services & Oral Health Improvement	Director of Public Health		✓			✓	
Health Weight	Director of Public Health	✓					
Integrated Performance & Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓
Joint Health Protection Plan (two yearly)	Director of Public Health		✓				
LDP Standard for Psychological Therapies	Director of Health & Social Care	✓			✓		
CAMHS Performance & Recruitment Update	Director of Health & Social Care	✓			✓		✓
Inequalities							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report <i>(also goes to CGC)</i>	Director of Nursing					✓ 2024 Report	
Participation & Engagement Report <i>(also goes to CGC)</i>	Director of Nursing				✓		
Child Poverty Action Plan	Director of Public Health			✓			

Annual Reports							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing	✓					
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care						✓
Children Services Annual Report – Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Health & Social Care Director of Public Health		✓	✓			
Fife Child Protection Annual Report	Director of Nursing	✓					
Health Promoting Health Service Annual Report	Director of Public Health			✓			
Health Promotion Service Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care	✓					
Immunisation Annual Report, including Strategy Implementation <i>(also goes to CGC)</i>	Director of Public Health		✓				
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health				✓		
Pharmaceutical Care Services Annual Report 2021/22	Director of Pharmacy & Medicines				✓		
Sexual Health and Blood Borne Virus Framework Annual Report	Director of Health & Social Care				✓		
Smoking Cessation and Prevention Work Annual Report	Director of Health & Social Care		✓				
For Assurance							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓

Linked Committee Minutes							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Fife Partnership Board	Director of Public Health	✓ 28/02	✓ 02/05	TBC	TBC	TBC	TBC
Portfolio Board	Director of Finance & Strategy	✓ 09/02 & 09/03	✓ 13/04 & 11/05	✓ 08/06 & 12/07	✓ 10/08 & 15/09	✓ 12/10 & 09/11	✓ 14/12
Public Health Assurance Committee	Director of Public Health	✓ 12/04	✓ 14/06	✓ 02/08	✓ 18/10	✓ 06/12	TBC
Ad Hoc Items							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Development Sessions							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24

FIFE PARTNERSHIP BOARD
(Meeting on 30th November 2022)

Useful to highlight the implications from the Cost of Living Report (page 108), all partners being asked to consider.

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THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

30th November, 2022

2.00 p.m. – 3.40 p.m.

PRESENT: Councillors David Ross (Convener), David Alexander and Linda Erskine; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Lucy Denvir, Consultant in Public Health (substitute for Joy Tomlinson, Director of Public Health), NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Alistair Jupp, Group Commander, Scottish Fire & Rescue Service; Adam Smith, Police Inspector of Partnerships, Police Scotland; David Watt, Chair, Fife College and Alison Taylor, Place Director, Scottish Government.

ATTENDING: Paul Vaughan, Head of Communities and Corporate Development, Tim Kendrick, Community Manager (Development), Sharon Murphy, Policy Co-ordinator (Community Planning) Communities and Neighbourhoods; Carrie Lindsay, Executive Director - Education and Children Services, Christine Moir, Senior Manager - Improving Outcomes; Sheena Watson, Team Manager (Temporary Programme Manager), Community Investment; Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services; Sheila Noble, Co-ordinator, Fife Violence Against Women Partnership Heather Bett, Interim Senior Manager, NHS Fife; and Michelle Hyslop, Committee Officer, Committee Services, Legal & Democratic Services.

APOLOGIES FOR ABSENCE: Tricia Marwick, Chair of NHS Fife Board and Joy Tomlinson, Director of Public Health

10. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 23rd August, 2022.

Decision

The Board approved the minute.

11. FIFE VIOLENCE AGAINST WOMEN PARTNERSHIP UPDATE

The Board considered a joint report by the Interim Senior Manager, Children Services, Sexual Health, BBV and Rheumatology and Chair of Fife Violence Against Women Partnership, which highlighted the impact that Covid-19 had on women and children living with domestic abuse and other forms of violence against women. The report noted the work undertaken in delivering the Equally Safe - Scotland's Strategy for preventing and eradicating violence against women and girls.

Decision/

Decision

The Board:

- (1) welcomed and noted the presentation;
- (2) reviewed the work undertaken by the Fife Violence Against Women Partnership (FVAWP); and
- (3) considered how violence against women and children can be imbedded into the recovery and community planning in Fife as part of the wider recovery and renewal responses.

Partners acknowledged the hard work and thanked Sheila Noble for all her hard work and contribution to the violence against women partnership over the years and wished her well on her upcoming retiral.

12. FIFE CHILDREN'S SERVICES PLAN 2021-23

The Board considered a report by the Executive Director, Education and Children's Services, which provided an update on the progress in delivering the Fife Children's Services Plan 2021-2023, as a basis for improving outcomes and experiences of children, young people and families across Fife.

Decision

The Board: -

- (1) reviewed the progress presented in the Annual Report 2021-2022;
- (2) endorsed the next steps highlighted in the report; and
- (3) noted that a future report on Children Services Plan would be submitted to the Cabinet Committee on 15th December, 2022.

13. DELIVERING THE PROMISE IN FIFE

The Board considered a joint report by the Executive Director, Education & Children's Services, and the Lead for Fife Children's Services Partnership, which explored areas of work to be undertaken by the Partnership and provided partners with an update on the activities undertaken across services within Fife in delivering The Promise.

Decision

The Board: -

- (1) commented on the work undertaken to date in delivering The Promise, across Children's Services in Fife;
- (2) identified mechanisms beyond Children's Services;
- (3)/

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- (3) approved the use of the Logo in appendix 3 of the report, to be used by the Community Planning Partnership in Fife to raise awareness of the work on The Promise; and
- (4) agreed that the governance arrangements for the Fife Partnership Board would be revisited in the New Year.

14. COST OF LIVING - WINTER 22/23 SUPPORT PROGRAMME

The Board considered a report by the Executive Director, Communities, providing partners with a copy of the report taken to and agreed by the Fife Council Cabinet Committee in 2022, the report outlined the range of measures taken as part of the cost-of-living winter 22/23 support programme in Fife.

Decision

The Board considered the current response to the cost-of-living crisis, and the role in which partner organisations can take in supporting the cost-of-living winter programme in Fife.

15. PROGRESS ON NHS FIFE POPULATION HEALTH AND WELLBEING STRATEGY DEVELOPMENT

Decision

The Board welcomed and noted the presentation by the Chief Executive, NHS Fife, which provided partners with an update on the NHS Fife Population Health and Wellbeing strategy development.

16. DATE OF NEXT MEETING

Decision

The next Board Meeting would take place on Tuesday, 28th February, 2023 at 2 p.m.

The Convener noted the upcoming retiral of Tim Kendrick, and acknowledged and extended his thanks on behalf of partners for all his hard work during his time on the Fife Partnership Board.

PORTFOLIO BOARD
(Meeting on 15 September 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 15 SEPTEMBER 2022 AT 10.00AM TO 11.00AM IN THE MAIN HALL, LYNEBANK HOSPITAL
Carol Potter
Chair
Present

Carol Potter (CP)	Chief Executive (Chairperson)
Dr Chris McKenna (CMcK)	Medical Director
Susan Fraser (SF)	Associate Director of Planning and Performance
Kirsty MacGregor (KMcG)	Associate Director of Communications
Linda Douglas (LD)	Director of Workforce
Joy Tomlinson (JT)	Director of Public Health
Nicky Connor (NC)	Director of Health and Social Care
Gillian MacIntosh (GMcI)	Head of Corporate Governance & Board Secretary
Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (deputy chair)
Alistair Graham (AG)	Associate Director of Digital and Information
Neil McCormick (NMcC)	Director of Property & Asset Management
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Ben Hannan (BH)	Director of Pharmacy & Medicines
Mark McGeachie (MMcGe)	Charity Director

In Attendance

Claire Berry (CB)	Project Support Officer (Minutes)
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Nicola Robertson (NR)	Associate Director of Nursing

Apologies

Claire Dobson (CD)	Director of Acute Services
Jeanette Owens (JO)	Director of Nursing
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO
Wilma Brown (WB)	Employee Director

1.	Unconfirmed Minute from meeting held 9 June 2022
	The Minute from 14 July 2022 was accepted as an accurate record.
1.2	Actions Outstanding
	Action 25 - NHS Fife contribution to improving population health & reducing inequalities – Extended Acute SLT session to take place in September to discuss this agenda item and to get input from management team and clinical leads.
2.	Programme Updates
2.1	Digital Tools (Presentation attached)

	<p>AG presented on Digital First and how this will support recovery of services by utilising the systems we have in a more meaningful way throughout each stage of the Digital First Model. This will include providing unlimited user access to systems which will allow for better planning and shared care and support across all services.</p> <p>Action: CB to share Digital Tools presentation.</p>
2.2	Population Health & Wellbeing Strategy Update
	2.2.1 Report on Outcomes of Clinical Strategy
	<p>SF presented on the changes since the publication of The Clinical Strategy 2016-2021 focusing on the 7 workstream recommendations and applying them to the 4 strategic priorities below:</p> <ul style="list-style-type: none"> • Improve health and wellbeing • Improve quality and care of services • Improve health and wellbeing • Improve value and sustainability <p>The Board acknowledged that looking back at the previous clinical strategy will help us to meaningfully look forward as we work to develop our new population health and wellbeing strategy. The fuller report will be shared with members once finalised.</p>
	2.2.2 Focussed Community Engagement Plan
	<p>SF provided the paper presented to EDG in August for information.</p> <p>Recruitment of the focus groups is ongoing and should be completed in 3 weeks.</p>
	2.2.3 4 National Care Programmes
	SF provided the paper presented to EDG in August for information.
2.3	Developing Personas
	<p>It was agreed at July Portfolio Board to take forward additional work to discuss personas and how they may usefully be used going forward.</p> <p>JT presented the Persona Development paper by Rishma Maini who has recently joined NHS Fife as Public Health Consultant. Rishma met with MMcG, JT and Fay Richmond to discuss work that has been done.</p> <p>JT highlighted that we must be careful in the way that we describe all the different elements in the population. Personas will be narrative in format rather than visual, including the disclaimer that they do not intend to be representative of a specific group. All relevant permissions to use lived experience stories will be sought prior to approving the final personas.</p> <p><u>Proposed application:</u> Members of the public health team will work closely with the NHS Fife Population Health and Wellbeing Strategy team to identify narratives which reflect key findings and themes from the Director of Public Health Annual Report and align with strategic</p>

	<p>priorities. Appendix 2 provides an example case study which may be used. It is anticipated that at least six personas and will be identified and will serve two purposes:</p> <ol style="list-style-type: none"> 1. Serve as a tool to engage stakeholders in sharing their views on how services may better meet the needs of the population. This could include using them to stimulate discussions with clinical staff as well as the public during focus groups being held in localities. 2. Potentially serve as illustrative examples which bring to life key messages within the final NHS Fife Population Health and Wellbeing strategy. <p>JT will meet with Rishma to feedback all comments received from Portfolio Board.</p> <p>CP advised that there was a slide shared during Future Planning for NHS Scotland as a whole presentation that might be helpful.</p> <p>Action: CP to circulate slide from Future Planning for NHS Scotland presentation.</p>
2.4	<p>Mental Health Inpatients Redesign Project</p>
	<p>CMcK discussed the paper which was brought for approval which to agree that the Mental Health Impatient Redesign Project broaden its scope to consider all mental health services. The scope for the project is significant and includes estate held within NHS Fife, Fife Council and 3rd Sector Organisations. There is a lot of work to be done around what goes into the community hubs and what is needed from a capital and revenue point of view. NMCC highlighted that a programme initial agreement will be required to bring all the business cases together. NHS Fife would be one of the first boards to do this if successful.</p> <p>Terms of reference and workstreams will be updated. Final consultation has taken place and outcomes are awaited.</p> <p>The Board agreed to the proposal.</p>
2.5	<p>Integrated Planned Care Programme</p>
	<p>CMcK asked for feedback on allocations for Orthopaedics, NTC Fife. NHS Fife waiting times was highlighted and how this can be balanced if we are being allocated patients from other Boards.</p> <p>CMcK highlighted Repatriation of Robotic Prostatectomy to Fife. NHS Lothian have not progressed this service. NHS Fife are in the process of bringing some patients from Lothian to Fife.</p> <p>Action: CD to provide feedback on the above points on return from annual leave.</p>
2.6	<p>Integrated Unscheduled Care Programme</p>
	<p>CMcK highlighted that the RAG status is amber across all projects but there is evidence that things are happening but what does this mean in terms of outcome</p>

	<p>when things are still difficult at the front door. CMcK added that there is not enough resource to do what we want to do on a sustainable basis as we are experiencing unprecedented demand. A lot is about public communication and public behaviour as well as how we get our pathways right.</p> <p>Action: CP requested to meet with CD/NC/CMcK to discuss unscheduled care further.</p>
2.7	Pharmacy & Medicines Programme
	<p>BH advised that SF has provided support in terms of programme structure to ensure Pharmacy are streamlining reporting.</p> <p>BH asked FMcL to review the risks from the Programme to ensure there is consistency across all the Programmes</p> <p>Action: FMcL to review HRPM risks.</p>
2.8	Financial Improvement & Sustainability Programme
	No items raised for discussion.
2.9	Kincardine & Lochgelly Business Cases Update on Scottish Government Capital Investment Group Meeting
	JT advised that dialogue is continuing with NHS Assure with a meeting scheduled for 16 September 2022. The economic case for CIG is in progress along with full costings.
2.10	Report on Initial Prioritisation & Phasing across all programmes (<i>from the strategy milestone plan</i>)
	<p>SF provided the paper for information.</p> <p>Action: CP requested that Anchor Institutions is moved to priority 1.</p>
3.	For Information
3.1	Integrated Unscheduled Care Programme Board Terms of Reference
	No items raised for discussion.
3.2	Youth Employment & Employability
	<p>CP requested item to be added to October Portfolio Board agenda for discussion.</p> <p>Action: LD to check if paper should go to APF and Public Health Committee.</p>
4.	AOCB
	No further business discussed.
5.	DATE OF NEXT MEETING
	Thursday 13 October 2022 9.30am to 11.00am via Microsoft® TEAMS

PORTFOLIO BOARD
(Meeting on 13 October 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee.



MINUTE OF THE PORTFOLIO BOARD MEETING HELD ON 13 OCTOBER 2022 AT 9.30AM TO 11.00AM VIA TEAMS

Margo McGurk
Chair

Present

Margo McGurk (MMcG)	Director of Finance and Strategy and Deputy Chief Executive (Chair)
Dr Chris McKenna (CMcK)	Medical Director
Susan Fraser (SF)	Associate Director of Planning and Performance
Kirsty MacGregor (KMcG)	Associate Director of Communications
Linda Douglas (LD)	Director of Workforce
Joy Tomlinson (JT)	Director of Public Health
Gillian MacIntosh (GMcI)	Head of Corporate Governance & Board Secretary
Jeanette Owens (JO)	Director of Nursing
Ben Johnston (BJ)	Head of Capital Planning and Project Director
Ben Hannan (BH)	Director of Pharmacy & Medicines
Fiona McKay (FMcK)	Head of Strategic Planning, Performance & Commissioning
Claire Dobson (CD)	Director of Acute Services

In Attendance

Carron Waterson (CW)	Project Support Officer (Minutes)
Tom McCarthy (TMcC)	Portfolio Manager, Corporate PMO

Apologies

Wilma Brown (WB)	Employee Director
Fiona McLaren (FMcL)	Head of PMO, Corporate PMO
Carol Potter (CP)	Chief Executive
Nicky Connor (NC)	Director of Health and Social Care
Alistair Graham (AG)	Associate Director of Digital and Information
Neil McCormack (NMcC)	Director of Property & Asset Management

1.	Unconfirmed Minute from meeting held 15 September 2022
	The Minute from 15 September was accepted as an accurate record.
1.2	Actions Outstanding
	Action 28: FMcL will check if action complete. Action 29: Carried forward to next meeting. Action 30: Closed. Action 33: The item is included in the draft agenda of the APF (Nov meeting). Agenda to be finalised. Item is scheduled to be included in the agenda for Public Health Committee as part of the Anchor Institution Update being considered by the Committee at its January 2023 meeting.

2.	Programme Updates
2.1	Population Health & Wellbeing Strategy Update
	MMcG gave an overview on the development of the Strategy and the key phases of work as detailed in the milestone plan.
	2.1.1 Review of Clinical Strategy Outcomes
	<p>CMcK outlined the progress made with implementing the Clinical Strategy. There were challenges in reviewing the impact of the Strategy and there were two main reasons for this. Firstly, the Strategy was developed as a series of recommendations, however, there is no clear mechanism to link these recommendations with implementation. CMcK suggested where there has however been significant progress made in delivering the strategy aims. Secondly, the Strategy period coincided with the Covid-19 pandemic, and this had a significant impact on how the majority of services were delivered.</p> <p>On this basis, CMcK proposed that the new Strategy is an opportunity to reflect on what had been delivered and to ‘reset’ on the areas of work that need to be continued going forward.</p> <p>The Board discussed the presentation. There was agreement the focus should be on looking forward. However, it was agreed it was also important to reflect and capture the key learning from the previous Strategy. The board discussed the importance of using the new Strategic Framework to help inform our thinking on this.</p> <p>In conclusion, the Board agreed:</p> <ol style="list-style-type: none"> 1. The review of the previous Clinical Strategy work should be concluded in a light touch manner, acknowledging the significant work undertaken at the time and also the impact and disruption caused by the Covid-19 pandemic. 2. Where appropriate, key work should continue from the Clinical Strategy, but this should be framed in the context of the four strategic priorities outlined in the strategic framework. 3. To consider using the Strategic Framework already signed off by NHS Fife Board to further explore of key aspects of the PHW Strategy at future face-to-face EDG meetings.
	2.1.2 Progress Report on Engagement Work
	<p>JO provided an update on the engagement work that has been carried out during September and October to support the development of the Population Health and Wellbeing Strategy. The paper circulated prior to the meeting provides an update on the focus groups that have been running in September and October with a summary of the key learning to date.</p> <p>Key messages included some very positive feedback on services provided by NHS Fife and specifically the commitment of NHS Fife Staff. There were some concerns reported about waiting times and challenges of access to a range of services.</p> <p>There was some discussion and members of Portfolio Board were assured that the feedback to date was broadly in line with what had been predicted. It was requested if there could be greater clarity around the comments relating to self-management.</p>

	<p>Members of Portfolio Board were invited to submit any additional questions or comments to the team leading this work.</p> <p>Next steps include further sessions with seldom heard groups, a multi-faith group meeting is planned within the next week and a number of 1-2-1 interviews also planned. The plan is to have a report on the outcomes from this engagement work drafted by end October/ early November 2022.</p>
	2.1.3 Enablers Supporting Delivery
	Paper to be carried forward to next meeting.
2.2	Mental Health Re-design Option Appraisal
	<p>CMcK gave an update on the options appraisal completed as part of the Mental Health Inpatients Redesign Project. This process has recommended a single inpatient site hub with links to community facilities across 7 localities. CMcK cautioned that this paper was a progress update and further work was required to fully consider and articulate the options appraisal, progress the shortlisting of sites for assessment in 2023 and then developing an outline business case. Part of this work would include undertaking a more detailed financial options appraisal.</p> <p>Questions were raised around the model of care underpinning this proposal. CMcK explained that the proposal assumes more care will be provided closer to home and be community based, rather than inpatient based. Portfolio Board supported the paper and noted that papers will be presented to the Mental Health Redesign Programme Board, IJB and NHS Fife Board.</p>
2.3	QI Faculty
	Carried forward to next meeting.
2.4	Integrated Planned Care Programme
	Carried forward to next meeting.
2.5	Integrated Unscheduled Care Programme
	Carried forward to next meeting.
2.6	Pharmacy & Medicines Programme
	Carried forward to next meeting.
2.7	Financial Improvement & Sustainability Programme
	Carried forward to next meeting.
2.8	Kincardine and Lochgelly Health & Wellbeing Centre

	<p>JT reported that the outline business case had been submitted to Scottish Government (SG). Written confirmation regarding funding has not been received but SG has indicated support for work to continue to full business case.</p> <p>On this basis JT sought support from the Portfolio Board for the programme to proceed to submission of planning application. This will be available in the public domain and this carries a small reputational risk should the project not proceed. The Portfolio Board view was it would be a greater risk to delay planning applications and confirmed that they supported moving to the planning application phase.</p>
4.	AOCB
	Not discussed.
5.	DATE OF NEXT MEETING
	The next meeting will take place at 2pm, Thursday 10 th November.

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 7 December 2022)

No issues were raised for escalation to the Public Health & Wellbeing Committee.

**Unconfirmed minute of the PUBLIC HEALTH ASSURANCE COMMITTEE MEETING (PHAC)
held on Wednesday 7 December 2022 at 2.30pm via Microsoft Teams**

Present:

Joy Tomlinson (JT) (Chair)	Director of Public Health
Emma O'Keefe (EOK)	Consultant in Dental Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Fiona Bellamy (FB)	Snr Health Protection Nurse Specialist
Cathy Cooke (CC)	Public Health Scientist
Sharon Crabb (SCr)	Public Health Service Manager
Susan Cameron (SCa)	Head of Resilience
Olukemi Oyededeji (OO)	Consultant in Public Health Medicine
Sally O'Brien (SOB)	Head of Nursing
Brenda Ward (BW) (minute taker)	PA to Director of Public Health

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies for absence were noted from Esther Curnock, Lynn Barker and Hazel Close. A reminder was given that the meeting was being recorded to assist with minute taking.

ACTION

2. Minute of previous meetings held on 5 October 2022

The minute of the previous meeting was agreed as an accurate record.

3. Review of PHAC Action Log

The action log was discussed, actions were updated and closed where complete.

4. Identified Near Misses, Critical Incidents & Learning

4.1 Interface between IPCT Control and reporting to Scottish Government

DFW raised that we require a better way to manage information requests about Community HAI incidents for Scottish Government. The issue has been raised again due to an ongoing situation and is proving difficult for Public Health. SOB said she was aware of the complex situation, agreed to review from a professional nursing perspective and bring back to reflect on the learnings.

SOB

5. New Prospective Risks

5.1 Risk on Vaccine Preventable Disease

The Chair said that the risk on Vaccine Preventable Disease has been added to PH risk register and will be reviewed at PHAC in February 2023. The Chair took an action to discuss the risk with EC as it is being reported through the Immunisation Annual Report which was presented to PH&WB Committee on 29th August 2022.

JT/EC

5.2 Risk on Health Inequalities

The Chair said the risk on Health Inequalities is included on the Corporate Risk Register. RM agreed to carry out a Deep Dive of the risk for the PH&WB Committee and this would be presented to the PHAC meeting in February 2023 for discussion.

RM

5.3 National Service Screening – Pregnancy/Newborn Screening Risk

CC raised that the National Services Screening Teams have been rationalising the national risks registers and Boards have been asked to consider if any of the national risks should be captured on local risk registers. One of these risks relates to individuals moving into areas and missing the opportunity for new-born blood spot screening. Local meetings to review adherence to national protocols are being held with Child Health, Health Visiting, Midwifery and PH and work is ongoing to review processes, checks and balances in place. The Committee agreed a new risk template should be completed to understand where the risk would sit. CC agreed to bring to the PHAC meeting in February 2023 for discussion.

CC

6. Review of Current Risks on Public Health Register

The Chair said that risk updates are fully captured on the review of the current risks document circulated with the agenda and only escalated changing situations will be captured fully in the minute.

Risk 1907 Public Health Oversight of Covid-19 in Care Homes

The Committee discussed the risk update provided by FB and it was agreed to reduce the likelihood from 5 to 4. The risk status level would reduce from High 15 to Moderate 12 (likelihood 4, consequence 3). The risk would be reviewed at the PHAC meeting in February 2023 and if the position changes during the winter it can be updated.

Risk 1906 Covid-19 Testing Programme

The Committee agreed the risk update, the status level would remain at High 16 and will be reviewed at the PHAC meeting in February 2023.

Risk 528 Pandemic Flu Planning Meetings

The Committee agreed the risk update, the status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in April 2023.

National guidance on pandemic preparedness is awaited. SCa took an action to look at the hospital segregation developed during the pandemic to ensure we have a protocol that can be added to the policy later.

SCa

Risk 2331 Local system surge capacity for new variants

The Committee agreed the risk update. The Chair suggested the status level Moderate 9 (Likelihood 3, Consequence 3) should be revisited after the Test Exercise on 12th December 2022. DFW agreed to feedback and provide a rationale for a risk level change if appropriate. The risk will be reviewed at the PHAC meeting in February 2023.

DFW/BW

Risk 518 Resilience

The Committee agreed the risk update, the status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in February 2023.

Risk 1729 Misuse of Suspicion of Malignancy Function in SCCRS

The Committee agreed the risk update, the status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in June 2023.

Risk 1837 Absence of Comprehensive National Data Systems to monitor the Pregnancy/ Newborn Screening Programmes

The Committee agreed the risk update, the status level would remain at Moderate 8 and will be reviewed at the PHAC meeting in June 2023.

Risk 1904 Coronavirus Disease 2019 Pandemic

The Committee agreed the risk update, the status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in February 2023.

The Chair took an action to discuss Immunisation with EC with regards to students and families coming into Fife from other countries who may not have been not have been fully vaccinated and this is a potential risk allowing Covid to spread.

JT

Risk 2222 No Cervix Exclusion – Cervical Screening Incident

The Committee agreed the risk update, the status level would remain at Moderate 10 and will be reviewed at the PHAC meeting in April 2023.

Risk 2330 PH Adult Screening Programme - Covid Recovery Risk

The Committee agreed the risk update, the status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in April 2023.

7. Any Issues to Escalate to Public Health & Wellbeing Committee

No items were raised.

8. NHS Fife Dental and Oral Health Improvement Report 2022

The report had been circulated to the Committee prior to the meeting. EOK gave a summary of the paper highlighting the current NHS dentistry access issues and the remobilisation of the Oral Health Improvement Programmes and Dental Inspections in the school setting. The report will be presented to EDG and PH&WB Committee in January 2023. The Chair thanked EOK for the report and asked that any comments/feedback was forwarded to EOK.

9. AOCB

No items were raised.

10. Date of Next Meeting

Wednesday 1 February 2023 at 2:30pm (teams)