

NHS Fife Public Health & Wellbeing Committee

Mon 03 July 2023, 10:00 - 11:45

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 15 May 2023**

0 min


Enclosed Alistair Morris

 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230515.pdf (9 pages)

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

10 min

Enclosed Alistair Morris

 Item 4 - Public Health & Wellbeing Committee Action List 20230703.pdf (1 pages)

10:10 - 10:30 **5. GOVERNANCE MATTERS**

20 min

5.1. Annual Internal Audit Report 2022/23

Enclosed Maxine Michie

 Item 5.1 - SBAR Annual Internal Audit Report 2022-23.pdf (4 pages)


 Item 5.1 - Appendix 1 Annual Internal Audit Report 2022-23.pdf (47 pages)

5.2. Corporate Risks Aligned to Public Health & Wellbeing Committee

Enclosed Joy Tomlinson

 Item 5.2 - SBAR Corporate Risks Aligned to Public Health & Wellbeing Committee.pdf (5 pages)

 Item 5.2 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC.pdf (5 pages)

 Item 5.2 - Appendix 2 Risk Assurance Principles.pdf (1 pages)

5.2.1. Deep Dive: Population Health & Wellbeing Strategy

Enclosed Joy Tomlinson

 Item 5.2.1 - SBAR Deep Dive Population Health & Wellbeing Strategy.pdf (9 pages)

5.3. Delivery of Annual Workplan 2023/24

Enclosed Joy Tomlinson

10:30 - 11:00 **6. STRATEGY / PLANNING**

30 min

6.1. Annual Delivery Plan 2023/24

Enclosed Carol Potter

- Item 6.1 - SBAR Annual Delivery Plan 2023-24.pdf (3 pages)
- Item 6.1 - Appendix 1 Annual Delivery Plan.pdf (61 pages)

6.2. Medium Term Plan 2023-26

Enclosed Maxine Michie

- Item 6.2 - SBAR Medium Term Plan 2023-26.pdf (4 pages)
- Item 6.2 - Appendix 1 Medium Term Plan 2023-26.pdf (50 pages)

6.3. Primary Care Strategy

Enclosed Nicky Connor

- Item 6.3 - SBAR Primary Care Strategy 2023-26.pdf (7 pages)
- Item 6.3 - Appendix 1 Draft Fife Primary Care Strategy 2023-26.pdf (34 pages)
- Item 6.3 - Appendix 2 Primary Care Strategy Participation and Engagement Consultation Summary.pdf (6 pages)
- Item 6.3 - Appendix 3 Primary Care Strategy 2023-26 EQIA.pdf (8 pages)

6.4. Implementation of the Promise National Strategy

Enclosed Nicky Connor

- Item 6.4 - SBAR Implementation of the Promise National Strategy + appendices.pdf (14 pages)
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11:00 - 11:10 **7. QUALITY / PERFORMANCE**

10 min

7.1. Integrated Performance & Quality Report

Enclosed Joy Tomlinson / Nicky Connor

- Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
 - Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (10 pages)
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11:10 - 11:35 **8. ANNUAL REPORTS**

25 min

8.1. Director of Public Health Annual Report

Enclosed Joy Tomlinson

- Item 8.1 - SBAR Director of Public Health Annual Report.pdf (4 pages)
- Item 8.1 - Appendix 1 Director of Public Health Annual Report 2023.pdf (50 pages)
- Item 8.1 - Appendix 2 Information Supplement.pdf (59 pages)

8.2. Fife Child Protection Annual Report

Enclosed Janette Keenan

- Item 8.2 - SBAR Child Protection Annual Report 2022-23.pdf (3 pages)
- Item 8.2 - Appendix 1 Child Protection Annual Report 2022-23.pdf (49 pages)

8.3. Health Promotion Service Annual Report

Enclosed Nicky Connor

- 📎 Item 8.3 - SBAR Health Promotion Service Annual Report 2022-23.pdf (5 pages)
- 📎 Item 8.3 - Appendix 1 Health Promotion Service Annual Report 2022-23.pdf (21 pages)

8.4. Annual Immunisation Report 2023 & Review of Immunisation Strategic Framework 2021-2024

Enclosed Joy Tomlinson / Nicky Connor

- 📎 Item 8.4 - SBAR Annual Immunisation Report 2023 & Review of Immunisation Strategic Framework 2021-2024.pdf (6 pages)
- 📎 Item 8.4 - Appendix 1 Annual Immunisation Report 2023.pdf (45 pages)
- 📎 Item 8.4 - Appendix 2 Fife Immunisation Strategic Framework 2021-24.pdf (19 pages)

8.5. Smoking Cessation and Prevention Work Annual Report

Enclosed Nicky Connor

- 📎 Item 8.5 - SBAR Smoking Cessation and Prevention Work Annual Report.pdf (10 pages)

11:35 - 11:40 **9. LINKED COMMITTEE MINUTES** 5 min

9.1. Public Health Assurance Committee dated 12 April 2023 (unconfirmed)

Enclosed

- 📎 Item 9.1 - Minute Cover Paper.pdf (1 pages)
- 📎 Item 9.1 - Public Health Assurance Committee 20230412 (unconfirmed).pdf (3 pages)

11:40 - 11:45 **10. ESCALATION OF ISSUES TO NHS FIFE BOARD** 5 min

10.1. To the Board in the IPQR Summary

Verbal Alistair Morris

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

Verbal Alistair Morris

11:45 - 11:45 **11. ANY OTHER BUSINESS** 0 min

11:45 - 11:45 **12. DATE OF NEXT MEETING - MONDAY 4 SEPTEMBER 2023 AT 10AM** 0 min

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 15 MAY 2023 AT 10AM VIA MS TEAMS**

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Wilma Brown, Employee Director
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Carol Potter, Chief Executive
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
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from member Mansoor Mahmood (Non-Executive Member).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Wednesday 1 March 2023

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

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Public Health & Wellbeing Governance Committee has met this through the 2022/23 financial year. It was noted this is the first full year report for the Public Health & Wellbeing Committee, following its establishment in late 2021. The Public Health & Wellbeing Committee's Annual Statement of Assurance will go to the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

The Committee **approved** the Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23 for onward submission to the Audit & Risk Committee.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health reported that work is being taken forward through the Risk & Opportunities Group, who have made two recommendations, supported by the Executive Directors' Group, that there will be an update to the target risk date to allow more modification on how risks are progressing, and that a development of the assurance levels is carried out.

It was reported there has been an increase to one risk, related to the Population Health & Wellbeing Committee. A Wood, Non-Executive Member, highlighted the importance of having a rationale around changes to risk targets, in relation to the Population Health & Wellbeing Strategy risk. The Director of Finance & Strategy agreed to coordinate a response outside the meeting.

Action: Director of Finance & Strategy

Following a question from the Chair, it was advised that the Primary Care Improvement Plan will be discussed at the Primary Care Oversight Group in late May 2023.

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

5.2.1 Deep Dive – Primary Care Services

The Director of Health & Social Care reported that the deep dive has been discussed and considered by the Executive Directors' Group in detail.

It was advised that the focus for the Primary Care Services risk is around the recovery of Primary Care post-Covid, improving quality of Primary Care and making our Primary Care system be sustainable. It was advised that not all root causes are linked directly to Primary Care, such as health of the population and health inequalities, and work is being carried out to link risks and actions to other areas. An overview on the root causes and challenges was provided, as described in the paper, and it was reported that the management actions have been connected to the overall work of the organisation, with specific actions for Primary Care.

The Director of Health & Social Care provided detail on the current work that has taken place to manage the demand on services. A key focus on recovery and unmet needs

will be included within the Primary Care Strategy. The delivery plan will be brought to the Committee in July 2023.

It was advised that the action in relation to digital will include all parts of the service and providers within Primary Care Services. It was noted that there is a strong connection between the Workforce Strategy and Primary Care Strategy to ensure that workforce elements can be addressed.

An update on the health inequalities work, which is being targeted across the four domains of Primary Care, was provided, and it was advised that addressing health inequalities will be captured within corporate objectives this year. Engagement work will support and influence part of the Primary Care Strategy work.

The Deep Dive identified financial risk around resourcing within Primary Care, and discussions are underway across the sector to outline the challenges. It was noted this is not unique to Fife. The Primary Care Delivery Plan will cover all elements of the contractors, and not just Primary Care, and there will be sections and priorities included.

A draft, high level Primary Care Delivery Plan is being prepared and any additional actions will be included. Assuring the quality of services that are being delivered will form part of the plan and will become part of the deliverables, with regular progress reports to the Committee for the strategy and the delivery plan.

A Wood, Non-Executive Member, asked how the specific risks and mitigations for the four priority areas are managed, to assure that we have high quality sustainable services. In response, it was advised that the Primary Care Oversight Board will oversee and manage specific risks and mitigations and the Board includes representation from all of the providers. At an operational level, there are strong connections through the Primary Care Contractor Team.

The Director of Pharmacy & Medicines advised that there are existing business continuity arrangements for the operational aspects of the contractor groups, to ensure that there is adequate provision, and that there is a desire to make this medium to longer term in focus.

An explanation was provided on the challenging set of community pharmacy financial settlement negotiations that are ongoing for the financial year 2023/24, noting that there is a financial risk which could impact our strategies and provision within Fife.

The Chair queried which actions were in place to address the significant challenge, in relation to the transformation and quality improvement, through the Primary Care Improvement Plan. He noted that transformation will be critical in the delivery of our strategies. In response it was explained that transformation is included within the Primary Care Improvement Plan, which is reported to the Scottish Government. It was also noted that there are national priorities that have been outlined in the plan in terms of areas of focus. Concerns around delivery of transformation were discussed.

The Director of Pharmacy & Medicine noted that pharmacotherapy and community treatment and related models for care continue to be shaped and developed.

Discussion took place on the level of detail that the Committee require in terms of a deep dive, to provide sufficient assurance to the NHS Board. It was also noted that the Committee requires assurance in terms of levels of performance against targets. It was agreed that routine reports would go through governance routes, including the Primary Care Oversight Board, then to Committee for assurance.

Action: Director of Health & Social Care

The Committee took **reasonable assurance** from the actions being taken, noting further mitigating actions will be progressed following approval of the Primary Care Strategy and Delivery Plan in July 2023.

5.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan and agreed the order of deep dives will follow the pattern established over the last year.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/24

The Director of Finance & Strategy reported that the corporate objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed and individual Directors' objectives will flow from.

It was advised that the corporate objectives have been devised from our new Population Health & Wellbeing Strategy and the Strategic Performance & Resource Allocation (SPRA) process. The corporate objectives reflect the highest levels of strategic corporate objectives aligned to the four strategic priorities, and a new category of cross-cutting actions has been added. The Chief Executive reported that the strategic corporate objectives will drive forward the ambitions of the strategy. Consideration will be given to the wording of the corporate objectives to give more context in relation to the objectives being supported by a number of strategies and core programmes of work.

The Director of Public Health confirmed that there is a link to the work around improving health inequalities within the strategic priorities detail. It was agreed to include further detail for the NHS Fife Board report around what each of the four strategic priorities are intended to deliver, and to make an overt connection between each of the objectives, the corporate risk, and the relevant Governance Committees.

Action: Director of Finance & Strategy

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

6.2 Anchor Institutions: Update on Community Benefits Gateway

The Director of Public Health provided an overview of the key points from the paper and noted that the uptake for the Community Benefits Gateway portal for community groups and organisations nationally has not been as good as expected, with only one matched to suppliers in Fife. It was reported that following feedback from local community groups Fife Voluntary Action have developed locally a tailored digital

platform, which will sit above the national portal. It was noted that the development of this digital platform did not result in any additional cost to NHS Fife and the uptake from local community groups in Fife will be carefully monitored. The national team are fully supportive of the developments in Fife.

The Committee **noted** the progress of the Community Benefit Gateway scheme, **supported** the next steps outlined in the paper and **endorsed** the approach being taken.

6.3 Greenspace Strategy

The Director of Property & Asset Management reported that the paper outlines the detailed work being undertaken on the strategic direction and utilisation of NHS Fife's green spaces. The work undertaken to date was described. The key themes within the strategy were highlighted, and it was noted that the strategy aligns to the work of our Anchor Institution ambitions and the Leadership Summit work that was carried out with Fife Council. The ambitions will be published, and further engagement will be carried out via our partners and through the NHS Fife website, which will include encouraging the population to come forward with ideas on greenspace initiatives. It was noted positive feedback was received from the recent Grand Round presentation held on the subject.

The Chair commended the strategy and thanked all the team involved. The Director of Property & Asset Management extended a thanks to Jimmy Ramsay, Estates Compliance Manager, for all his hard work in this area.

The Committee **endorsed** the strategy for final approval at the NHS Fife Board meeting in May 2023.

6.4 East Region Health Protection Service: Implementation Update

The Director of Public Health highlighted the key points from the paper, which provided an update on progress and a change to the timeline for implementation of the service. It is expected that the necessary actions during this transitional stage will be concluded towards the end of June 2023 before setting a date for implementation of the service. The two areas of ongoing work include clarification of financial arrangements, which will be agreed through the Oversight Board, and engagement with the provider of the digital platform has now begun to gather pace with an options paper underway.

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

6.5 Fife Partnership Board – Our Fife Leadership Summits

The Director of Public Health spoke to the key points within the paper, highlighting the work that has been underway and the workshops that had taken place over the winter period. It was reported that the Executive Directors' Group had reviewed the draft commitments, and they agreed further refinement and discussion is required. It was noted there is a commitment from NHS Fife to work closely with our partners.

A Wood, Non-Executive Member, queried how expectations will be managed around the potential financial benefits and pressures. The Chief Executive provided assurance

that the challenge around resources is recognised. She added that she attends the Fife Partnership Board meetings and co-chairs the Recovery Renewal Group, which reports into the Fife Partnership Board, and the operational detail, and aligning this work to our strategies, will be discussed further at both those meetings.

It was noted that discussions around community planning and the priorities of the local authority are being considered. The Director of Health & Social Care provided an update in terms of the connections, engagement, planning and priorities within the seven localities in Fife, and noted that the Health & Social Care Partnership will join the Fife Council Area Committees bi-annually to discuss priorities and opportunities.

The Committee **considered** the output from the summits and **discussed** the opportunities for future collaboration.

6.6 Primary Care Strategy Update

The Director of Health & Social Care reported that the paper details progress of the strategy, which will underpin both the Integrated Joint Board's Strategic Plan and the NHS Fife Population Health & Wellbeing Strategy. The strategy covers all of the independent contractors within Primary Care, and the paper provides a summary of the work carried out in relation to engagement with a wide range of stakeholders. Feedback from the engagement when developing the NHS Fife Population Health & Wellbeing Strategy has been incorporated into the Primary Care Strategy. The Primary Care strategic themes, challenges and priorities were highlighted. Assurance was provided that improvement work continues whilst the strategy is being developed.

The Medical Director highlighted the importance of the strategy and noted it is the first Primary Care Strategy to be developed in Fife. He also highlighted that the delivery plan will challenge the issues around General Practitioners, dentistry and community pharmacy. It was advised there are unique challenges, including some that are higher risk, for the various topics covered and those will be mapped through to the strategy and include SMART actions.

The Chair requested that timescales be added to some of the actions within the delivery plan.

The Committee took **assurance** of the approach being taken to complete the strategy supported by a delivery plan by July 2023.

6.7 Commonwealth Partnerships for Antimicrobial Stewardship

The Director of Pharmacy & Medicines reported that NHS Fife has been successful in attracting a grant to partner with two hospitals in Tanzania to enable shared learning on antimicrobial stewardship, which is a global issue. He highlighted the key points from the paper and provided assurance that the work supports NHS Fife's commitment to safe and effective health & wellbeing. It was noted this partnership will support addressing health inequalities on a global level, and the Director of Public Health highlighted the importance of connection with other countries, in terms of risk and implications, of global health threats such as the Covid pandemic.

The Committee considered this report for **assurance** regarding this strategic partnership for NHS Fife.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Health & Social Care advised that the performance levels regarding the smoking cessation service for 2022/23 will be available in August 2023. The latest data presents a slightly above-average position when comparing Fife with national data. It was advised the description around the smoking cessation work will be enhanced.

It was reported that an excellent Public Health & Wellbeing Committee Development Session had taken place in April 2023, and in depth discussions took place on Child Adolescent and Mental Health Services (CAHMS) and Psychological Therapies (PT) performance.

An improved position for CAHMS was reported, and it was advised that there were no children or adolescents waiting over 35 weeks, and 89% are waiting less than 18 weeks. Challenges continue due to staffing levels and a number of variables that affect the sustainability of maintaining the target.

In terms of PT, it was reported balancing new patients with addressing the backlog is being carried out, and there continues to be an ongoing challenge in performance, however, the number of patients being treated is high. Progress updates will continue to be provided on a monthly basis through the IPQR on work that is ongoing, both around supporting access and workforce challenges, which will continue to be monitored.

Following a question, the Director of Health & Social Care reported that discussions are underway in relation to sharing lessons learned in terms of the work that was carried out in reducing long waits for CAHMS, and applying these to PT. It was noted the backlog and longest waits are higher for PT than CAHMS.

The Director of Public Health reported on immunisation, advising that there is a three-month lag in the data, due to national release dates. The target was met for the 6 in 1 immunisation in December 2022, however it was noted this target has not been continually achieved. A slight reduction against the target for the MMR2 immunisation was reported. It was noted challenging targets are set for immunisations.

Following a question, the Director of Public Health advised there is no routine method of gathering information from parent/carers on why children/adolescents have not been brought forward for the MMR2 vaccination. A Quality Improvement Group was established in September 2023 and they are exploring evidence based interventions to improve uptake and actions to be taken forward. The Director of Health & Social Care added there is active promotion for vaccinations through our Health Services, and she suggested this could feed into the Quality Improvement Group.

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

7.2 No Cervix Exclusion Audit

The Director of Public Health spoke to the report and provided a position statement. It was advised that the issue described in the paper was identified by the National Screening Programme and a national audit is underway. The first stage of the audit in Fife resulted in 191 records being reviewed, and none of the 191 patients whose records were audited were found to have come to harm as a result of their exclusion from cervical screening. The second stage of the audit is now underway and it is a much larger exercise. It was noted that the programme of work have done a large amount in preparation for the audit, and a database has been created for the collation and scrutiny of data. A team is being formed in Fife to review the information. It was also reported that 90% of the requested funding for the programme is being provided from the Scottish Government.

A Wood, Non-Executive Member, queried the implications for people in terms of the timelines for addressing the issue. It was advised that the audit is being carried out to review the implications, and further detail is provided within the background section within the paper. Assurance was provided that no harm to patients has been identified from the outcome of the first part of the audit.

A Wood, Non-Executive Member, also queried capacity in terms of the number of colposcopies to be carried out and questioned if outsourcing is being put in place from a national perspective. In response, it was advised that there are concerns around the number of colposcopies to be carried out and a bid has been submitted to cover the cost of those clinics.

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

7.3 Spring Booster Campaign

The Director of Health & Social Care reported that the paper provides an update on the Spring booster campaign for the Covid-19 vaccination programme. Assurance was provided that all elements of the campaign have been covered and are being delivered. It was reported there will be an active focus on health inequalities, and an overview on the inclusivity work, including action plans, was provided. The Director of Public Health noted that there will be opportunities through working with third sector organisations and the quality improvement group for immunisation, to recognise and address barriers for people.

A Wood, Non-Executive Member, commended the inclusion of the inequalities information within the report.

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

8. ANNUAL REPORTS

8.1 Adult Support & Protection Biennial Report

The Director of Nursing highlighted the key points from the report.

The Chair queried if Covid had an effect on the increase in the number of referrals, in terms of people having spent time in isolation during the pandemic, and if there has

been an increase in harm due to potential mistreatment of people during the isolation periods. The Director of Nursing advised that domestic abuse rates were considered, and the increase was not due to this factor. She advised that spending time in isolation was an influencing factor on the number of referrals made. More training and communications in relation to adult support & protection has been carried, which has increased reporting.

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

9. LINKED COMMITTEE MINUTES

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

9.1 Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

9.2 Portfolio Board held on 9 February 2023 (confirmed) & 9 March 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Monday 3 July 2023 at 10am via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

Meeting Date: Monday 3 July 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	15/05/23	Corporate Objectives 2023/24	To include further detail for the NHS Fife Board report around what each of the four strategic priorities are intended to deliver, and to make an overt connection between each of the objectives, the corporate risk, and the relevant Governance Committees.	MM	May 2023	This has been done as part of the mapping to create the Annual Delivery Plan for 2023/24. Further work on aligning with the Corporate Risk Register will continue throughout the year.	Closed
2.	15/05/23	Corporate Risks Aligned to Public Health & Wellbeing Committee	To coordinate a response on the rationale around changes to risk targets, in relation to the Population Health & Wellbeing Strategy risk.	MM	July 2023	This will be covered in the next iteration of the Corporate Risk Register.	Closed
3.	15/05/23	Deep Dive – Primary Care Services	Routine reports to go through governance routes, including the Primary Care Oversight Board, then to Committee for assurance, particularly in terms of levels of performance against targets.	NC	Routinely		Closed

Meeting:	Public Health and Wellbeing Committee
Meeting date:	3 July 2023
Title:	Internal Audit Annual Report
Responsible Executive/Non-Executive:	M McGurk, Director of Finance
Report Author:	T Gaskin, Chief Internal Auditor

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the **FINAL** 2022/23 Annual Internal Audit Report to the NHS Fife Public Health and Wellbeing Committee. This report has been considered by the Audit and Risk Committee at its meeting on 23 June 2023 as part of the wider portfolio of year end governance assurances. This report is for the Public Health and Wellbeing Committee to consider and specifically note the narrative under corporate governance.

2.2 Background

The Audit & Risk Committee has approved this report at its meeting on 23 June 2023 as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2022/23 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2022/23.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
- We commented on performance in the Internal Control Evaluation (ICE) but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the SPRA which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
- Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
- Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report '*NHS Scotland 2022*', issued February 2023, stated that '*the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and*

has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform’.

- Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
- We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
- The Audit Scotland report ‘NHS Scotland 2022’ recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
- Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
- NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23: Strategic
- This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
- A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
- The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy.

2.4 Recommendation

The Public Health and Wellbeing Committee is asked to:

- Take **assurance** from this finalised report and consider the narrative within the corporate governance section.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2022/23

FTF Internal Audit Service

Annual Internal Audit Report 2022/23

Report No. B06/24

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

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Draft Report Issued	13 June 2023
Management Responses Received	19 June 2023
Target Audit & Risk Committee Date	20 June 2023
Final Report Issued	19 June 2023

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2022/23 internal audit and my opinion on the Board's internal control framework for the financial year 2022/23.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2022/23 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

Previous recommendations

8. The Internal Control Evaluation (ICE), issued March 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due.
10. Most of the recommendations are due for completion around June and August 2023. Aspects of some recommendations have been completed with status provided to Internal Audit to confirm progress is on track. Minor slippage on Information Governance recommendations is noted.
11. The 2023/24 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
12. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development were identified and will be followed up in the 2023/24 ICE. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.

Governance Statement

13. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2022/23 Governance Statement.
14. For 2022/23, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of Integrated Joint Boards (IJBs).
15. The Board has produced a Governance Statement which states that:
 - *'During the 2022/23 financial year, no significant control weaknesses or issues have arisen in the expected standards for good governance, risk management and control.'*
16. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this combined with a sound corporate governance framework in place within the Board throughout 2022/23, provides assurance for the Chief Executive as Accountable Officer.
17. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
18. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
 19. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

Key Themes

20. Detailed findings are shown later in the report, which also shows, for context, relevant Corporate Risks against each strand of Corporate Governance. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
21. The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
22. We commented on performance in the ICE but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
23. As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the Strategic Planning and Resource Allocation (SPRA) which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
24. Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
25. Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report '*NHS Scotland 2022*', issued February 2023, stated that '*the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already*

difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform’.

26. Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
27. We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
28. The Audit Scotland report ‘NHS Scotland 2022’ recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
29. Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
30. NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23:
 - New Corporate risk Register mapped to the Corporate Objectives
 - Reporting to Standing Committees and introduction of deep dives
 - Risk escalation process through the Board structure
 - Strategic risk dashboard through the IPQR
31. This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
32. A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
33. The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

34. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. During 2022/23 the Board Secretary has worked with Standing Committee Chairs to ensure Committee Assurance Principles are embedded within the Board's formal assurance processes. There are opportunities now to enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Key developments since the issue of the ICE included:

- An update on the second edition of the Blueprint for Good Governance was provided to the March 2023 Audit and Risk Committee;
- The Population Health & Wellbeing Strategy 2023-28 – Living well, working well and flourishing in Fife was approved by the Board at the March 2023 meeting. It details NHS Fife strategic priorities for the next 5 years, which will focus on continuing to deliver high quality clinical services and an increased focus on reducing health inequalities to support improvement in the health and wellbeing of the citizens of Fife;
- Initial drafts of Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 were considered by the EDG in May 2023;
- The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non Executive Directors in May 2023;
- The introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and seeks individual Executive Director support to progress these within their respective portfolios;
- The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy;
- Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021- 2025;
- Primary Care Strategy development update to the EDG in April 2023. This strategy is one of nine transformational strategies supporting implementation of the Strategic Plan for Fife 2023-26 which was approved by the IJB on 23 January 2023;
- Approval of the Medium-Term Financial Plan for the next 5 years by the Board on 28 March 2023;
- Whistleblowing directives issued by the Independent National Whistleblowing Officer have now been implemented within NHS Fife and are currently being refined after the completion of investigations into concerns raised;
- A revised approach, including additional information being supplied to management, is being taken in 2023/24 to improve Personal Development Plan Review completion, mandatory training uptake and a reduction in sickness absence;
- The Clinical Governance Strategic Framework and associated workplan were approved by Fife NHS Board on 28 March 2023;

- The Resilience Forum presented their first Annual Statement of Assurance to Clinical Governance Committee on 5 March 2023.
35. Overall, there has been good progress on recommendations from the ICE from last year and the Annual Internal Audit Report for 2021/22. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

Audit Output

36. During 2022/23 we delivered 16 audit products with 3 currently at draft report stage. Work is progressing on the 6 remaining reviews at work in progress, with these and the 3 draft reports to be completed for the August 2023 Audit & Risk Committee meeting. These audits reviewed the systems of financial and management control operating within the Board and the IJBs.
37. Our 2022/23 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
38. A number of our reports, including the ICE, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
39. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

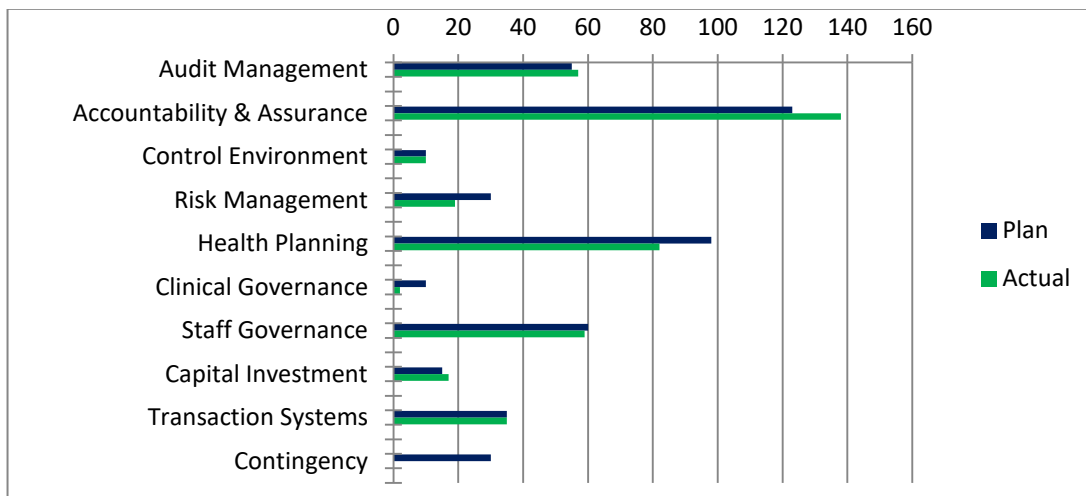
ADDED VALUE

40. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
 - Becoming lead auditors for Fife IJB internal audits.
 - Providing internal input into Board and delivered a presentation on non-executive challenge to Non-Executive Directors in May 2023.
 - Coordinating consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire via the Chief Internal Auditor's continued leadership of the Assurance Mapping Group.
 - The Chief Internal Auditor's delivery of a presentation on assurance mapping and principles to the Audit and Risk Committee.
 - Reviewing the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, this will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.
 - Providing advice to Senior Management on the application of assurance mapping and risk management principles.
 - Advising on amendments to the Fife IJB Risk Management Strategy.

- Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
 - Input to the update of the NHS Fife Standards of Business Conduct policy
 - Input to the response to Scottish Government regarding updating the Property Transaction Handbook
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Providing Audit Follow Up reporting to the NHS Fife Audit and Risk Committee.
41. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
 - Updating of the FTF website.
 - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards (PSIAS).
42. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's Integrated Joint Board, with Internal Audit Plans agreed. Internal Audit has continued to highlight the importance of maintaining momentum to clear intractable and long-standing issues with all partners, the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

INTERNAL AUDIT COVER

43. Figure 1: Internal Audit Cover 2022/23



44. Figure 1 summarises the 2022/23 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 16 June 2022. As at end of April 2023 we had delivered 418 days against the 463 planned days. There are currently 3 Health Board and 3 IJB reviews at work in progress stage.

45. A summary of 2022/23 performance is shown in Section 3.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

46. The FTF Partnership Board met in March 2023 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.

47. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.

48. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.

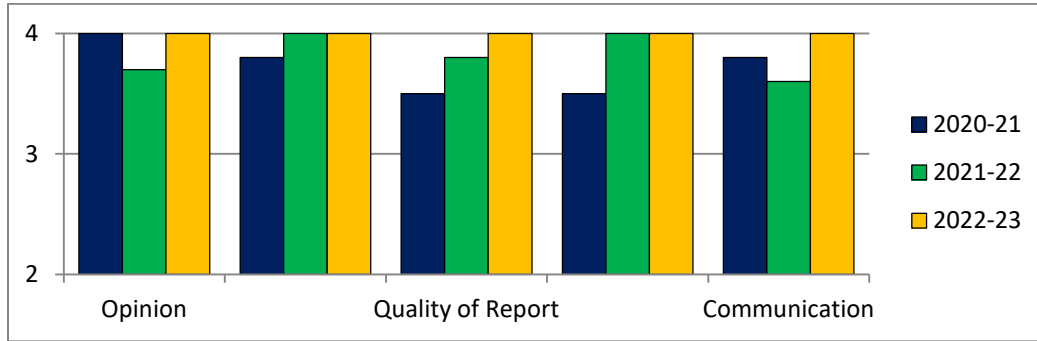
49. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

50. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, 'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.' FTF updated its self assessment during 2022/23. A further EQA is due to take place in 2023/24.

51. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

52. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



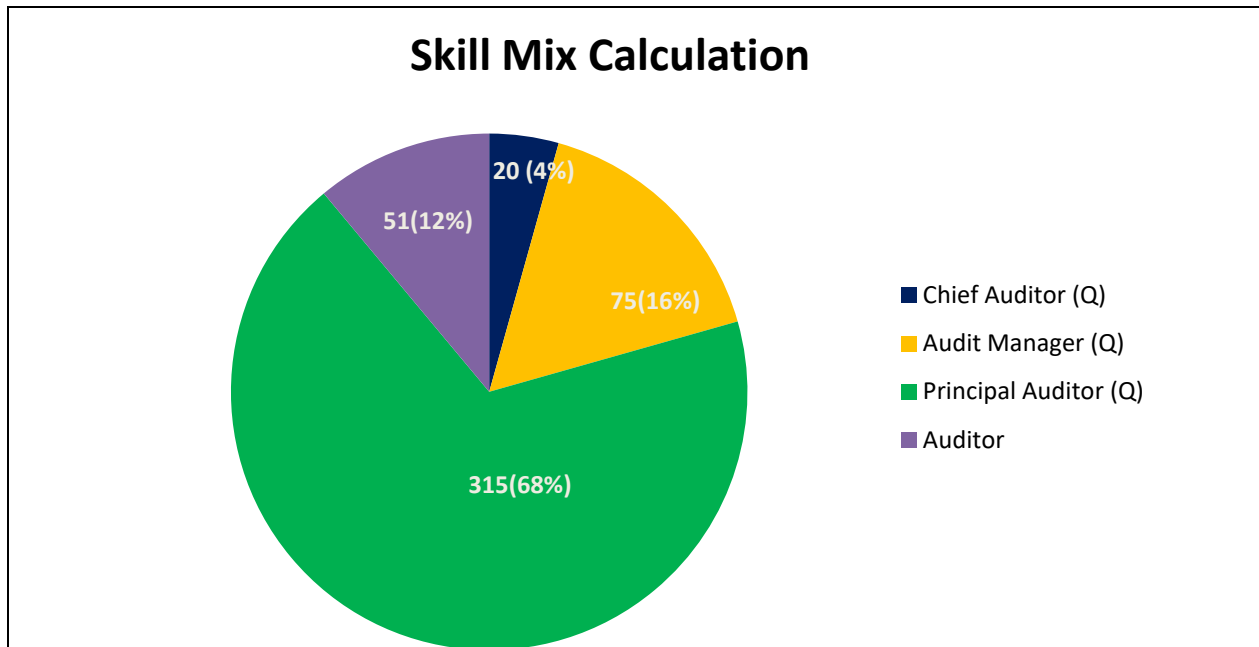
53. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

54. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2022/23 the audit was delivered with a skill mix of 88%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

55. Figure 3: Audit Staff Skill Mix 2022/23

Audit Staff Inputs in 2022/23[days] Q= qualified input.



ACKNOWLEDGEMENT

56. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit, throughout my tenure as Chief Internal Auditor.
57. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Board Secretary and the Audit & Risk Committee.

A Gaskin, BSc. ACA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – High Risk (12); Target (12) Moderate

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.

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Governance Arrangements

During the pandemic, NHS Fife initiated an organisational command structure to provide direction, decision-making, escalation and communication functions. During the winter period of 2022/23, this structure was used to manage winter pressures.

NHS Fife has now rolled out the Operational Escalation Framework (OPEL), which is designed to support proactive management of increased activity, and the related impact on capacity and flow, to enable services to effectively manage associated clinical risks within acceptable limits. The OPEL provides clear escalation levels for actions to be taken and reporting of OPEL scores is available on a daily basis on Stafflink.

Blueprint for Good Governance

NHS Fife has continued to improve Board effectiveness for example introducing a new Code of Conduct for Members of Fife NHS Board in June 2022 and continuing with a yearly survey of all Board and Standing Committee members and attendees. The outputs help to identify areas for improvements and are a useful tool for supporting the year end assurance process. The interim Chair has instituted a programme for Non-Executive Directors including events to enhance scrutiny and challenge.

All actions from the initial Blueprint have been reported to the NHS Fife Board as completed. The second iteration of the Blueprint was published on 23 December 2022. A presentation of the Blueprint has been provided with a national event undertaken in May 2023, to which NHS Fife had both executive and non-executive attendance. An update was also provided to the March 2023 Audit and Risk Committee. A Board-level survey is expected to be released in early summer 2023 from the Scottish Government, the results of which will enable individual Boards to benchmark their current arrangements against the revised Blueprint and develop an action plan in response. Internal Audit has allocated time in the 2023/24 Internal Audit Plan to review the implementation of the updated Blueprint.

Strategy Development

NHS Fife Board formally approved the new Population Health & Wellbeing Strategy (PHWS) at the meeting on 28 March 2023. The Strategy describes NHS Fife's role in continuing to provide high quality clinical services but also now creating significant focus on improving population health and wellbeing. The Strategy also recognises the importance of being closely aligned to the Fife Health & Social Care Partnership's (HSCP) Strategic Plan.

The PHWS supports the four strategic priorities of NHS Fife, being:

- improving health and wellbeing
- improving the quality of health and care services
- improving staff experience and wellbeing
- Delivering value and sustainability

The delivery of the strategy will be dependent on the enabling strategies in the areas of digital and information, property and asset management, finance and workforce. The alignment of these supporting strategies to deliver the overall PHWS will be key to the effective implementation of the PHWS within the financial and workforce resources available.

The SBAR accompanying the PHWS did not reference the scale of the savings required to delivery financial sustainability, although it did say that *'We know that we will need to continue carefully manage our resources and the strategy provides the NHS Fife Board a framework to support decisions about the allocation of our financial resources'*.

Similarly the Strategy itself did not set out the scale of the financial challenge and commented that *'Whilst planning services, we bring together operational, workforce and financial objectives to ensure the most effective allocation of resources across our health system. The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.'*

Internal Audit Report B13/22 & B14/23 Strategic Plan Development, which is out in draft, provides further detail.

Operational Planning

The draft Annual Delivery Plan 2022-23 was presented to the Board in July 2022 before submission to the Scottish Government by the end of July 2022 and subsequent approval by the Board in September 2022.

The delivery of the Annual Delivery Plan is monitored by the EDG with the most recent report to the 20 April 2023 EDG meeting for Quarter 4. Progress reporting to Standing Committees on the Annual Delivery Plan 2022/23 was added to the Workplans of the Financial Performance & Resources Committee (FPRC) and PHWC during the year but actually ceased after the November 2022 FPRC and PHWC. The 2023/24 FPRC Workplan does include Annual Delivery Plan monitoring to every meeting but the PHWC workplan does not.

There were 63 deliverables completed and 11 deliverables that are unlikely to be completed on time. Projections show that almost 100 out of 173 deliverables from the Annual Delivery Plan 2022/23 will be completed by the end of Q1 2023/24. Some of the outstanding deliverables for 2022/23 are included in the 2023/24 Annual Delivery Plan.

The guidance for Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 was received from the Scottish Government on 28 February 2023. The EDG at its meeting on 4 May 2023, considered the first draft of both the Annual Delivery Plan and Medium-Term Plan.

This guidance provides a summary of a number of strategic level programmes contributing to the planning guidance, and commits to progressing a refreshed NHS Delivery and Outcomes Framework in collaboration with NHS Boards during 2023/24. In addition, the Scottish Government re-iterated its intention to better align workforce planning and financial planning with delivery planning although there was no reference to areas for de-prioritisation, which would free up resources to be moved to identified priority areas.

To support ongoing improvement and resilience, the Scottish Government has developed 10 recovery drivers. Annual Delivery Plan¹ provides the overview to the Annual Delivery Plan consisting of Board Actions aligned to each Recovery Driver along with relevant commentary on the following:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

The Medium-Term Plan is currently in development and will be presented initially to the private session of the NHS Fife Board in June 2023. The plan will reflect the priorities agreed within the recently approved PHWS aligned to the 10 Scottish Government Recovery Drivers. The plan will also align with and be influenced by the NHS Fife Population Health and Wellbeing Strategy priorities and ambitions.

Assurance Mapping

The Chief Internal Auditor has continued to lead the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire.

The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non-Executive Directors in May 2023.

A review has also been undertaken of the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, which will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles to NHS Fife managers and Executive Directors.

Integration

A revised Fife Integration Scheme, following joint review by the partners, received formal sign-off by the Scottish Government on 8 March 2022.

In January 2023, the FPRC considered a report outlining the performance of the Fife HSCP against meeting the targets detailed in the Ministerial Strategic Group report on Integration, published in 2019. It also benchmarked Fife against other Partnerships across Scotland. The report highlighted several examples of good practice, with work required across six further areas to fully support integration principles.

Performance

The FPRC considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the FPRC.

The Board, the FPRC, the Staff Governance Committee (SGC), the Clinical Governance Committee (CGC) and the Public Health & Wellbeing Committee (PHWC) have received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are also reported.

The latest IPQR, presented at the May 2023 Board meeting highlighted:

- 31 Day Cancer Target decreased to 90.1%, the first time below the 95% target since April 2019. Performance against the 62-day Cancer Standard deteriorated to 67.5% with a target of 95%.
- SAB HAI/ IVF Treatment Waiting times/Antenatal access/Drugs and Alcohol/Immunisation 6 in 1 at age 12 –all meeting target.
- Three indicators not achieving target but performing in the upper quartile: C Diff HAI/HCAI, Patient TTG %<=12 weeks and Delayed discharge % Bed Days Lost (Standard).
- 10 indicators not achieving target but performing within the Mid Range quartile for benchmarking: ECB – HAI/HCAI; Complaints Closed Stage 1; Complaints Closed Stage 2; 4- Hour Emergency Access; New Outpatients; Diagnostics; Delayed discharge % bed days lost all; Sickness Absence; Smoking Cessation; CAMHS Waiting Times and Psychological Therapy Waiting Times.
- Activity within TTG, New Outpatients and Diagnostics were all higher than forecast.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully. NHS Fife, like all other NHS Boards in Scotland will however require to follow the Scottish Government performance management arrangements currently in place and any changes which arise in due course.

Best Value

Best value and effective allocation of resources are a key element of the Strategic Planning and Resource Allocation (SPRA) process and the Financial Improvement & Sustainability Programme (FISP). Both of these contribute to *“a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.”* Each standing committee and the FPRC in particular, received progress reports on both the SPRA and FISP. Along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, NHS Fife can demonstrate processes are in place to promote and deliver best value.

Policies

A General Policies and Procedures update was provided to the May 2023 meeting of the FPRC. In April 2023, of the 56 General Policies, 11 (19%) remain beyond their due date, and are presently being followed up. Review work is underway within departments for 10 (18%) of General Policies, 1 (2%) has been submitted to go through the formal approval process and 34 (61%) of General Policies are up to date. Since the last report in November 2022, this represents an improved position.

We note the introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and directs individual Executive Director to progress these within their respective portfolios.

Corporate Objectives

The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy. These were approved by the NHSF Board on 30 May 2023. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities or to the new 'Cross Cutting Actions' category, with delivery mapped to a responsible Executive Director.

Board and Standing Committee Development Sessions

Board Development Sessions continue to be held and areas covered since the issue of the ICE include Population Health & Wellbeing Strategy - – Living Well, Working Well & Flourishing in Fife; Medium-Term Financial Plan; Fife Mental Health Redesign; National Treatment Centre Fife Orthopaedics; and Operational Update and Winter Planning and Proactive Discharge from Hospital. Given the importance of these sessions and to ensure their value is maximised, we reiterate our comment in the B08/23 ICE that consideration should be given to formal outputs from Board Development Sessions and action plans to ensure any agreed decisions/actions are taken forward.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2022/23. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate. We have updated our report style to reflect the requirements of the recent update to the Governance Blueprint.

Whilst improvements in reducing the number of outstanding actions have been seen in this reporting year, the Audit & Risk Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy continues to pursue this as a priority action, with quarterly consideration of the remaining actions by the EDG to drive forward prompt resolution.

Board and Standing Committee Annual Reports

All Standing Committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 23 June 2023 Audit & Risk Committee. Committee Annual reports, Directors Statements and the Governance Statement are consistent in content.

Code of Corporate Governance

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2023, but the meeting was cancelled. However the Code of Corporate Governance was remotely noted by members and was considered by the Board for formal approval in May 2023.

Risk Management

Over the years Internal Audit have made many risk management recommendations, many of which have now been implemented. We have commented positively on a number of individual Risk Management developments and also on a fundamental change in the overall approach to risk management and risk culture, which has been gratifying. However, some elements still remain outstanding and it is important that the overall improvements are embedded within the working practices of the Board and formally recorded within an approved Risk Management Framework.

Following engagement with the EDG, Senior Leadership Teams and the Board, a Corporate Risk Register (CRR) is now in place, with Standing Committees receiving reports on the respective CRR since the formal approval of the CRR at the 29 November 2022 NHS Fife Board meeting. Updates and progress were presented to the Audit & Risk Committee throughout 2022/23.

The Risk Management Annual Report 2022/23, which will be considered by the Audit & Risk Committee at its June 2023 meeting, confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management

improvement programme approved in 2022, intended to enhance the effectiveness of the risk management framework arrangements.

The NHS Fife Annual Risk Management report identifies the following areas for development in 2023/24:

- Completing the refresh of the Risk Management Framework including finalising the process to support the escalation, oversight and governance of risks;
- Refining risk management processes;
- Reviewing and updating of the Board risk appetite statement;
- Updating risk key performance indicators;
- Improving the content and presentation of risk management reports;
- Supporting the continuing development of assurance reporting in which risks are effectively reviewed, addressed and controlled through the Board's governance structures;
- Devising and delivering an education and training programme that equips staff with risk management knowledge and skills according to their roles and responsibilities.

The Board considered its risk appetite pre-pandemic in 2019 and a revised risk appetite statement was considered at a Board Development Session in June 2022, with approval by the Board on 26 July 2022.

NHS Fife have applied the risk appetite levels against each of the four strategic priorities within the new Population Health & Wellbeing Strategy, with these now reported within the CRR reports presented to the Standing Committees with an assessment provided against the risk appetite.

While we commend the positive steps taken by NHS Fife for risk management, there is a need for future development of risk appetite to include greater detail on how it will affect Strategy, decision-making, prioritisation, budget setting and organisational focus; the 'so what' question, which is fundamental to making risk appetite real. Risk reporting to Board and Standing Committees does reference risk appetite but as the framework evolves we would expect risk appetite to be overtly reflected, particularly within target scores, when risks are updated and reviewed and for the actions to be taken, where risks are above appetite to be defined. These might include increased monitoring and application of a prioritised action plan in the first instance, but in the longer term we would hope to see risk appetite influencing strategy, budgets and decision-making i.e. investment in areas above appetite would be prioritised over those at or below appetite. Target dates have now been introduced and we would expect these to feature in the deliberations of Committees as they bed in.

Standing Committees are now receiving deep dive reviews on the corporate risks delegated to them. Currently these deep dives provide evidence of the status of the mitigation plan, but require further development on assessing the key controls, actions, assurances. Mitigations are provided but the criticality and effectiveness of these is not always clear.

The CRR will continue to evolve and will be subject to further refinement and development during 2023/24. Areas for enhancement to the process and assurance reporting should include determining which management actions will impact on the target score with success criteria stated, ranking the importance of controls and the effectiveness of implemented controls and assessing the proportionality of further controls required and whether they are sufficient to achieve the target score.

An updated Risk Management Framework and Policy has been in development for some time and an update on progress will be presented to the September 2023 Audit & Risk Committee. In particular, we have highlighted the need for clarity around joint risk management arrangements with the IJB for many

years and whilst principles have been agreed, these are still not formalised within NHS Fife's own arrangements.

Internal Audit have attended the Risk and Opportunities Group and provided input accordingly, with a focus on embedding the assurance principles and sharing best practice from across the FTF client base. Moving into 2023/24 the Risk and Opportunities Group *'will further develop its knowledge and understanding of the new Population Health & Wellbeing Strategy, the Strategic Planning & Resource Allocation process and the Corporate Objectives in order to inform recommendations on changes or additions to the Corporate Risks and the broader organisational risk profile.'*

Action Point Reference 1 - Risk Management Framework

Finding:

While we commend the many positive developments in risk management in recent years, there is room for further development and formalisation of these within an approved Risk Management Framework. In particular, the following areas can be developed further:

- Risk appetite.
- Deep Dives
- KPIs
- Clarification and formalisation of the joint risk management process with Fife IJB

Audit Recommendation:

Risk Appetite

We acknowledge that risk reporting to Board and Standing Committees includes the risk appetite for each risk, we recommend this to include greater detail on how the risk appetite will affect Strategy, decision-making prioritisation, budget setting and organisational focus, with the 'so what' question, which will be fundamental to making risk appetite real.

Deep Dives

We recommend consideration is given to enhancing the process and deep dive assurance reporting as follows:

- Providing further assessment as to which key management actions will impact on the target score with success criteria stated.
- Focusing only on key controls and providing overt assurance and an overt conclusion on the effectiveness of implemented controls.
- Assessing the proportionality of proposed actions and whether they should be sufficient to achieve the target score.

KPIs

We made detailed recommendations on these a number of years ago and these should be implemented so that the ARC has data on which to assess the overall effectiveness of the system of Risk Management.

Integration

The Risk Management Framework should provide a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, sharing of information and provision of assurance consistent with the IJB Risk Management Strategy which has recently been agreed, but not yet presented to NHS Fife.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:	
Management accept there is further work to do to enhance and embed the new arrangements and will take these helpful points forward during 2023/24.	
Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Clinical Governance

Corporate Risks:

Risk 3 – Covid 19 Pandemic – Moderate Risk (12); Target (12) Moderate

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium term.

Risk 9 – Quality & Safety - High Risk (15); Target (10) Moderate

There is a risk that if our governance arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Risk 16 – Off-Site Area Sterilisation and Disinfection Unit Service - Moderate Risk (12); Target (6) Low

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Annual Statement of Assurance

The Clinical Governance Committee (CGC) annual statement of assurance provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year, and provided commentary on a range of key areas and assurance arrangements.

Covid 19 Pandemic

A Deep Dive into this risk was presented to Clinical Governance Committee on 3 March 2023 which described the management actions in place for Population Health protection.

- Achievement and maintenance of high vaccination coverage for risk groups
- Support for vulnerable settings through provision of tailored guidance and infection prevention control advice to prevent outbreaks. This includes healthcare and non-healthcare settings
- Contribution to national surveillance from community and hospital sites

This risk has achieved the target level and actions in place were deemed to provide Substantial Assurance, noting that any significant mutation of the virus would reduce the benefit of management actions and increase the risk to population health.

Clinical Governance Strategic Framework

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023.

The implementation of the delivery plan is to be overseen by the Clinical Governance Oversight Group (CGOG).

Actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance, are progressing and are reported to the Audit & Risk Committee within the Audit Follow Up report. Currently no regular update on progress to address internal audit recommendations is provided to CGOG or CGC and there is no conclusion regarding this in the CGC's annual statement of assurance. This will be considered for all strands of governance as part of the scheduled update to the Audit Follow Up Protocol.

CGC Governance and Assurance

The CGC annual statement of assurance reports that a comprehensive review of workplans and terms of reference of the CGC and Public Health and Wellbeing Committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure.

The Clinical Governance Oversight Group (CGOG) has an agreed Terms of Reference and Workplan. CGOG considered its annual statement of assurance at its April 2023 meeting but unfortunately this was not subsequently presented to CGC. We are advised that this was due to an administrative oversight and the 2023/24 statement is scheduled on the CGC workplan to be presented in March 2024. The CGOG Terms of Reference was to have been reviewed but this slipped, this will be presented to the CGOG on 20 June 2023.

The Clinical Governance Strategic Framework referred to above outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB, although there is little detail on those aspects delegated to the Public Health and Wellbeing Committee.

As per section directly above the actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance are in the process of being implemented with the following remaining to be fully implemented:

- NHS Fife and IJB Risk Management Frameworks, consistent and complementary with each other, to be finalised and approved.
- Clarification of the scope of the IG&SSG in respect to services delegated to the IJB.
- Updates to the CGOG Terms of Reference to include its responsibilities for providing CGC with a regular assurance report as well as copies of minutes from its meetings.
- CGC Terms of Reference to include its responsibility for providing assurance on Information Governance to Fife NHS Board.
- Clarification of the rationale behind the decision of which sub-groups/committees reporting into the CGC required to provide an annual assurance report and statement in a time frame that allows these to be considered by the CGC before it finalises its own annual assurance report and statement and those that provide their annual reports after CGC has concluded on its own statement.
- Update to the CGC workplan to indicate the year annual reports relate to.

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance has provided a nuanced and balanced reflection around reporting on the impact of cessation of treatment/diagnosis, in terms of the impact on patients, future treatment profiles and the risk of additional death and harm without appropriate prioritisation.

We also noted that 8-hour unscheduled care waits are reported within the IPQR section related to the 4-hour emergency access target and commend this as recent research has established a direct link between these waits and increased mortality.

Risk Management

The CGC has considered the risks aligned to it throughout 2022/23. This began with scrutiny of the relevant Board Assurance Frameworks and as the NHS Fife Risk Management processes have evolved CGC now considers the risks aligned to it in the corporate register (see above).

Deep dive information on risks 3 – Covid 19 and 5 – Optimal Clinical Outcomes was presented to the March and May 2023 CGCs respectively. We highlighted in our ICE report (B08/23) that risk 7 – Access to Outpatient, Diagnostic and Treatment Services, aligned to the Finance, Performance and Resources Committee, is also of interest to the CGC. This risk will remain aligned to FPRC but, going forward, it will also be presented to CGOG and CGC for information/assurance. Deep dive information on risk 7 was presented to the FPRC in March 2023.

The rewording of risk 7 to convey the entirety and seriousness of the risk has been agreed by the Director of Acute Services and the revised risk will be presented to FPRC in July 2023. The risk was scored at 16 - High when reported to FP&RC in November 2022 and but had increased to 20 – High by May 2023.

Recommended enhancements to the deep dive process are included within the Corporate Governance section.

Reporting to CGOG on the risk associated with Adult and Child Protection is scheduled in the CGOG 2023/24 Workplan for the 20 June 2023 meeting.

The IPQR has been enhanced to show relevant corporate risk information in all sections including Clinical Governance.

External Review

An activity tracker is presented to each CGOG meeting which shows inspections undertaken by external bodies (eg Healthcare Improvement Scotland (HIS)).

In response to a previous internal audit recommendation a paper was presented to CGOG meeting on 18 April 2023 regarding reviews of services delegated to the IJB undertaken by external bodies (eg the Mental Welfare Commission) that are relevant to NHS Fife Clinical Governance. The CGOG 2023/24 workplan has been updated to have an HSCP inspection update as a standing agenda item.

CGC was also informed that the issues cited in the letter sent to all NHS Scotland Boards from HIS highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections have been considered, an action plan to address the issues has been developed and mock inspections are to be undertaken to confirm that the changes have been implemented.

The Ockenden Report (independent review of maternity services delivered at the Shrewsbury & Telford Hospital NHS Trust) was presented to CGC with assurance that NHS Fife's maternity service had carefully benchmarked its activities against the system-wide recommendations made and had identified areas where action was needed, to help improve the quality and safety of maternity care.

Consideration will be given to conducting an Organisational Learning Group focussed on findings from external bodies and considering whether improvements are required to internal control/assurance mechanisms to ensure that should the issues highlighted recur they would be highlighted to management before an inspection discovers them.

Significant Adverse Events

The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted performance issues regarding the Adverse Events Management Process with only 37% of actions closed within the 90 day expected completion time. The reason for this was stated as being an increase in numbers of SAER/LAERs on top of an existing accumulation of open SAER/LAERs and the action being taken to address this includes a change to the process around the executive review and approval of SAER to reduce the time commitment of review teams and improve efficiency. Adverse events KPIs are now reported to CGOG routinely.

The revised draft Adverse Events Policy (GP/I9) was approved by CGOG on 14 February 2023 and has been published on Stafflink.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2021/22 financial year was presented to Fife NHS Board at their 28 March 2023 meeting. This informed the Board that between 1 April 2021 and 31 March 2022, there were 36 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 36 cases and the lessons learned from these cases as a result.

The SBAR supporting the DoC Annual Report for 2021/22 presented to March 2023 CGC includes an update on DoC activity in 2022/23 to date - 8 confirmed DoC (including 4 tissue viability and 3 falls) with 9 outcomes recorded (7 being an increase in treatment).

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2022/23 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG annual statement of assurance reported that over the year a 98% compliance rate was achieved.

Health and Safety

The 2022/23 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

The assurance also outlines the staffing changes made in year to strengthen the team and that whilst the re-establishment of the Sharps Strategy Group stalled due to continuing pressures on clinical staff, sharps was added as a standing item to the Acute Services & Corporate Directorates Local Partnership Forum meetings, to enhance scrutiny in this area. At the June 2023 meeting of Health & Safety Sub-Committee agreed that a separate Sharps Group does not require to be re-established as it has been integrated effectively into the above meetings.

There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 5 May 2023. A new Head of Resilience appointed in spring 2022 is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation.

The actions to address recommendations from Internal Audit Report B23/22 on Resilience are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (12) Moderate

There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.

12 Staff Health & Wellbeing - High Risk (16); Target (12) Moderate

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

Workforce Planning

B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan submitted to the Scottish Government in July 2022. We concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, the next iteration, which will now be taken forward through the Annual Delivery Plan, requires further development to ensure that it contributes fully to the achievement of NHS Fife's strategic objectives and operational sustainability, and the mitigation of the significant workforce risks facing NHS Fife. Key issues identified were:

- It is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level which appears optimistic in the current circumstances.
- Given the challenges faced across the Health & Social Care Sector, further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled.
- Future iterations through the Annual Delivery Plan should incorporate work being taken forward through the SPRA and there should be greater clarity around financial implications.
- The Workforce Plan covers staff in non-delegated functions and needs to be considered alongside the HSCP Workforce Strategy and Plan. Work should continue to develop the integrated workforce planning approach described in the national guidance which will ensure effective governance and assurance arrangements for NHS Fife staff covered by the IJB's Workforce Plan.
- SMART actions and associated actions derived from the Workforce Action Plan need to be developed and fully reflected in the Annual Delivery Planning process.
- The Terms of Reference of the SGC should be reviewed to include specific focus on the development and delivery of the Workforce Plan, which should be a key element of the SGC's assurance reports to the Board.

The draft report concluded appropriate governance arrangements were in place for the development of the plan. This included a timeline being developed to ensure that it was endorsed by the relevant stakeholders, SGC and the Board before it was finalised for submission to the Scottish Government within the required timescale. Further detail on Internal Audit findings and associated recommendations will be included within the finalised B17/23 Workforce Planning audit report.

Workforce Risks

During 2022/23, the SGC continued to review the Corporate Risks assigned to it, both of which remain high. Due to the level of challenge associated with the workforce, which is associated with both of the Corporate Risks overseen by the SGC, a deep dive review of the operational risk for nursing and midwifery was completed. This included a review of the existing mitigating actions and the inclusion of additional actions. Overall, there remains a significant level of delivery challenge relating to achieving the necessary nursing and midwifery staff levels. Arrangements are in place for completing future deep dive reviews of the Corporate Risks.

Staff Governance Assurances

Arrangements are in place via the SGC Workplan to ensure that it is given assurances on the action taken to enable NHS Fife to comply with the different strands of the Staff Governance Standards. Each strand is also considered by the Acute Services Division & Corporate Directorates local partnership forum and by the HSCP local partnership forum. Annual Reports for each local partnership forum for 2021/22 were presented to the SGC during 2022/23. Consideration of the Staff Health and Wellbeing Framework and further staff reports, provided further detail on the action taken to meet the Staff Governance Standards. This is supplemented, by a summary of the reporting made to the SGC throughout 2022/23 being included in its annual assurance statement.

The above is reporting on the action taken by NHS Fife to comply with the Staff Governance Standards during 2022/23. However, there was no concluding statement at the year-end giving the SGC an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards, detailing what has still to be achieved to fully comply with the standards and the actions being taken forward into 2023/24.

Remuneration Committee

The Remuneration Committee held regular meetings throughout 2022/23. It completed an annual assessment of its performance for 2022/23, with only a small number of minor changes to future performance being required. The SGC completed a review of its terms of reference for 2023/24 at its May 2023 meeting.

Promoting Health and Wellbeing and Appropriately Trained & Developed

Both Personal Development Plan (PDP) and sickness absence statistics are now reported to the SGC as part of the IPQR.

Completed PDP reviews at March 2023 were at 38% and Mandatory Training completion levels at April 2023 at 57%, both well below the target of 80%. New management actions have been agreed and are in place to improve the completion of both during 2023/24.

Sickness absence at March 2023 was 6.76%, with the average for 2022/23 being 6.59%, a downward trend since a peak of 7.86% in December 2022, despite now including Covid-19 sickness absence. Further consideration of actions to reduce the current levels of sickness absence during 2023/24 was recently completed by the EDG in May 2023.

The results of the 2022/23 iMatter survey and the comparative national results were presented to the SGC in January 2023. NHS Fife data were broadly comparable to the national average. The results have been considered by the Area Partnership Forum, with no significant issues reported and arrangements are now being made for the 2023/24 survey.

The Workforce Plan 2022-25 includes an action to consider succession planning for a range of critical roles, including specialist and advanced practitioner roles.


Whistleblowing


Internal Audit report B18/23 on Whistleblowing, which provided reasonable assurance, reviewed Whistleblowing arrangements and found that:

- NHS Fife has introduced arrangements to comply with the Independent National Whistleblowing Officer (INWO) standards.
- Two concerns had been raised at the time of our review and although our review indicated that full efforts were made to conduct the whistleblowing investigations in accordance with the INWO standards, there is an opportunity to improve aspects of the investigation process through review of the manner in which the two concerns raised were investigated.
- Six merits attention recommendations were made to further enhance the implementation of whistleblowing arrangements and the processing and reporting of concerns raised.

Quarterly update reports detailing the steps taken to comply with the National Whistleblowing standards and report on the number of concerns raised within NHS Fife are being presented to the SGC. Assurance has also been provided in the SGC annual assurance statement on compliance with the National standards and progress in processing concerns raised.

The Whistleblowing Champion is a member of the SGC and therefore reviews all whistleblowing assurance provided to the SGC, including that within the committee's annual assurance statement. However, based on the important oversight role of the Whistleblowing Champion, it is viewed as more appropriate by Internal Audit that in future an overt statement is included within the SGC annual assurance statement specifically from the Whistleblowing Champion giving their opinion on the adequacy of NHS Fife's whistleblowing arrangements. An Annual Whistleblowing Report for 2022/23 has still to be prepared and it should include a similar statement from the Whistleblowing Champion.

Action Point Reference 2 - Staff Governance Standards	
Finding:	
<p>There has been positive reporting to the SGC on the action taken within NHS Fife to comply with the SGCs during 2022/23. However, this would be further enhanced by a concluding statement being provided to the SGC at the year-end giving it an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards and detailing what still had to be achieved to fully comply with the standards and was being taken forward as actions into 2023/24.</p>	
Audit Recommendation:	
<p>To evidence that NHS Fife is fully considering its compliance with the different strands of the Staff Governance Standards and is following a predetermined plan, a separate paper should be scheduled into the SGC 2023/24 workplan to provide specific year-end feedback on:</p> <ul style="list-style-type: none"> • The action taken on each strand of the Staff Governance Standards during 2023/24. • Reflection on how successfully and effectively these have been implemented. • What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. <p>The above feedback should form a key element of the SGC Annual Report</p>	
Assessment of Risk:	
<p>Merits attention</p>	 <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>I am content with the audit findings and although we already prepare and end of year summary for staff governance and agree a work plan for the following year with the chair and committee, this could be amended to take into account the points raised by the audit findings.</p>	
Action by:	Action by:
Director of Workforce	March 2024

Action Point Reference 3 - Whistleblowing	
Finding:	
<p>The B08/23 ICE review contained an agreed recommendation that SGC Annual Statement of Assurance should provide an overt opinion on the adequacy of NHS Fife’s whistleblowing process and include a concluding statement from the Whistleblowing Champion. Whilst details were included in 2022/23 SGC Annual Statement of Assurance on the implementation of whistleblowing arrangements within the previous year, but there was no overt assurance from the Whistleblowing Champion on the adequacy and effectiveness of NHS Fife’s whistleblowing arrangements.</p>	
Audit Recommendation:	
<p>In future the SGC Annual Assurance Statement should include a statement confirming the Whistleblowing Champion’s opinion on the adequacy NHS Fife’s whistleblowing arrangements.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<div style="display: flex; align-items: center; justify-content: center;">  <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p> </div>
Management Response/Action:	
<p>The opportunity to learn lessons from the experience of working with the whistleblowing standards is a key feature of how we ensure the development of our open culture in Fife. It is recognised that over the course of implementation of the whistleblowing standards, lessons learned have identified further improvements we can make with our concern handling. We have created an action plan showing specific areas where improvement can be achieved.</p>	
Action by:	Action by:
Director of Workforce	March 2024

Financial Governance

Corporate Risks:

13 Delivery of a balanced in-year financial position – High Risk (16); Target (12) Moderate

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government.

14 Delivery of recurring financial balance over the medium-term - High Risk (16); Target (12) Moderate

There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium term.

15 Prioritisation & Management of Capital Funding - Moderate Risk (12); Target (8) Low

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Financial Performance

The draft financial outturn position to 31 March 2023, subject to external audit review, was:

- A break even position against Revenue Resource Limit (£908.757m) after brokerage of £9.738m
- A break-even position against the core Capital Resources Limit (CRL) of £30.709 million
- 2022/23 savings delivered of £9.8 million of which £3.0 million (32%) were recurring

The draft year-end figures for the HSCP was breakeven for Health delegated.

Finance reporting to Board and FPRC has been transparent and open and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board. Papers presented highlighted the many risks to the achievement of the target deficit budget position of £10.4m, although additional Scottish Government allocations received late in the financial year and confirmation of brokerage from Scottish Government allowed NHS Fife to achieve its original financial planned deficit level.

Medium-Term Financial Plan

The Scottish Government issued formal guidance on financial planning covering the financial years 2023/24 to 2025/26 with final plans to be submitted to the Scottish Government by 16 March 2023. The guidance required Boards that are currently unable to deliver financial balance in 2022-23 without support from the Scottish Government, to develop a Financial Recovery Plan to demonstrate how balance will be achieved within three years.

Following discussions and agreement with the Scottish Government, NHS Fife has developed a 5-year plan on the basis that it provides a more realistic and credible timescale within which NHS Fife can achieve financial sustainability and commence brokerage repayments for the financial support received in the years 2022/25.

The Medium-Term Financial Plan was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. The Medium-Term Financial Plan provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted and presenting a range of potential scenarios which demonstrate the impact of changes to key parameters.

One key additional factor which will need to be taken into account, when assessing financial risk, is the availability of funds for brokerage across the whole of NHS Scotland. We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Government's financial situation as set out with its own medium term financial plan. Whilst NHS Fife's cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed. NHS Fife should monitor this risk and have contingency plans in place; the impact of a sudden, unplanned unavailability of brokerage could impact on service provision.

Very recent (post-audit) confirmation of additional recurring funding to take the Board close to NRAC parity and also non-recurring funding for new medicines will impact positively on the medium-term financial plan. This is currently being reviewed by the Director of Finance & Strategy.

Over the years NHS Fife has not always been successful at achieving its efficiency targets and most savings have been non-recurrent, with a particular reliance on financial flexibility. The 5 year plan highlights that NHS Fife will need to achieve £15m of recurrent savings each year for the next 5 years, which greatly exceeds any previous performance.

The Scottish Government's formal response to NHS Fife's Medium-Term Financial Plan was received on 31 March 2023 and has not yet been presented to the FPRC, expects the following actions by 30 June 2023:

- To provide an update on progress against actions set out in your financial recovery plan, including the work carried out in collaboration with your IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- To focus on addressing Covid-19 legacy costs, including additional bed capacity.

Whilst NHS Fife's financial governance arrangements are robust, they are operating within a system facing severe pressures and one in which resource allocation and organisational focus were understandably prioritised towards the Covid 19 response. As the environment has become more difficult, risks have increased and therefore existing controls may not be sufficiently resilient to substantially mitigate the new and increased pressures.

The NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year. In particular, it should understand the staff resource and cultural changes which will ensure that this area is given the required priority, which will be particularly challenging in a difficult operating environment and one in which NHS Fife is subject to potentially conflicting priorities from the Scottish Government.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. NHS Fife has already begun to demonstrate the necessary shift in culture required to adapt to this change, for example through its approach to agency costs, but this will require leadership from the Board itself who

should ensure that financial sustainability is at the heart of decision making and support officers when they are required to make difficult decisions.

Efficiency Savings

For 2022/23 the NHS Fife Financial Plan included an overall savings target of £11.7m. As at 31 March 2023, NHS Fife delivered £9.8m against the cost improvement programme of £11.7m, with only £3.0m (32%) of savings recurrent.

For 2023/24, a 3% cost improvement target was applied across NHS Fife's core revenue resource limit which includes the funds delegated to the Fife HSCP. A cost improvement target of £4.6m will be delegated to the partnership and the remaining £15m will be the responsibility of Health Board retained services to deliver each year for the next 5 years.

Key areas of the 2023/24 cost improvement plans are agency staff (£10m) and surge capacity (£5m).

As stated in B08/23 ICE - savings identified within the Financial Improvement and Sustainability Programme are mainly operational rather than strategic, although the NHS Fife Population Health and Wellbeing Strategy does state that *'The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.'* We strongly agree with this assessment and it is vital that the delivery of this aspect of the PHWS is monitored, encouraged and supported to ensure that the identification of priority areas and disinvestment opportunities proceeds at pace, with full engagement with the Board and that clear linkages to detailed savings and transformation programmes are established as soon as possible.

Property Asset Management, Net Zero and Capital Risk

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting. For 2022/23 NHS Fife achieved its Capital Resource Limit (CRL) financial target, subject to external audit.

An interim update Property and Asset Management Strategy (PAMS) was endorsed by the FPRC and approved by the NHS Fife Board in September 2022. The PAMS is clear on its role as an enabling strategy as part of the Population Health and Wellbeing Strategy.

The Estates, Facilities and Capital Planning SPRA process has identified short and long term strategic priorities, which have been included in the PAMS as an action plan against which progress will be reported to the Fife Capital Investment Group and the FPRC.

The Scottish Government have advised that NHS Boards will not be asked to submit a PAMS but instead will require a 'Whole System Plan' setting out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans. There has been no formal guidance issued other than NHS Fife should have a programme Initial Agreement to identify relevant priorities.

Following the publication of the PHWS, NHS Fife intend to:

- Publish a PAMS (or local equivalent) document annually as a supporting strategy to the PHWS
- Adopt a more "whole system approach" which will include: -
 - The primary care premises strategy.
 - Master plans for VHK/QMH.
 - Details of any gaps including the Community Hospitals Strategy.

- Re-iteration of priorities including Mental Health Inpatients, Kincardine & Lochgelly wellbeing hubs and refurbishment programme for Acute in Dunfermline/Kirkcaldy.

The FPRC have not yet been formally informed of this approach, although a workshop on whole system working held at Fife Capital Investment Group in January 2023, included a wide range of stakeholders and the notes of the workshop were presented to the March 2023 FPRC.

The Medium-Term Financial Plan stated that during 2022-23 NHS Fife secured grant funding and took forward a significant energy saving project which reduced energy consumption by 7% as well as its carbon footprint. Going forward, NHS Fife plans to continue this agenda by investing savings from energy efficiencies to recruit staff to progress the Climate Emergency and Sustainable Development Policy including agreed Net Zero Commitments, although the associated costs have never been reported to the FPRC or considered overtly within the relevant risk.

The PHWS reflects Climate Change throughout, and there is now a relevant section in the Annual Delivery Plan for 2023-24. The Public Health and Well Being Committee receive the risk reports on Corporate Risk 4 - Policy obligations in relation to environmental management and climate change. However, the risk does not include any consideration of the associated financial costs, which are likely to be considerable.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre was delivered broadly in line with the revised budget, which reflected increases for staff costs which were approved by the SG. The Fife Elective Orthopaedic Centre was formally opened by the then First Minister of Scotland on 27 March 2023.

The FPRC receives regular reports on the Corporate Risk 15 - Prioritisation & Management of Capital Funding. A deep dive is scheduled for this risk to the July FPRC meeting. As a minimum we would expect that the impact of Net Zero and the 'whole system plan' are prominent in the consideration of this risk.

Finance Risk Reporting

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer term financial plan. These risks were first reported to the FPRC at the 15 November 2022 meeting.

The risk reporting process will continue to evolve over the coming months, in particular developing a model that allows for provisions of appropriate levels of assurance. This to include a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles. This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a Committee. As noted above, the financial sustainability risk should include specific reference to the potential that the anticipated brokerage funding may not be available in full. In addition, controls and actions should overtly reflect any changes in culture required, capacity and capability within the organisation to deliver the expected levels of savings in addition to business as usual, and the key actions to follow from the production of the PHWS in terms of prioritisation and service change.

Action Point Reference 4 –Capacity and Capability

Finding:

NHS Fife will need to deliver unprecedented savings, simply to deliver a predicted £35m cumulative overspend in 3 years with financial balance to be achieved after year 5. Although risks have been well set out, there are two key aspects which need to be considered and over which assurance should be provided:

- a) The plan relies on delivering £15m of recurrent savings each year, which is significantly above those achieved by NHS Fife in previous years
- b) The plan is contingent on the Scottish Government having the funds available to provide £35m brokerage by year three.

Audit Recommendation:

NHS Fife should present a financial sustainability action plan to the FPRC and Board which demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation. This should include, *inter alia*:

- A clear process and timetable for the setting and implementation of organisation priorities, a clear methodology for agreeing areas for de-prioritisation and a robust process for identifying and delivering service change, all linked overtly to the required savings
- The process for formal monitoring of operational and strategic savings programmes
- Provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both on the short and longer term
- A clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

There is an agreed medium-term financial plan which clearly sets out the level of challenge the organisation is facing. There is also a well-established FIS Programme which challenges, monitors and reports on in-year progress in delivering the savings required. Our efforts are on reviewing our 3 focus areas for 2023/24 and growing a pipeline for further opportunities across a number of key areas including Bank & Agency, Surge, Medicines Optimisation, Property & Infrastructure, Corporate Overheads and major contract reviews. We have successfully lobbied for more equitable NRAC parity

allocation which will significantly reduce the original £35m.

We have also agreed with the CE and Chair that in addition to the IPQR we will commence specific reporting on Financial Performance and Sustainability through FPRC and the Board which we hope to start in summer 2023. This will further support the level of transparency, scrutiny and challenge required over the coming years.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Action Point Reference 5 –Scottish Government Brokerage

Finding:

We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Governments overall projected deficit. Whilst NHS Fife’s cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, and it is likely that this will be further reduced by the receipt of significant new funding very recently, there is still a possibility that brokerage might be necessary and the availability of any required level of funding may not be guaranteed, dependent on circumstances.

Audit Recommendation:

NHS Fife should record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Following the very recent additional funding announcement, we are in the process of reviewing and revising the MTFP. Once completed we will report the revised position to the EDG and Board, and be cognisant of this risk.

Action by:

Date of expected completion:

Director of Finance and Strategy

30 September 2023

Digital and Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 - Digital & Information (D&I) - High Risk (15); Target (15) High

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Actions to Address Recommendations made in Previous ICE and Internal Audit Annual Reports

The following recommendations have been completed or in progress:

- Assurance reporting regarding the review status of Information Governance & Security (IG&S) Policies and Procedures is now in place and two key policies that had lapsed review dates have been reviewed, updated and published on Stafflink.
- The Clinical Governance Committee has been updated on the implementation of the Digital and Information Strategy including the risk that that elements of the strategy will no longer be delivered within the original timeframe of the strategy.
- The revised reporting format described in the section below, based on the Information Commissioner’s Office Assurance Framework (ICOAF) and Scottish Public Sector Cyber Resilience Framework (SPSCRF) mapping exercise, has been communicated to Scottish Government as an example of a more streamlined approach to assurance that could be implemented across Scotland.
- Improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board’s Governance Statement
- The Digital & Information (D&I) Workforce Plan is not yet included as a mitigation to the D&I Strategy Risk recorded on the Corporate Risk Register but we are advised that it will be in its next iteration.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been consistent throughout the year. Both groups provided update reports to the CGC during the year and Annual Assurance Reports/Statements at year-end.

Reporting to IG&SSG has been refreshed during 2022/23 following a mapping exercise of the controls required by the ICOAF and the SPSCRF (which incorporates the controls required by the Network & Information Systems Regulations (NISR). The first report prepared on this basis was presented to IG&SSG on 11 April 2023 and is titled ‘Information Governance & Security Accountability and Assurance Framework (IG&SAAF)’. The content of the report includes an executive summary, including performance measures and a risk management summary, and performance assessment reports split

across 10 categories linked to the ICOAF & SPSCRF. The report is a work in progress with data still to be added for some categories, for example subject access requests in some localities and training compliance, but is to be continually improved and will be used for assurance to various audiences going forward including the ICO and Competent Authority auditors. This new method of reporting incorporates the assurance previously reported in the Activity Tracker and Key Measures reports which have been superseded by the IG&SAAF.

Digital and Information Strategy

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted ongoing challenges to delivery including financial constraints and has informed members that continual prioritisation of business cases and work packages is being undertaken to ensure maximum return on investment is achieved. CGC have been informed that this prioritisation will continue over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (eg National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

The development of the next D&I Strategy should include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale.

Risk Management

Risk reports were presented to each IG&SSG and D&IB meeting in 2022/23 including visualisation of the risk profile. Analysis on highest ranked risks (deep dives) provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. During the period, IG&SSG noted that 9 risks improved their rating, 1 risk deteriorated during the period, 3 equalled their target risk rating and moved to a status of monitoring and 5 risks were closed whilst D&IB noted that 15 risks improved their rating, 5 moved to the target risk rating and moved to a status of monitoring and 4 risk were closed.

An IG&S Risk Management Framework was presented to IG&SSG in 2022/23. This included a risk appetite and tolerance matrix with 7 tolerance categories and was approved by IG&SSG at their April 2023 meeting.

A deep dive was presented to CGC in January 2023 regarding corporate risk 18 - Digital & Information (Finance). This listed the root causes of the risk as follows:

- Lack of financial feasibility assessment when D&I Strategy (2019-24) was written
- Historic investment in digital capability has not considered the total cost of ownership
- Digital response to the pandemic increased number of digital capabilities and infrastructure being introduced
- scale and number of nationally mandated programmes that are not fully funded
- Legacy and fragile systems are allowed to consume resource and money to run and operate as they are considered clinically important or too costly to replace

These issues are in line with Internal Audit understanding and the risk rating of high (15) and conclusions on actions to reduce this in future appear reasonable.

The SBAR supporting the deep dive stated that *'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'*. The CGC noted this risk continues to be high, and that the action plan will support reducing the level of risk.

External Review

Competent Authority NISR Audit

The results of the NISR audit by the Competent Authority were reported to IG&SSG at its 6 July 2022. This scored NHS Fife as 76% compliant which is an improvement on 2021 (69%) and 2020 (53%). The Competent Authority will undertake their next audit of NHS Fife in August 2023, which will incorporate elements of the new Cyber Resilience Framework.

ICO Accountability Framework

The audit was focussed on Governance & Accountability and Data Sharing i.e. *'The extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation'*.

The draft ICO report was presented to April 2023 IG&SSG and graded NHS Fife as 'Reasonable' – *'There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance'*. The audit identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation. There are twelve high, 8 medium and 3 low priority recommendations with none 'urgent'. The final report from the ICO contained no substantial changes and an action plan to address the recommendations included in the report is being developed with an activity tracker to be presented to IG&SSG to monitor progress of implementation of the actions.

Keeper of the Records of Scotland

The response from the Keeper of the Records of Scotland to NHS Fife Records Management Plan was presented to IG&SSG in October 2022 and to CGC in January 2023. The Keeper acknowledged that the Records Management Plan set out proper arrangements for the management of NHS Fife's public records and noted the improvement activities necessary in Business Classification and Audit Trail.

Digital Maturity Assessment

A paper on the forthcoming Organisational Digital Maturity Assessment, required by Scottish Government as part of NHS Fife's Annual Delivery Plan, was presented to D&I Board on 19 April 2023 and to EDG on 4 May 2023. The paper was also presented to Health & Social Care Senior Leadership Team in April 2023.

Information Governance Incidents

Through the year, 14 incidents were reported to the ICO, the same number as the previous year, of which, 8 (71%) were reported within the 72-hour requirement, 10 did not require any further follow up and 4 are unconfirmed.

As per the Audit Follow Up section above, improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board's Governance Statement (Rec10 from B08/23 - ICE).

Action Point Reference 6 – D&I Strategy

Finding:

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted the ongoing challenges to delivery including financial constraints, that this prioritisation will continue to be required over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (e.g. National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

Audit Recommendation:

NHS Fife should identify and report to the CGC on those elements of the 2019-2024 D&I Strategy which will not be delivered by 31 March 2024 stating the impact upon NHS Fife’s strategic ambitions and how this is being addressed in the next D&I Strategy.

The development of the next D&I Strategy should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The recommendation will feature in reporting to CGC for their July 2023 and January 2024 meetings.

The creation of a revised D&I Strategy will include at the outset a resourcing and financial assessment to support the likelihood of delivery. These items will be reported to the D&I Board and through reporting to CGC during 2023/24, with final evidence being shown on the publication of the D&I Strategy in July 2023.

Action by:

Date of expected completion:

Associate Director of Digital and Information





31 July 2024



Key Performance Indicators



Planning	Target	2021/22	2022/23
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented May 2022	Draft presented June 2023
Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	Presented Audit & Risk Committee – June 2023
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	100%
Efficiency			
Draft reports issued by target date	75%	67%	57%
Responses received from client within timescale defined in reporting protocol	75%	100%	80%
Final reports presented to target Audit & Risk Committee	75%	67%	57%
Number of days delivered against plan	100% at year-end	67%	90%
Number of audits delivered to planned number of days (within 10%)	75%	91%	79%
Skill mix	50%	80%	88%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk



To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	One Point 4
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Three Points 1, 5 & 6
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Two Points 2 & 3

ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Committee Assurances</p> <p>a. the Board’s action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings</p> <p>b. risk section within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences</p> <p>c. SBARs on Policy updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and comparison of the two Action Lists shows that it is being updated between meetings.</p> <p>b. A sample of SBARs presented to Fife NHS Board and its Standing Committees in March 2023, were checked and although there is some evidence of links to relevant risks being quoted conclusions regarding the impact of the papers the SBARs are supporting on the risks is not being included. A further review of the SBAR template to strengthen the guidance in this section is to be undertaken and will look to illustrate this with an exemplar to help guide paper authors. This will be completed by the end of June validation date.</p> <p>c. The update on General Policies and Procedures presented to FP&RC on 9 May 2023 includes reference to risk assessments being required for lapsed policies. The new process (storing policies exclusively on the Board’s internet website) will significantly reduce the risk of superseded policies remaining accessible to staff. This is included in the update to FPRC on 9 May 2023.</p>	 <p>On track</p>
<p>2. Risk Management</p> <p>a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee</p> <p>b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when</p>	<p>a. KPIs for Risk Management are still being updated and a date for presentation to A&RC has not yet been agreed.</p> <p>b. The Corporate Risk Register presented to Audit & Risk Committee on 15 March 2023</p>	 <p>Minor slippage on agreed timelines</p>

<p>risks are updated and reviewed.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 June 2023.</p>	<p>includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.</p>	
<p>3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board</p> <p>a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion</p> <p>b. Reporting on risk associated with Adult and Child Protection to the CGOG.</p> <p>Action Owner: Director of Health and Social Care Partnerships</p> <p>Original target implementation dates a - 30 April 2023 & b – 31 July 2023.</p>	<p>a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan.</p> <p>b. Report scheduled for the CGOG meeting on 20 June 2023 on its 2023/24 workplan.</p>	 <p>On track</p>
<p>4. Clinical Governance Strategic Framework & Clinical Governance Risk Management</p> <p>a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval</p> <p>b. Adult and Child Protection and the latest guidance (Scottish Government’s NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework</p> <p>c. The Terms of Reference for the Clinical Governance Oversight Group to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made</p> <p>d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors</p> <p>e. Minutes of Organisational Learning Group meetings to be routinely presented to the Clinical Governance</p>	<p>a. The CGSF was approved by Fife NHS Board on 28 March 2023.</p> <p>b. The 2023/24 CGSF Workplan is in development and will be presented to CGOG for approval in June 2023</p> <p>c. CGOG Terms of Reference was to have been reviewed prior to its last meeting but this slipped, and the ToR is currently being reviewed. Consideration will be given to adding a responsibility for CGOG to receive assurance confirming appropriate action is being taken to address recommendations made in reports by external regulators/auditors on clinical areas in NHS Fife and services delegated to the IJB.</p> <p>d. There have not been many inspections undertaken recently but consideration will be given to conducting an OLG focussed on findings from external bodies and considering whether improvements are required to</p>	 <p>On track</p>

<p>Oversight Group</p> <ul style="list-style-type: none"> f. The description of risk 7 on the corporate risk register to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg changing the 'could' in 'This time delay could impact clinical outcomes for the population of Fife' to 'will'). and the scoring of this risk to be revised to take account of the related performance information g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place. h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the Clinical Governance Committee i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the Clinical Governance Committee. <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 August 2023.</p>	<ul style="list-style-type: none"> e. Meetings have been held recently but these have been of an informal nature and concerned with setting up the group and understanding its role. A formal meeting will take place shortly and the minutes of the meeting will be presented to CGOG prior to 31 August 2023. f. The rewording of CRR 7 has been agreed by the Director of Acute Services. The reworded risk will be presented to FPRC on 11 July 2023. Therefore on track for 31 August 2023 target. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk was scored at 16 High when reported to FP&RC in November 2022 and is reported as 20 High to FPRC in May 2023. g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023. The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023. h. The alignment of risk 7 is to continue to be to FPRC but it will be presented to CGOG and CGC for information/assurance going forward. This will take place prior to 31 August 2023. i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events 	
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	Management Process and the action being taken to address this.	
<p>10 IG Incident Reporting to CGC</p> <ul style="list-style-type: none"> The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including: <ul style="list-style-type: none"> Reasons for any instances of non-compliance with the 72 hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board’s Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 October 2023</p>	<p>IG&SSG Update to CGC on 3 March 2023 – Item 9.1 - Summary of Incident Reporting in the period including assurance that they all complied with the 72 hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board’s Governance statement. This is to be included in the update presented to CGC on 8 September 2023.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11 D&I Strategy Risk</p> <ul style="list-style-type: none"> D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 July 2023</p>	<p>The CRR extract presented to CGC on 3 March 2023 (Item 6.3) does not include the D&I Workforce Plan as a mitigation to risk 18 – D&I Strategy as was required by the recommendation. This is to be included in the update to CGC on 7 July 2023.</p>	 <p>Minor slippage on agreed timelines</p>

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 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

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 and Person Centred

2. Report Summary

2.1 Situation

This is the fifth cycle of reporting on the corporate risks aligned to this Committee. This paper provides an update on the current risk status since the last report on 15 May 2023.

The Committee is invited to:

- Note the Corporate Risk detail as at 16 June 2023 at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Identify the deep dive review to be prepared for the next Committee

2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

NHS Fife Strategic Risk Profile

As previously reported, the overall Strategic Risk Profile contains 18 risks.

- No risks have been closed.
- No new risks have been identified.
- No changes have been made to risk levels

The Committee is asked to note, that as previously reported, the majority of the risks remain outwith risk appetite; this reflects the current organisational context and the ongoing challenges across all areas of service delivery.

The updated Strategic Risk Profile is provided at Table 1 below.



Table 1

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	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	13	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25	▲		Improved - Risk Decreased			
Moderate Risk	8 - 12	◀▶		No Change			
Low Risk	4 - 6	▼		Deteriorated - Risk Increased			
Very Low Risk	1 - 3						

Details of the risks aligned to this Committee are summarised in Table 2 below and at

Risks aligned to the Public Health and Wellbeing Committee

Table 2

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	1 2 - -	◀▶	<ul style="list-style-type: none"> 1 - Population Health and Wellbeing Strategy 2 - Health Inequalities 4 - Policy Obligations in Relation to Environmental Management and Climate Change 	Risk 1 - mitigations updated
 To improve the quality of health and care services	1 - - -	◀▶	<ul style="list-style-type: none"> 10 - Primary Care Services 	Risk 10 - proposed description change and mitigations updated

Key Updates

Risk Description

The Committee is asked to note the following changes:

Risk 10 - Primary Care Services

It is proposed that the risk description be amended *from*:

“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” *to*:

“There is a risk that due to a combination of **unmet need across health and social care as a result of the pandemic, increasing** demand on services, workforce availability, **funding challenges, adequate sufficient premises** and overall resourcing of Primary Care **services**, it may not be possible to deliver sustainable quality services to the population of Fife into the **short, medium and longer term.**”

Current Risk Rating and / or Level

No changes.

Risk Target

Further to the previous report to the Committee, risk targets are now set at the most appropriate and realistic date rather than fixed at year end.

As part of their review, risk owners were asked to consider the current and target risk scores to ensure these realistically reflect the risks, and the extent to which these can be mitigated towards target in the current climate. Details are reflected in Appendix 1.

Deep Dive Reviews

Deep dives will continue to be commissioned for specific risks via the following routes:

- Governance Committees
- Executive Directors' Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations into EDG

It was agreed that a Deep Dive review of the Population Health and Wellbeing Strategy risk should be provided for the Committee's attention on 3 July 2023. The Review is provided as a separate paper.

Future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members.

Next Steps

Risk Assurance Levels

At the inception of reporting on the corporate risks to the governance committees, it was recognised that the risks and the associated 'assurance framework' would evolve. It was agreed that it would be appropriate to take stock after three to four reporting cycles, allowing time for the new approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

The ROG has developed the assurance component around the corporate risks and explored a model that allows provision of appropriate levels of assurance. This includes a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation (Appendix 2). This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a committee. The model will be subject to ongoing review and development, with guidance produced to support effective implementation.

The Corporate Risk Register will continue to be updated appropriately to match the committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of Committee feedback and use this to enhance future reports.

Connecting to Key Strategic Workstreams

The ROG will continue to develop its role in considering emergent risks and opportunities arising in particular, from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process, and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks.

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 NHS Fife to manage, specifically, Corporate Risk 4 'Policy obligations in relation to environmental management and climate change' which is aligned to this Committee.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement, with key stakeholders.

2.3.8 Route to the Meeting

- Nicky Connor, Director of Health & Social Care on 27 June 2023
- Neil McCormick, Director of Property & Asset Management on 27 June 2023
- Margo McGurk, Director of Finance & Strategy on 27 June 2023
- Dr Chris McKenna, Medical Director on 27 June 2023
- Carol Potter, Chief Executive on 27 June 2023
- Dr Joy Tomlinson, Director of Public Health on 27 June 2023

2.4 Recommendation

- **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 & Wellbeing Committee as at 16 June 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 16 June 2023**

	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (HIGH)	Risk Owner	Primary Committee
1	<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. The focus now will be on developing and delivering against an agreed set of outcomes for 2023/24. This is in the context that the management of this specific risk will span a number of financial years.</p> <p>We are now preparing the 3-year Medium Term Plan which flows from our strategy for submission to Scottish Government in July 2023.</p> <p>A Deep Dive Review will be provided for the Committee in July 2023.</p>	Mod 12	Mod 12 by 31/03/24	◀▶	Below	Chief Executive	Public Health & Wellbeing
2	<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p>	High 20	Mod 10	◀▶	Within	Director of Public Health	Public Health & Wellbeing

	<p>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 Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>A Deep Dive into risk was presented to the March 2023 meeting of PHWC.</p>						
4	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the</p>	<p>Robust governance arrangements remain 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 June 2023 respectively.</p> <p>The board report* which was required by the end of January 2023,</p>	Mod 12	Mod 10	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

	Global Climate Emergency and Sustainable Development, Nov 2021.'	as per policy DL38, has been completed and published on the NHS Fife website, via EDG, and PHWC, and sent to Scottish Government (SG). These* will form part of the Annual Delivery Plan. Mechanics and timescales still to be defined. Resource in the sustainability team has increased by 1 FTE via external funding for 12 months.						
	Risk	Mitigation	Risk Level / Rating	Target Risk Level & Rating by date	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee
10	Primary Care Services There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and	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	High 16	Mod 12 (3 x4) by 31/03/24	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing

	<p>overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife into the short, medium and longer term.</p>	<p>improving patient care for the population of Fife.</p> <p>A Primary Care Strategy is in development and is at final draft stage; it was presented to commissioners for discussion and support in February 2023 and will be taken through committees for approval by July 2023.</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP.</p> <p>The refreshed PCIP for 23/24 will be progressed via committees for approval in July 2023. This refreshed PCIP will take into account the further guidance from SG and BMA received in April. The progress with the current programme will continue.</p> <p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be completed as part of the refreshed PCIP.</p>							
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		<p>A review of models of care incorporating the learning from the pandemic is closed. The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for P&PC will be completed by July 2023.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p> <p>A Deep Dive review was presented to the PHWC meeting on 15 May 2023.</p>						
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Risk Movement Key

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

Assurance Principles

General Questions:			
<ul style="list-style-type: none"> Does the risk description fully explain the nature and impact of the risk? Do the current controls match the stated risk? How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly? Will further actions bring the risk down to the planned/target level? Does the assurance you receive tell you how controls are performing? Are we investing in areas of high risk instead of those that are already well-controlled? Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk? 			
Specific Questions when analysing a risk delegated to the committee in detail:			
<ul style="list-style-type: none"> History of the risk (when was it opened) – has it moved towards target at any point? Is there a valid reason given for the current score? 			
<ul style="list-style-type: none"> 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? 			
<ul style="list-style-type: none"> 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? 			
<ul style="list-style-type: none"> Assessing Controls <ul style="list-style-type: none"> Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? Overall, do the controls look as if they are applying the level of risk mitigation stated? Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided? 			
<ul style="list-style-type: none"> Assessing Actions – as controls but accepting that there is necessarily more uncertainty <ul style="list-style-type: none"> Are they on track to be delivered? Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? Are they likely to be sufficient to bring the risk down to the target score? 			
<ul style="list-style-type: none"> Assess Assurances: <ul style="list-style-type: none"> Do they actually relate to the listed controls and actions (surprisingly often they don't)? Do they provide relevant, reliable and sufficient evidence either individually or in composite? Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> the control is working action is being implemented the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> 1st line – management/performance/data trends? 2nd line – oversight / compliance / audits? 3rd line – internal audit and/or external audit reports/external assessments? 			
Level of Assurance:			
Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or

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 Escalation
Recording
- Scrutiny or risk delegated to Committee

Year End Report

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

Meeting:	Public Health and Wellbeing Committee
Meeting date:	Monday 3 July 2023
Title:	Deep Dive: Population Health and Wellbeing Strategy
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Discussion
- Assurance

This report relates to:

- Population Health and Wellbeing Corporate Risk

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This paper is brought as part of the deep dive review of corporate risks by the Public Health and Wellbeing Committee. It provides an update and deep dive of the Population Health and Wellbeing Corporate Risk.

2.2 Background

The Board has a high risk appetite for the strategic priority of improving health and wellbeing and a moderate risk appetite for the remaining three strategic priorities.

The strategy was the subject of two Board development days, the most recent of which was held on 28th February 2023. The Board formally approved the Population Health and Wellbeing Strategy on 28th March 2023.

The Deep Dive template is intended to prompt scrutiny and discussion around the level of assurance provided on corporate risks and their management, including the effectiveness of mitigations in terms of:

- Relevance
- Proportionality
- Reliability
- Sufficiency





This Deep Dive examines risks which could impact on delivery of the ambitions within the strategy and actions underway or planned which will mitigate the impact.

2.3 Assessment

The corporate risk associated with the implementation of the Population Health and Wellbeing Strategy has been further analysed through a risk deep dive.

There has been ongoing risk assessment throughout the development of the strategy. Regular papers and updates have been shared with the NHS Fife Portfolio Board, the Board Governance Committees, the Area Partnership Forum and the Area Clinical Forum.

It is recognised that the strategy will need to respond to emergent pressures and priorities. The Deep Dive review highlights external and internal factors which have potential to impact on success. This section provides details of the root causes of the risk and management actions associated with the required mitigations.

Corporate Risk Title	Population Health and Wellbeing Strategy			
Strategic Priority	<p>In the NHS Fife Corporate Risk Register the population Health and Wellbeing Strategy is aligned to strategic priority one (to improve health and wellbeing). However, in practice, the strategy covers all of NHS Fife’s strategic priorities which are to:</p> <ol style="list-style-type: none"> 1. Improve health and wellbeing 2. Improve the quality of health and care services 3. Improve staff experience and wellbeing 4. Deliver value and sustainability <p>Each strategic priority has identified ambitions which describe a high-level vision for each priority over the strategy period. The priorities alongside these ambitions have been considered as part of this deep dive analysis.</p>			
Risk Appetite	High			
Level of Risk Assurance	Substantial Assurance 	Reasonable Assurance 	Limited Assurance 	No Assurance 

Confirm Assurance Level			Yes	
Risk Description	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.			
Root Cause (s)	<p>The NHS Fife Population Health and Wellbeing strategy outlines how NHS Fife will work towards improving population health and wellbeing over the period 2023-28. It outlines the known drivers for change and summarises the wider context for the delivery of this work. Examples include: the ongoing recovery from Covid-19, an ageing population, health inequalities, responding to the climate emergency and the need to work towards financial sustainability of health and care services. These drivers for change represent risks to the achievement and delivery of the ambitions of the strategy.</p> <p>Through examining this wider strategic environment, the following root causes for the risk have been identified:</p> <ul style="list-style-type: none"> • Increasing demand • Workforce • Finance • Alignment of our work • Assurance • Engagement <p>Each of the root causes associated with the delivery of the strategy is also captured within named risks included in the NHS Fife Corporate Risk Register. It is also important to note that there may be further external risks and root causes that could impact on delivery of the ambitions set out within the population health and wellbeing strategy. However, it is only the work that is directly in the scope of NHS Fife that has been considered as part of this deep dive.</p> <p>In addition to the identification of the root causes detailed above, further analysis has been carried out to review the general root causes above against the ambitions of each strategic priority within the strategy. This has shown that whilst not all root causes apply equally to of our ambitions, the majority could be impacted by one or more of the identified root causes described. This highlights the complexity and scale of the risk associated with the delivery of the strategy. More information is shown in appendix one.</p>			
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood -	Consequence -	Level 12 (Moderate)	
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood -	Consequence -	Level 12 (Moderate) Target Date 31/03/24	
Management Actions				
The Deep Dive approach for this risk was discussed by the Executive Director Group at their meeting on 22nd June 2023. Directors noted that the success of the strategy is dependent on the successful management of all risks contained within the Corporate Risk Register. The oversight and assurance of individual Corporate Risks will together provide the mechanism of				

assurance for delivery of the Strategy. The management actions below detail actions not already included in the corporate risk register.

Action	Status	Impact on Likelihood/Consequence
1. <i>Assurance on all the work supporting delivery of the strategy-</i> regular updates on progress of all our work is provided via established governance routes, for example, programme boards, steering groups, and other management groups. Assurance on progress is provided to NHS Fife Board and the Committees via the Executive Directors Group (EDG).	Significant level of Challenge	Reduce likelihood
2. <i>Coordinated approach to the delivery of strategic programmes-</i> the delivery of our strategic programmes is supported through separate Corporate Programme Management Offices (CPMO) in NHS Fife and in Fife HSCP.	Significant level of challenge	Reduce consequences
3. <i>Aligning our work with partners-</i> we are engaged in a range of work that enables us to expand our influence beyond NHS Fife. Examples include: <ul style="list-style-type: none"> a. Engagement in Anchor work being led by Scottish Government b. Key partner in the delivery of Plan for Fife 	On Track	Reduce likelihood
4. <i>Ongoing engagement and communications-</i> we will implement engagement and communications strategies specifically around the implementation of the strategy which are inclusive of all our stakeholders and their needs. Delivery of engagement work will be supported through building on existing links between NHS Fife and Fife HSCP engagement team.	Not started	Reduce consequences
5. <i>Assurance on the strategy delivery-</i> we will establish an effective governance mechanism to oversee all the work associated with delivery of the strategy. This will provide assurance on the ongoing progress to the committees and NHS Boards through EDG.	Not started	Reduce likelihood
6. <i>Mapping our work-</i> We will review all the ambitions of the PHW Strategy to ensure that there are links to all the strategies across health and care in Fife.	Not started	Reduce likelihood

Action Status Key		
Completed		
On track		
Significant	level	of
challenge		
At risk of non delivery		

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. The Deep Dive approach for this risk was discussed by the Executive Director Group at their meeting on 22nd June. Directors noted that the success of the strategy is dependent on the successful management of all risks contained within the Corporate Risk Register. The oversight and assurance of individual Corporate Risks will together provide the mechanism of assurance for delivery of the Strategy.

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

An EQIA was completed as part of the development of the PHW Strategy.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication with the PHW Strategy Core Team.

2.3.8 Route to the Meeting

- Dr Joy Tomlinson, Director of Public Health on 18 June 2023
- NHS Fife Executive Directors Group, Thursday 22 June 2023

2.4 Recommendation

The Deep Dive report is presented to the Public Health and Wellbeing Committee for

- **Discussion-** the committee are asked to give mindful consideration of this deep dive and provide comments.
- **Assurance-** the committee are asked to take limited assurance from the Deep Dive of this risk and the actions outlined.

Public Health and Wellbeing committee have regular updates on progress of the strategy within their workplan. This will provide an opportunity to receive updates on aspects of risk impacting the strategy.

List of appendices

Appendix 1: Further Analysis of Root Causes mapped to the 4 Strategic Priorities

Report Contact

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QI Portfolio Manager

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Appendix 1: Further Analysis of Root Causes mapped to the 4 Strategic Priorities

The tables below provide a summary of the ambitions associated with the strategy and how they relate to the identified root causes.

Priority 1: Improve health and wellbeing

<p style="text-align: center;">Ambitions</p> <p style="text-align: center;"><i>A fife where we:</i></p>	<p style="text-align: center;">1. Increasing Demand</p>	<p style="text-align: center;">2. Workforce</p>	<p style="text-align: center;">3. Finance</p>	<p style="text-align: center;">4. Alignment of our Work</p>	<p style="text-align: center;">5. Assurance</p>	<p style="text-align: center;">6. Engagement</p>
1. live in flourishing, healthy and safe places, and communities.	✓		✓	✓		✓
2. thrive in our early years	✓		✓	✓		✓
3. have good mental wellbeing.	✓		✓	✓		
4. reduce the use of and harm from alcohol, tobacco, and other drugs	✓		✓	✓	✓	✓
5. have a sustainable, inclusive economy with equality of outcomes for all.			✓	✓		✓
6. eat well, have a healthy weight and are physically active	✓		✓	✓		✓

Comment

- Achieving our many of our ambitions relating to priority one requires us to make an impact on areas of policy and practice out with the direct control of NHS Fife. However, NHS Fife has a valuable contribution to make informing and influencing relevant policy and practice.
- We are also anticipating increases in need linked to the ongoing cost-of-living crisis.
- To make an impact at pace and scale, some of this work may require additional investment to realise.
- Key challenges across much of this work are around alignment of our work, supporting engagement and how we can provide assurance to the board that we are making an impact.

Priority 2: Improve the quality of health and care services

Ambitions <i>For all healthcare services provided by NHS Fife, we will:</i>	1. Increasing Demand	2. Workforce	3. Finance	4. Alignment of our Work	5. Assurance	6. Engagement
1. Provide high quality person-centred care.	✓	✓	✓	✓	✓	✓
2. Deliver services as close to home as possible	✓	✓	✓	✓	✓	✓
3. Less reliance on inpatient beds by providing alternatives to admission to hospital.	✓	✓	✓	✓	✓	✓
4. Ensure timely access to services based on clinical need	✓	✓	✓	✓	✓	✓
5. Prevent and identify disease earlier.	✓	✓	✓	✓	✓	✓
6. Support the delivery of seamless, integrated care and services across health and social care.	✓	✓	✓	✓	✓	✓
<p>Comment</p> <ul style="list-style-type: none"> The challenges associated with workforce and finance represent cross-cutting challenges present across all our ambitions for priority 2. Similarly, the scale and complexity associated with this priority means that alignment, assurance and engagement all could impact on achievement of our goals. 						

Priority 3: Staff experience and wellbeing

Ambitions <i>Our workforce:</i>	1. Increasing Demand	2. Workforce	3. Finance	4. Alignment of our Work	5. Assurance	6. Engagement
1. is inclusive and diverse, reflecting Fife's communities.		✓	✓		✓	✓
2. is supported to develop new skills that help improve care for patients.	✓	✓	✓	✓	✓	✓
3. is heard and at the heart of transforming services.		✓	✓		✓	✓
4. works in partnership across health and social care, recognising interdependencies.	✓	✓	✓	✓	✓	✓
5. experiences compassionate leadership in a culture that supports wellbeing	✓	✓	✓		✓	✓
<p>Comment</p> <ul style="list-style-type: none"> The issues described across workforce are particularly pertinent to achievement of priority 3 and staff experience and wellbeing. Similarly, given that this is a complex and rapid moving situation, how we provide assurance to NHS Fife Board that progress is being achieved and support ongoing engagement will be key. 						

Priority 4: Deliver value and sustainability

Ambitions	1. Increasing Demand	2. Workforce	3. Finance	4. Alignment of our Work	5. Assurance	6. Engagement
1. Provide the right services in the right places with the right facilities.	✓	✓	✓	✓	✓	✓
2. Ensure the best use of our buildings and land	✓		✓	✓	✓	✓
3. Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.	✓		✓	✓	✓	✓
4. Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.	✓		✓	✓	✓	✓
5. Deliver sustainable and effective resource allocation that supports value-based healthcare.	✓	✓	✓	✓	✓	✓
<p>Comment</p> <ul style="list-style-type: none"> • Priority 4 describes our ambitions to deliver value and sustainable health services. • Again, across these ambitions finance and workforce are key root causes for not delivering the strategy. Similarly, how we provide assurance around this work and ongoing engagement has been highlighted. 						

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

Governance - General							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Primary Care Services	✓ Population H&W Strategy	✓	✓	✓	✓
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval
Strategy / Planning							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Anchor Institution Programme Board / Portfolio Board	Director of Public Health	✓ Community Benefits Gateway		✓		✓	
Annual Delivery Plan 2023/24	Director of Finance & Strategy / Associate Director of Planning & Performance		✓				

Strategy / Planning (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Corporate Objectives	Director of Finance & Strategy	✓					
IJB Strategic Plan	Director of Health & Social Care	TBC					
Implementation of the Promise National Strategy	Director of Health & Social Care	Deferred to next mtg	✓				
Mental Health Strategy Implementation	Director of Health & Social Care				✓		
Primary Care Strategy	Director of Health & Social Care	✓ Update	✓ Strategy				
Prevention & Early Intervention Strategy	Director of Health & Social Care			✓			
Population Health & Wellbeing Strategy	Director of Finance & Strategy		Will be covered under deep dive		✓		✓
Post Diagnostic Support for Dementia	Director of Health & Social Care		Deferred – timing tbc	TBC			
Strategic Planning & Resources Allocation 2024/25	Director of Finance & Strategy				✓		✓
Quality / Performance							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Breast Screening Adverse Event Paper	Director of Public Health		✓ Private Session				
CAMHS Performance & Recruitment Update	Director of Health & Social Care	✓ Covered at development session			✓		✓
Dental Services & Oral Health Improvement	Director of Public Health					✓	
Health Weight Report	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	Due April 2024					
Local Delivery Plan Standard for Psychological Therapies	Director of Health & Social Care				✓		

Quality / Performance (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Long Covid	Director of Public Health	TBC					
Primary Care Oversight Group	Medical Director/Director of Health & Social Care	TBC					
Tender Process for 2C GP Practices <i>(also goes to FPR)</i>	Director of Health & Social Care	✓ Private Session					
Inequalities							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report <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	✓ Biennial Report					
Alcohol & Drugs Partnership Annual Report	Director of Health & Social Care	Deferred to next mtg	Deferred to next mtg	✓			✓
Annual Climate Emergency and Sustainability Report 2021/22	Director of Property & Asset Management						✓
Children Services Annual Report –	Director of Health & Social Care			✓			
Climate Emergency and Sustainability Annual Report 2022/23	Director of Property & Asset Management					✓	
Director of Public Health Annual Report <i>(and additional updates, based on agreed priorities) (also goes to CGC)</i>	Director of Public Health	Deferred to next mtg	✓				
Fife Child Protection Annual Report	Director of Nursing		✓				
Health Promoting Health Service Annual Report	Director of Public Health			✓			

Annual Reports (cont.)								
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24	
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		✓					
Violence Against Women Annual Report 2022/23	Director of Health & Social Care						✓	
Linked Committee Minutes								
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24	
Equality and Human Rights Strategy Group	Director of Nursing	✓ 03/02	✓ 12/05 – mtg cancelled	✓ 04/08		✓ 10/11		
Portfolio Board	Director of Finance & Strategy	✓ 09/02 & 09/03	Disbanded					
Public Health Assurance Committee	Director of Public Health		✓ 12/04	✓ 14/06	✓ 02/08	✓ 18/10	✓ 06/12	
Ad Hoc Items								
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24	
Greenspace Strategy	Director of Property & Asset Management	✓						

Ad Hoc Items (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Feedback from Fife Partnership/Leadership Sessions	Director of Public Health	✓					
No Cervix Exclusion Audit	Director of Public Health	✓					
East Region Health Protection Service: Implementation Update	Director of Public Health	✓					
Commonwealth Partnerships for Antimicrobial Stewardship	Director of Pharmacy & Medicines	✓					
Spring Booster Campaign	Director of Health & Social Care	✓					
Lloyds Pharmacy Divestment	Director of Pharmacy & Medicines	✓ Private Session					
Green Health Partnership Update	Director of Public Health	TBC					
Medium Term Plan 2023-26	Director of Finance & Strategy		✓				
Development Sessions							
	Lead						
Development Session 1 • Child & Adolescent Mental Health Service (CAMHS) & Psychological Therapies (PT)	Director of Health & Social Care	✓ 19/04/23					
Development Session 2 • Integrated Screening				✓ 24/10/23			

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Annual Delivery Plan 2023/26
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Approval

This report relates to:

- Annual Delivery Plan 2023/24

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft on 8 June 2023 with the Medium-Term Plan (MTP) 2023/26 due on 7 July 2023. This paper provides the committee with assurance of the delivery of the draft ADP 2023/24.

2.2 Background

The Scottish Government have developed 10 recovery drivers listed for the ADP 2023/24 below:

1. Improved access to **Primary and Community Care** to enable earlier intervention and more care to be delivered in the community.
2. Access to **Urgent and Unscheduled Care**, including scaling of integrated frailty services to reduce admissions to hospital.
3. Improving the delivery of **Mental Health** support and services reflecting key priorities set out in the upcoming Mental Health Strategy.

4. Recovering and improving the delivery of **Planned Care** – CfSD working with Boards in the delivery of four key interventions to improve delivery of planned care.
5. Delivering the National **Cancer** Action Plan (Spring 2023-2026).
6. Enhance planning and delivery of the approach to tackling **Health Inequalities** including the contribution to primary prevention through Anchors.
7. Support pace of change of **innovative healthcare and technologies**, to improve efficiency and outcomes for patients and to enable care closer to home.
8. Implementation of the **Workforce** Strategy.
9. Optimise use of **Digital & data** technologies in the design and delivery of health and care services for improved patient access.
10. Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from **Climate Change** and improve the NHS's impact on the environment.

Along with the recovery drivers described above, additional commentary was requested in the guidance as follows:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

2.3 Assessment

There are 3 submissions in relation to the ADP process: (1) draft ADP1 (attached) and (2) draft ADP2 (spreadsheet with more detailed actions, milestones and risks) were submitted on 8 June 2023 whilst the (3) draft MTP submission date is 7 July 2023.

All 3 documents remain in draft until agreed by the Scottish Government.

2.3.1 Quality/ Patient Care

Preparation and delivery of both the ADP and MTP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP/MTP process.

2.3.3 Financial

Financial planning is key to the ADP/MTP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP/MTP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

EDG – 8 June 2023

2.4 Recommendation

The Committee is asked to:

- **Approve** the draft Annual Delivery Plan 2023/24

List of appendices

1. Annual Delivery Plan 2023/34

Report Contact

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Population Health & Wellbeing Strategy

**Annual Delivery Plan
2023/24**



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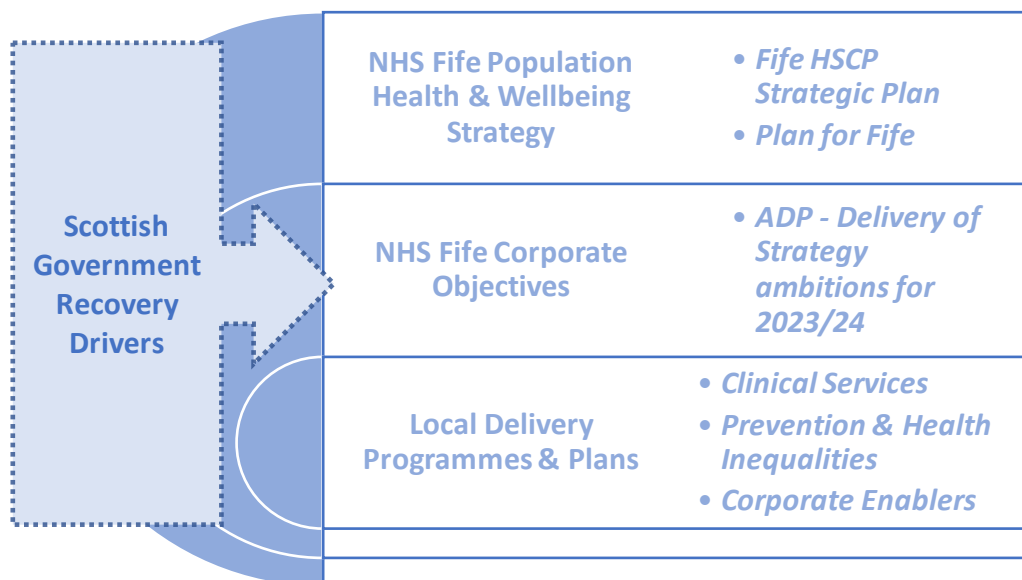
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Planning Context


This Annual Delivery Plan sits as part of the overall planning context for NHS Fife. The newly approved NHS Fife Population Health and Wellbeing Strategy has established the strategic priorities for our organisation, this Annual Delivery Plan describes our key areas of focus for the first chapter of the strategy in 2023/24.




The plan confirms the alignment across our strategic priorities and corporate objectives for 2023/24 to the Scottish Government Recovery Drivers. The sections below illustrate this alignment and also highlights additional corporate objectives identified by NHS Fife.


	Strategic Priority 1: To improve health and wellbeing	Recovery Driver
1	Progress the business case for the mental health services programme	3. Mental Health
2	Support the ADP in the delivery of MAT standards	6. Health Inequalities
3	Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities	1. Primary & Comm Care 6. Health Inequalities
4	Develop a primary care strategy and supporting delivery plan	1. Primary & Comm Care
5	Develop and deliver a system wide medicines safety programme	Local Priority


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	Strategic Priority 2: Improve quality of health and care services	Recovery Driver
1	Implement redesign and quality improvement to support mental health services	3. Mental Health
2	Review and redesign the Front Door model of care to support improvements in performance	2. Urgent & Unsch Care
3	Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge	2. Urgent & Unsch Care
4	Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery	4. Planned Care 5. Cancer Care
5	Develop and deliver an improved patient experience response process to support a culture of person-centred care	Local Priority
6	Delivery year 1 of Planned Care Recovery Plan	4. Planned Care 5. Cancer Care

	Strategic Priority 3: Improves staff health and wellbeing	Recovery Driver
1	Collaborate with University of St Andrews to develop the ScotCOM medical school	7. Innovation
2	Develop and deliver an action plan to support safe staffing legislation	8. Workforce
3	Develop and deliver a sustainability plan for the nursing and midwifery workforce	8. Workforce
4	Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing	8. Workforce
5	Develop and deliver a leadership framework to increase team performance	8. Workforce

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	Strategic Priority 4: Deliver value and sustainability	Recovery Driver
1	Deliver year one actions of the financial improvement and sustainability programme	B. Finance & Sustainability
2	Implement actions to support climate emergency	10. Climate
3	Develop the digital medicines programme	9. Digital

	Cross-cutting actions	Recovery Driver
1	Develop a corporate communications and engagement plan	Local Priority
2	Develop the strategic plan to secure teaching health board status	Local Priority
3	Deliver Anchors ambitions working collaboratively with partners	6. Health Inequalities

Section A: Recovery Drivers

1. Primary & Community Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*
- *Develop a primary care strategy and supporting delivery plan*

1.1 Care in the Community and enhancing a focus on Preventive Care

Following a period of review and extensive engagement, Fife HSCP are currently refreshing our Primary Care Improvement Plan (PCIP) to make sure plans will provide the best opportunity for General Practitioners to fulfil the crucial role as Expert Medical Generalists. This refreshed plan will focus on stabilising and creating consistency in terms of multi-disciplinary support for Practices across Fife, in particular with regards to services which haven't been fully implemented.

In line with MOU (Memorandum of Understanding) 2, we have been carrying out a focused piece of work to develop our CTAC (Community Treatment and Care) services to both create a level of consistency in service provision across Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop joint Ear Care strategy
- Leg ulcer specialist clinics

In line with a wider review of Leadership and Governance Primary Care Contracting services and associated services, work is ongoing to review the integration of Primary Care nursing teams, to provide more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.

This work will be brought together in a Primary Care Strategy and Delivery Plan which underpins both the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan and focuses on the important role of all Primary Care Providers supporting:

- Recovery of Primary Care
- Quality within Primary Care
- Sustainability across Primary Care services

Another shared commitment in the Population Health and Wellbeing Strategy and HSCP Strategic plan focuses prevention and early intervention aligned to the national health and wellbeing outcome and Public Health priorities. We will demonstrate through the Prevention and Early Intervention strategy and delivery

plan focusing on the steps we can take in the next few years to address health inequalities to enable everyone living in Fife to have the same chance of getting the best care or support they need. This will follow a life course approach, preventing, or limiting problems arising so people's lives will be healthy and people can remain independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

1.2 Delivery of a sustainable Out of Hours service

To support our strategic ambition of sustainable and accessible Primary urgent care services, we are expanding on current system wide Urgent Care Infrastructure. This will further integrate 24/7 urgent care models across Primary care. This work will focus on the continuation of developing urgent care pathways within Out of Hours Primary Care, integrating staffing models in and Out of Hours to develop a resilient and sustainable workforce; The overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, create sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.

1.3 Aligning Primary Care with Mental Health and Wellbeing resources

In line with the Scottish Government's vision for the future of primary care services we are enabling multidisciplinary working to support people in the community and free up GPs to spend more time with patients in specific need of their expertise.

The approach focuses on multidisciplinary working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible.

The key goal of the project is to develop and plan for the establishment of multidisciplinary Mental Health and Wellbeing in Primary Care and Community Services (MHWPCS) within GP clusters or localities, which will include:

- An Integrated Community Based System
- The Promotion of Fife Population Mental Health and Wellbeing
- Strengthening and Improving Formal and Informal Mental Health Care Provision
- Placing service users at the heart of design and planning

We have identified three initial test sites for this work to take learning across different localities within Fife who each have different needs including Cowdenbeath, North East Fife and Levenmouth. A critical part of this process is enabling co-production which is underway with the locality planning groups to shape the design and range of supports that need to be available in the mental health and wellbeing hubs and inform the future roll out across the 7 localities of Fife.

1.4 Early detection of key cardiovascular conditions

The ambition of the strategy is that we enable everyone living in Fife to have the same chance of getting the best care or support they need applying a life course approach, preventing, or limiting problems arising so their lives will be healthy and independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and

individuals, to make sure we are as good at preventing health and social care problems as we are at treating them. The delivery plan supporting this strategy will inform the actions being taken including:

- Working closely with the Heart Disease Managed Clinical Network in Fife and will also link to the Women's Health Plan which aims to reduce cardiovascular risk in women in particular.
- We will continue integrated service improvement plans to increase capacity for early intervention and implementation which will support empower and enable people to prevent, reduce and/or improve cardiac health risks working across services and with our partners in local authority and third sector.
- Developing low risk chest pain pathways to ensure care in the right place and right time
- Work collectively to improve services capacity for early detection and anticipatory care planning for cardiovascular risk factors including for example Community Treatment and Care (CTAC) in line with national planning and direction

1.5 Frailty in Primary Care

Approach adopted will be to:

- Build the capacity of the existing MCN service to include an MCN for Frailty to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework.
- Reduce the need for double up packages of care whilst utilising a variety of techniques and equipment to achieve better outcomes for people, to use resources more efficiently and effectively, reduce delays, release capacity, and improve flow, provide a more flexible service.
- Review and redesign of Assessment and Rehabilitation Centre model to achieve better outcomes for people, early intervention, and prevention to manage those at most risk of admissions, use resources more efficiently and effectively, increase capacity and provide a more flexible service.
- All Fife Care Homes residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. ANPs are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

1.6 Dental Care

Much like the rest of Scotland there are ongoing challenges with recruiting and retaining NHS Dentists across Fife, with many dental practices having very limited cover and access arrangements in place for NHS patients registered with them or capacity to register new patients.

Dental practitioners are independent contractors and own their own businesses, with many providing NHS care along with private practice. There are a number of complex reasons why dental services are experiencing significant challenges including the backlog created during the pandemic along with issues of recruitment and retention and the impact of Brexit.

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The Dental Management Team are proactively working with Dental Practices across Fife to explore ways to facilitate and improve patient access. Our NHS Fife Dental Advice line links in with practices on a fortnightly basis to monitor and evaluate capacity for registering new NHS patients. Currently the position in Fife is that no practices are in a position to register new NHS patients although a few practices are offering a waiting list with the expectation of new patients being able to access appointments in the autumn/winter.

The current guidance for people in Fife who are experiencing acute dental pain, and are not registered with a dentist, is to call the Dental Advice Line which is staffed by members of our NHS Fife Public Dental Service (PDS) (Monday to Friday, 8.30am – 5.00pm) with a commitment that they will receive dental care within 24 hours.

The PDS also offers a short course of care to get people dentally 'stable', and currently we have 5 sites (Randolph Wemyss Memorial Hospital, Rosyth, Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

The PDS in Fife is committed to providing support and access and treatment to patients who are non-registered or de-registered as a result of the reduction of NHS GDS provision. The PDS are having to see registered General Dental Practitioner (GDP) patients as a number of practices can't recruit and have limited capacity to see their own patients. This is in addition to the pressures of the backlog in core services due to the pandemic.

The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include 4 areas in Fife-Tayport, Newburgh, Leslie and Auchtermuchty which will take effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.

In Q1 of 2023/24, we will explore ways to maximise capacity to increase access to dental care to get people dentally stable e.g., evening clinics. We will aim by Q2 to recruit to small test of change sites to deliver extended day time service to meet urgent needs of unregistered/deregistered patients. Successes from these tests of change will be used to spread and sustain service from Q3.

1.7 Delivery of hospital-based eyecare in a primary care setting

Optometry has been assisting colleagues within secondary care through shared care schemes since the COVID pandemic focusing mainly on emergency and glaucoma eyecare. This has allowed upskilling of optometrists for future national schemes meaning optometrists can undertake more specialist work on behalf of the hospital through such qualifications as independent prescribing and Glaucoma (NESGAT).

To alleviate the burden of glaucoma care on the hospital eye clinic, plans are well underway with the aim of 'going live' in April 2024, recognising that locally within Fife we have a well-established Shared Care arrangements in place for eye care, including emerging eye care and Glaucoma.

Review of current Shared Care provision will take place in collaboration with Secondary Care during Q1 2023/24 with development of local plans in Q2 to transition to National Shared Care model. There will be ongoing support throughout 2023/24 to enhance qualifications for Optometrists.

1.8 Infection, Prevention and Control (IPC) support to Primary Care

We are implementing the IPC Workforce Strategy 2022-24 with the goal of having an appropriately skilled, resilient, sustainable, and confident workforce working in an integrated way. Delivering evidence-based advice, guidance and interventions appropriate to localised need in both acute and community settings.

An oversight board is currently being convened to develop a Local Integrated Service Delivery Plan (LIDP) in response to implementing the IPC Workforce Strategy 2022-24.

The oversight board is being led by the Director of Nursing and HAI Executive and supported by the Infection Control Manager to review current service provisions and focusing on how the AMS, HP and IPC workforce could be strengthened in the short term whilst planning for a more sustainable long-term position.

The oversight board will link in with professional groups and the Primary Care workforce specialists in these areas when undertaking the review and prepare an action plan considering what additional roles and resources are required.

2. Urgent & Unscheduled Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Review and redesign the Front Door model of care to support improvements in performance
- Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge

2.1 Reducing Attendances: Phase 2 Redesign Urgent Care

2.1.1 Review and Further Development of Flow and Navigation Centre

Access will be improved through the development and optimisation of pathways, scheduling and virtual capacity pathways to deliver care closer to home and provide the right care in the right place.

We will appraise the current established workforce model for the Flow Navigation Centre (FNC) and develop this further to ensure the model adds value ensuring a whole system approach to accessible pathways in line with national and local strategic direction and that we remain financially effective. We will also continue our progression to further develop our virtual triage (RTU) and scheduling to Minor Injury Units (MIU) including paediatrics, with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU). By focussing on our model of virtual triage from NHS 24 flow we have increased our redirection rate by 29% from ED to QMH MIU.

To reduce unscheduled admissions and keep care closer to home, we will also be reviewing and developing further pathways in social care, respiratory, heart failure and mental health. We are also looking to scale up from earlier TOCs around Call Before Convery (CBC) embedding the learning from these to become a business-as-usual model.

Connections to national best practice and learning opportunities will be made.

2.1.2 'Scheduling' unscheduled care

We are planning to improve scheduling processes within FNC increasing the use of NearMe, where appropriate and further utilise the Rapid Triage Unit (RTU) and ambulatory models of care as a means of scheduling patients to ensure patients are directed to the right place. As examples we have increased our capacity for patient's requiring access to DVT and OPAT pathways with concurrent increases in nurse numbers and skill mix to develop nurse led approaches for these services.

2.1.3 An integrated approach to all urgent care services

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours.

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We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create a sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours. This will be progressed in synergy with continued implementation of the Primary Care Improvement plan 2023/24 and in alignment with national planning and direction as the model of 24/7 urgent care evolves.

We will implement year 1 of the deliverable plan underpinning the HSCP Primary Care Strategy 2023 – 2026 with a strategic focus on recovery, quality improvement and sustainability.

We will work collectively to develop, refine and embed a performance framework with clear and consistent data and defined KPIs to provide assurance regarding delivery and target improvement.

We will deliver a refreshed communication plan to support, enable and empower people to access care in the right place with the right person first time.

As part of an integrated approach, we are committed to improving our ED 4-hour performance target and have an agreed action plan covering the following improvements:

- Improve virtual triage at Queen Margaret Hospital to redirect patients from VHK
- Review ENT/OMFS protocols to support in reach and faster transfers to ward
- Review ortho assessment protocols to achieve faster transfers to ortho assessment
- Evaluate Push Model to avoid patients breaching in ED and reduce overcrowding
- Evaluate ED call before you convey outcomes comparing to FNC Call before you Convey
- Stroke Thrombolysis review – earlier moves to MHDU to support stroke bundle performance
- Reduce Ambulance Waits and improve turnaround times to 30 mins max.
- Optimise triage further – expand nursing workforce to support with agreed escalations for 1st assessment breaches
- Improve use of data –performance/bed waits/site capacity- development of dashboard and visibility within the dept
- Review all ED protocols to ensure tests / results can be undertaken & completed within 4 hours
- Further improve minors performance and sustain at above 95%
- Improve night and weekend medical cover at senior clinical decision-making level
- Reintroduce frailty practitioner with direct moves to RAD/RADU
- Redirection protocols with primary care/OOH/AU1/community teams to be adhered to
- Closer links with mental health and potential of co-location with UCAT on site
- Agreement of medical model redesign

Figure 1 – Victoria Hospital ED 4-hour Performance Trajectory

	Week Ending									
	25-Jun	30-Jul	27-Aug	24-Sep	29-Oct	26-Nov	31-Dec	28-Jan	25-Feb	31-Mar
VHK ED 4 hour %	70.3%	71.8%	73.1%	74.3%	75.8%	77.0%	78.5%	79.8%	81.0%	82.5%

2.2 Reducing Admissions: Alternatives to inpatient care

2.2.1 Further develop OPAT, Respiratory and Hospital at Home pathways.

Our OPAT service is currently unfunded as a 5-day service however we recognise a 7-day model would support a greater number of clinically appropriate patients who do not require Hospitalisation over the weekend but who currently remain/become in-patients. We are increasing our skill mix through specialist nursing developments to implement a full 7-day model with Consultant oversight.

We are planning to enhance integration and collaboration with Hospital at Home (H@H) and Acute Services to ensure early supported discharge of step-down referrals are facilitated in a timely manner

By testing this model of care, H@H Service aims to facilitate timely and safe discharge to H@H and support the front door model. Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans. Commencing H@H assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community, and this will result in increased capacity and resilience across H@H and the system.

Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including complex planning and assessment these do not always happen. Recent data demonstrates that a third of step-down referrals do not progress to a discharge. This results in inefficiencies due to these places being held therefore some admissions to H@H are being declined. Introducing In-Reach Nurse Practitioner (NP) posts will ensure smoother, more timely and appropriate discharges to the service with clear intervention plans 7 days per week. In addition, having H@H assessments for step down patients commencing in the acute environment and supporting the front door team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:

- Accepting more referrals
- Offering 7 day a week in reach
- Accepting later step-down admissions i.e., from a 5pm cut off to a 8pm cut off if treatment is required or if no treatment is required admission at any time with review the following day
- Reducing the number of occasions that H@H reach maximum capacity and are unable to take new referrals
- Increasing caseloads
- Improving patient experience
- Supporting the front door model

We will increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing Hospital at Home service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

2.2.2 Development of new pathways including paediatrics and heart failure

Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care, secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient, and person-centred care at home. Further work to reduced unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe, discharge.

To increase access and keep paediatric care closer to home, several services are provided on an out-reach model, including Specialist Nursing Care for children with complex and chronic illnesses including diabetes and epilepsy. Paediatrician in-reach to the Emergency Department for children presenting urgently aims to reduce delay and minimise the need for hospital admission where possible. Increasingly NearMe and telephone appointments are used to facilitate access to Community Paediatric services. We are also exploring potential opportunities to implement virtual pathways in Paediatrics using NearMe for Rapid Review clinics where it is clinically safe to do so.

2.3 Reducing Length of Stay: Rapid assessment and streaming

2.3.1 Increasing assessment capacity

Early supported discharge and admission prevention will be achieved by developing and scoping out ambulatory models of care by improving person-centred outcomes including admission avoidance, decreasing length of stay by 10% to 4.5 days and reduction in readmission rate, supporting chronic disease management clinics with rapid access slots for exacerbations and improving bed availability by providing ambulatory treatments in a Clinical Intervention Unit to avoid overnight stay requirement. We are currently monitoring repeat admissions within 12 weeks and linking with HSCP to support patients where alternative pathways are appropriate.

2.3.2 Optimise Flow to align discharge and admission patterns

There are a number of plans in place to deliver effective discharge planning:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach. As the model embeds, admission avoidance will increase as an outreach model will be developed to support clients at home.

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- Developing additional models of care within Admissions and the supporting services to also accommodate the increase in admissions whilst maintaining a Respiratory Viral pathway. Reduction in length of stay for patients requiring ongoing IV antibiotic treatment.
- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge from point of admission, coordinated with the Discharge Hub.
- Continue to reduce delayed discharge by taking a coordinated person-centred approach to discharge planning, ensuring the patient is at the centre of any decision making and planned with the patient /carer & family and not on the availability of care, equipment, or long-term care placement.
- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings, reviewing the current position and additional need
- We are supporting and embedding a criteria led discharge model to reduce boarding and improve flow
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital. It is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy.

Currently, there is a commitment to have no more than 48 Standard delays across Acute Services and Community Hospitals on any given day with goal of reducing this to 44 by end of 2023/24.

2.4 Best Start Maternity and Neonatal Plan

2.4.1 *Delivery of The Best Start programme*

We will continue to implement our Best Start Plan which is aligned to the 4 strategic priorities of NHS Fife's Population Health and Wellbeing Strategy.

The local lead is the Director of Midwifery supported by the Executive Nurse Director with Clinical Leaders from across the Maternity Services supporting the range of recommendations currently in place and underway.

Data analysis and user feedback will contribute to the planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus. Data regarding current status will be provided on the Best Start Template requested for submission in April 2023.

The following planning assumptions need to be considered when discussing the Implementation:

- The still significant impact of COVID-19 on the entire Health and Care System including Maternity Services. Maternity Services will require being adaptable to any future effects of COVID- 19.

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- Balancing the capacity to maintain current service provision and to implement the recommendations of Best Start whilst we are “recovering” from COVID-19 alongside seasonal demands (Winter Planning).
- Significant continuous registrant vacancy factor (due to national shortage of Midwives). There is also challenge in recruiting to some medical posts.
- Continuation of the vaccination programme for influenza delivered by the Midwifery Team and the new request for the Midwifery Teams to deliver for COVID-19 vaccination programme.
- The time out allocation of 21.5% is no longer sufficient to enable safe roster cover. This is due in part to the requirement for all Midwives to complete Core Mandatory Training (CMT) as directed by Scottish Government, alongside local mandatory training, an increasing part-time workforce (the need for CMT calculation to be per head and not per wte) a mainly young, female workforce with high demand for maternity leave.
- Recognition of the need to ensure staff health, wellbeing and resilience when implementing significant change to working practice within the service.

This plan will continue to be subject to review and updating as the clinical picture demands.

3. Mental Health

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Progress the business case for the mental health services programme*



To improve quality of health and care services

- *Implement redesign and quality improvement to support mental health services*

3.1 Improving Access to Services

Fife CAMHS are engaged in and will continue to focus on a number of initiatives in order to sustainably deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity with our services.

Fife Psychology Service leads on the delivery of PT 18-week referral to treatment target. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions.

- The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs. Actions in the following areas have been and continue to be:
- Service redesign (e.g. new group delivery options)
- Service development (e.g. establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services)
- Staff training (e.g. within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff)
- Workforce skill mix and other efficiencies measures (e.g., introduction of Enhanced Psychological Practitioners)
- Developing/supporting provision delivered by other services (e.g., via clinical supervision and with 3rd sector partners).

PTs and PIs are delivered in 32 clinical services within Fife. Alongside delivery of specialist and highly specialist PTs, service provision includes a suite of PT and PI options which are low intensity in terms of therapist time. People can self-refer to many of these PT options via the Access Therapies Fife website. There are no capacity issues within the low intensity delivery options.

Figure 2 – CAMHS RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Mar-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	60	82.8	70.8	69	60	67.8	91.2	92.8	123	107	131	120
Projected patients starting treatment within 18 weeks	51	70.38	60.18	58.65	51	47.46	63.84	64.96	73.8	64.2	91.7	108
Projected Performance Against Standard (Auto Populates)	0.85	0.85	0.85	0.85	0.85	0.7	0.7	0.7	0.6	0.6	0.7	0.9
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	213	209	216	230	218	228	232	257	235	222	201	200
Projected Waiting list >18 weeks	71	89	116	113	133	98	77	86	42	39	15	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Comments (please include here any assumptions caveats or other information that you feel is relevant).	longest waits whilst ensuring the waiting list does not grow over 35 weeks in the next 6-8 months. Trajectory reflects service capacity as recruitment progresses and optimum functioning is recovered. Trajectory is based on referral rates remaining stable with no increase in acuity/severity or presentation											

Figure 3 – Psychological Therapies RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Dec-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	288	280	207	215	215	176	236	155	272	276	259
Projected patients starting treatment within 18 weeks	135	200	185	135	140	158	122	161	110	185	200	180
Projected Performance Against Standard (Auto Populates)	0.675	0.694444	0.660714	0.652174	0.651163	0.734884	0.693182	0.682203	0.709677	0.680147	0.724638	0.694981
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	888	888	888	888	888	888	888	888	888	888	888	888
Projected Waiting list >18 weeks	1394	1575	1660	1625	1591	1569	1609	1596	1680	1739	1691	1604
Projected Waiting list >52 weeks	255	237	219	201	183	165	147	129	111	93	75	57
Comments (please include here any assumptions caveats or other information that you feel is relevant).	Our target for the coming year remains to reduce longest waits to under 52 weeks and maintain the current under 18 week list size. Trajectory is based on the following – retaining current staff; recruitment to vacancy; no change in demand ; access to clinic space; and plans to increase capacity in the wider mental health system.											

3.2 To deliver services that meet standards

A summary of the plan to build capacity is outlined below:

- Recruitment is ongoing and under continual review to ensure workforce is at full capacity.
- CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services and to enable young people who require specialist CAMHS intervention to achieve timely access.
- Caseload management is implemented to ensure throughput, reduce bottlenecks and maintain capacity.

In addition, pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure mental health support is accessible for those with the greatest need and are most vulnerable.

3.3 Engagement with PHS to improve quality of data

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife's Digital & Information to introduce a different patient appointment system and also an electronic patient record system. Timelines mean that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.

3.4 Mental Health Services

The vision as detailed in the Mental Health Strategy 'Let's really raise the bar' is: 'We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible'. This strategy is currently being refreshed and will be mapped against the soon to be published national Mental Health and Wellbeing strategy to support alignment of priorities against to priorities to 'Prevent, Promote and Provide'. This work will inform any changes or refinement to the 5 key priorities within Fife Mental Health Redesign Programme including:

- Data and Quality Indicators: to develop a dashboard of quality indicators aligned to the Public Health Scotland quality indicators.
- Inpatient Redesign and the development of the initial agreement and business cases required to support capital investment to improve our inpatient estate in line with consultation and the mental health model in Fife including the development of our community mental health teams.
- Distress Brief Intervention (DBI) which is a time limited and supportive problem-solving contact with an individual in distress and works across not only front-line health services but also commissioned third sector services.
- Urgent and Unscheduled Care to ensure access to mental health support is fit for purpose.
- Mental Health and Wellbeing in Primary Care and Community settings which is described more fully earlier within this delivery plan.

4. Planned Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

4.1 Enabling a “hospital within a hospital”

The opening of the National Treatment Centre - Fife Orthopaedic continues to provide protected capacity for elective Orthopaedics in a fit for purpose facility. This will also provide capacity for the East region neighbouring boards.

Capital work in Ward 24 has been completed in early 2023/24 to optimise the Gynaecology model. Beds are now available for unscheduled activity based on specified criteria with one bed available for emergency admission. The ward reconfiguration has increased the bed base to support the capacity required for elective activity.

Improvement support locally directed to support high volume nationally and locally identified specialties to adopt and spread ACRT (Active Clinical Referral Triage) and PIR (Patient Initiated Return). Currently there is engagement and adoption of ACRT for five specialties with further exploration required for robust recording of enhanced vetting where guidance is sent directly back referrer and not to the patient. Ten specialties are engaged and adopting PIR and we are continuing to receive support for scale up and spread to other specialty cohorts.

ERAS (Enhanced Recovery After Surgery) is business as usual but requires visibility and development of robust mechanisms for reporting in Orthopaedics and General Surgery. There are plans to implement in Gynaecology following completion of capital works.

Fife’s Integrated Planned Care Programme Board (IPCPB) has oversight of all elective improvement work including CfSD (Centre for Sustainable Delivery) work and is directing next steps aligning to CfSD and local drivers.

Figure 5 below illustrates the projected capacity available to deliver New Outpatients and TTG activity in 2023/24 based on assumptions such as annual leave and availability of workforce.

Figure 5 – New Outpatient and TTG Capacity Projections

New Outpatient Capacity Projections by Specialty can be found in [Appendix A](#) whilst similar for TTG can be found in [Appendix B](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
New Outpatients	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
TTG	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164

4.2 Extending the scope of day surgery and 23-hour surgery

We are creating a procedure room in our day surgery facility to release theatre capacity through capital investment to optimise opportunities for procedures conducted under local anaesthetic in the day surgery unit at Queen Margaret Hospital (QMH). Work is underway due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK.

We continue to provide same day hip and knee arthroplasty where appropriate in line with the British Association of Day Surgery (BADs) guidance via the NTC facility.

Figure 6 – Same Day Knee and Hip Replacement Projections

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
KNEE Arthroplasty	Number of same day procedures	3	3	3	3
	Total number of procedures	162	162	162	162
	Percentage Same Day	1.9%	1.9%	1.9%	1.9%
HIP Arthroplasty	Number of same day procedures	8	8	8	8
	Total number of procedures	185	185	185	185
	Percentage Same Day	4.3%	4.3%	4.3%	4.3%

Project commenced with all specialties to identify and remove barriers to optimise BADs procedures within a day case setting in QMH. Plans to recruit Clinical Lead for Day Surgery as per BADs recommendations.

Ongoing review of IP/DC activity to maximise capacity on QMH site where theatre resources allow.

4.3 Reducing unwarranted variation

There is a focus on specialties to reduce variation aligning to ATLAS of variation; theatre work in planning to look at variation.

We are participating and engaging with national drives toward standard high volume same procedure lists such as Cataracts.

We encourage continued clinical engagement with CfSD SDG (Speciality Delivery Group) and support implementation of national pathways including Endometriosis for Gynaecology and develop an NHS Fife sustainable model including training for local consultants.

Figure 7 – Unwarranted Variation Projections (Cataracts & 4 Joint Sessions)

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
Average Cataracts per 1/2 day session (Cataract only session)		4.5	4.5	4.5	4.5
% of 4 joint sessions (of all full day sessions with at least 1 joint)		25.0%	25.0%	25.0%	25.0%

4.4 Validation of waiting lists

In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of 2023 and will be engaging with NECU shortly.

Figure 8 describes the waiting lists will continue to increase despite the improvement work that is being undertaken in 2023/24. The capacity described in Figure 5 is based on the current funding available.

Figure 8 – New Outpatient and TTG Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
New Outpatients (NOP)				
Over 104 Weeks	0	74	212	352
Over 78 Weeks	150	339	849	1358
Over 52 Weeks	1646	2275	2902	3497
Total List Size	27101	28764	30429	32094
InPatient / Day Cases (TTG)				
Over 104 Weeks	16	67	173	351
Over 78 Weeks	159	305	547	893
Over 52 Weeks	688	1157	1718	2593
Total List Size	7126	7816	8506	9196

5. Cancer Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve
quality of health
and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

5.1 Diagnostic capacity and workforce

We have identified a number of actions to increase diagnostic capacity and workforce:

- Development of project team within Endoscopy to identify tests of change for more efficient booking processes and to book patients with longer lead time to ensure routine and surveillance waiting times are reduced, filling every slot where possible.
- Readjustment timings within new Endoscopy Management System will explore if this improves efficiency and provide good data on turnaround times and duration of endoscopies and use for list planning to improve efficiency and explore text messaging system to reduce DNA.
- NHS Fife pool of Nurse Endoscopists available to backfill short notice cancellation
- Regular audits and target improvement measures are in place.
- Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff – focused on improvement in quality measures as well as upskilling of trained and untrained staff that includes nurses trained in trans-nasal endoscopy and investment in other specialist roles including scrub training for HCSW (Healthcare Support Workers).
- Within Radiology, every effort will be made to fill every slot and activities to promote this include accurate measurement of performance, introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, resourcing and training in the department and ensure awareness of available funding streams
- Continue to protect and prioritise urgent and cancer requests by managing appointing system to ensure sufficient slots available for urgent and planned follow up appointments are completed withing target - monitor and adapt as proportion of urgent requests increases.
- Match ultrasound physical facilities (Ultrasound rooms) with sonographer availability, this may require additional local footprint or adapting existing resources.

- Minimising the impact of acute service pressures on planned care CT and MRI service by redesigning of out of hours acute CT staffing to smooth acute demand and continue with extended day and weekend MRI service.
- Use funding from cancer pathway projects to use weekend CT capacity.

Figure 9 below illustrates the projected capacity available to deliver endoscopy and radiology activity in 2023/24 based on assumptions such as annual leave and availability of workforce. Figure 10 demonstrates the impact of the capacity on the different diagnostic waiting lists.

Figure 9 – Diagnostic Capacity Projections

Diagnostic Capacity by Key Test can be found in [Appendix C](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All Endoscopy	899	899	899	899	899	899	899	899	899	899	899	899
All Radiology	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222

Figure 10 – Diagnostic Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Endoscopy 4 key diagnostic tests				
Over 52 Weeks		3	0	0
Over 26 Weeks		109	63	10
Over 6 Weeks		373	250	140
Total List Size		755	785	795
Radiology 4 key diagnostic tests				
Over 52 Weeks		0	0	0
Over 26 Weeks		0	0	0
Over 6 Weeks		4966	6577	8188
Total List Size		9107	10718	12329

5.2 Roll out of RCDSs

The principles of RCDS (Rapid Cancer Diagnosis Service) will continue to be rolled out following the success of the pathfinder in Fife. We are looking to expand the service into additional tumour specific sites. Upper GI (Gastrointestinal) and (HPB) Hepatobiliary pathways have commenced with further implementation expected in the Colorectal service during 2023.

5.3 Adoption of Framework for Effective Cancer Management

The Cancer Framework 2022-2025 has eight key commitments with high level actions noted below:

1. To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.
2. The patients will be at the heart of how services are designed with excellent patient experience as a priority.
3. Patients will receive the right treatment at the right time in the right place by the right person.
4. Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.

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5. Collaborative strategies and programmes to deliver service change that is focussed on improved patient care through digital transformation.
6. Recognise workforce challenges and identify system-wide approaches to support in relation to recruitment, wellbeing, education and training to ensure our cancer patients receive the best care.
7. To ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.
8. To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

The Fife action plan describes various actions to prevent cancer, diagnose early, and treat effectively, underpinned by principles of realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

Figure 11 – Cancer 31-day DTT Projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	95.0%	95.0%	95.0%	95.0%
Cervical	95.0%	95.0%	95.0%	95.0%
Colorectal	95.0%	95.0%	95.0%	95.0%
Head & Neck	95.0%	95.0%	95.0%	95.0%
Lung	95.0%	95.0%	95.0%	95.0%
Lymphoma	95.0%	95.0%	95.0%	95.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	95.0%	95.0%	95.0%	95.0%
Upper GI	95.0%	95.0%	95.0%	95.0%
Urological	82.7%	86.0%	88.3%	90.0%
All Cancer types combined	93.8%	94.1%	94.3%	94.5%

Figure 12 – Cancer 62-day RTT Projections

Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	93.0%	93.3%	94.0%	94.0%
Cervical	50.0%	50.0%	53.0%	53.0%
Colorectal	87.0%	87.0%	90.0%	92.0%
Head & Neck	83.0%	87.0%	90.0%	90.0%
Lung	90.0%	90.0%	92.0%	93.0%
Lymphoma	80.0%	85.0%	90.0%	90.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	85.0%	85.0%	87.0%	87.0%
Upper GI	93.5%	94.0%	94.0%	94.0%
Urological	62.0%	62.0%	65.0%	66.0%
All Cancer types combined	81.9%	82.8%	85.0%	85.4%

5.4 Improving cancer staging data

The following plan are in place:

- Staging data collection for Prostate will be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings.
- For renal, consideration is given to include the staging field in the outcomes of the MDT. Valid staging must be assigned in review preparation notes for all patients with suspected renal cancer. The outcomes to be published on the appropriate patient administration system.

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- For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.

5.5 Further Plans

There will be full participation to support delivery of the upcoming national oncology transformation programme. The following are currently under way:

- A Single Point of Contact Hub has been implemented to support patients who are referred USC or diagnosed with a urological or colorectal cancer. Introduction of this service will be rolled out to the lung cancer service to support the Optimal Lung Cancer Pathway in 2023
- Many services have a dedicated Pathway Navigator (Urology, HPB, RCDS, UGI) to support patients or applications for this resource is being explored (Breast).
- Maggie's Prehabilitation service has been implemented offering universal sessions for anyone with a cancer diagnosis.
- A project group has been set up to implement the Optimal Lung Cancer Pathway.
- Psychological support is already embedded within our cancer services. RCDS and other services complete Holistic Needs Assessments and make referrals to Maggie's Centre for Prehabilitation and other support, to Improving the Cancer Journey (ICJ) routinely, and to Clinical Psychology, spiritual care and counselling as required. Training on aspects of emotional wellbeing is undertaken by Pathway Navigators and Cancer Nurse Specialists for example through Good Conversations and Sage and Thyme training, and case consultation with clinical psychology. Through the recently published Psychological Therapies and Support Framework there will be a continued focus to ensure equitable access to psychological support across Fife and tumour groups and identify areas for further development.
- All patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ).

6. Health Inequalities

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Support the ADP in the delivery of MAT standards*
- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*



Cross cutting actions

- *Deliver Anchor's ambitions working collaboratively with partners*

6.1 Reducing health inequalities

Poverty is a significant driver of poor health outcomes and health inequalities. It is likely that the current cost-of-living crisis will exacerbate health inequalities because it will lead to a deterioration in living conditions which will inevitably impact on individual and population health. NHS Fife recognises the importance of developing and implementing an effective strategic approach to address avoidable health inequalities and their root causes. Without deliberate effort the current cost-of-living crisis will widen the gap in health outcomes which already exists between people living areas most affected by deprivation and those living in areas with less financial pressures. It will also result in greater pressures on NHS services.

Our ambition to tackle health inequalities is set out in the recently published Population Health and Wellbeing Strategy for NHS Fife. The response that is required involves deliberate long-term efforts in collaboration with other statutory agencies in Fife. Preparatory work for the strategy included an evidence-based review of the role the NHS has in preventing illness and reducing health inequalities. The strategy also utilised information within the Director of Public Health annual report for 2020/2021, which contains the most recently collated information describing the health of the local population and the factors that are important for creating and maintaining health.

The review we conducted noted that the risk factors which contribute most to poor health and wider conditions where people live, and work are all experienced unequally in our society. The result is worse health outcomes and reduced life expectancy amongst those living in areas most affected by deprivation in Fife.

The review identified six key areas for action which NHS Fife should progress:

- Mainstreaming the process of supporting patients to maximise health and wellbeing
- Focus on staff health and wellbeing
- Maximise staff and patient income
- Reduce inequalities in access to services
- Ensure organisational policies / service planning prevents and mitigates health inequalities

- Work to address poverty and inequality as part of the Plan for Fife and development as an anchor institution

Given the current cost of living crisis and service pressures there is a risk that health inequalities may worsen. This risk has been added to our corporate risk register, to appropriate management actions are in place and regularly reviewed.

6.2 Delivery of healthcare in police custody and prison

In NHS Fife, the Executive Lead is shared from prison healthcare – Director of HSPC and those in custody - Director of Acute Services.

Healthcare in custody is led by Acute Services in collaboration with police based locally whilst HSCP are involved in pathways on release from prison back to community which includes links to forensic service and there is involvement from Perth Prison on the Alcohol and Drugs Partnership Board.

We now have commissioned hospital liaison service and third sector provision, this includes Near Fatal Overdose service, Custody Navigation, and In-reach/Outreach peer mentoring service in prisons.

6.3 Implementation of MAT (Medication Assisted Treatment) Standards

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 Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work.

There are two ADP subgroups focused on

MAT 1 to 5 to be delivered in 2023/24:

1. All people accessing services have the option to start MAT from the same day of presentation
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. All people can access evidence-based harm reduction at the point of MAT delivery
5. All people receive support to remain in treatment for as long as requested

MAT 6 to 10 to be delivered in 2024/25:

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy as well as support for housing, welfare and income needs
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care

All of the subgroup's report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government.

Examples of work being progressed to support delivery of the MAT standards are;

- Enhanced Performance reporting including MAT standards and referral to treatment targets, this includes quarterly progress reports to the Scottish Government and compliance with the evidence submitted at the end of year assessment conducted by Public Health Scotland.
- Working towards evidencing of all 4 harm reduction service aspects to be available at the point of care, sustainably, across all 3 locations where NHS Addictions services are delivered.
- There is access to long-acting injectable buprenorphine across the full NHS Addictions Service.
- Established a same day prescribing one stop shop in Methil as a partnership between third sector, NHS Addictions Service, housing and foodbank partners, plans are underway to extend this into the Kirkcaldy and Cowdenbeath localities.
- The MAT 6 & 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its implementation plan for 2022/23 in addition mapping for MAT 10 work has been completed this year and a small subgroup is established to enhance coordination of recovery communities.
- For MAT 7, enhancing a MAT Standards compliant approach within primary care implementation group is in the planning phase. This will encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest and engagement and demand for treatment and support services is lower. Primary care is also currently involved in the planning of the one stop shops.
- An independent advocacy service has been commissioned in relation to MAT 8 and is in place with people with lived experience as part of the service workforce. This is linked to both the ADP lived experience panel and living experience group.
- Multi-agency work is being progressed to support people to remain in treatment and is a defined risk that we are working with the APD to mitigate.
- Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on their “Ending the Exclusion” Report September 2022. The clinical director is chairing a group to support delivery of MAT 9.
- Fife ADP is now in the second year of supporting the delivery of the distribution of naloxone, through the peer-to-peer model, across Fife.
- We are embedding decider skills and advanced motivational interviewing into their operation practice to support trauma informed practice.

6.4 Delivery of the Women’s Health Plan

The aim of the Women’s Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgement that women face particular health inequalities and, in some cases, disadvantages because they are women.

The HSCP (Associate Medical Director) is leading along with Public Health on reducing health inequalities on women’s general health.

The plan includes:

- Collaborating with acute colleagues in improving access to menopausal treatment. One of our sexual health doctors has completed British Menopausal training and is working with vulnerable populations and those with more complex menopausal needs due to co-morbidities. Over the next year we are planning to roll out training with the aim of having a lead GP in each locality.
- Training GP to be more confident to initiate more complex HRT and therefore allow quicker access to treatment for women with menopausal symptoms and also decrease waiting times.
- Training to non-healthcare staff over the next year to allow them to have conversations with women about health and health care services available for them to access.
- Working with acute colleagues on early referral for patients with possible endometriosis.

Over the next year, work will be undertaken to scope what access there is in primary care teams to a Healthcare Professionals (HCPs) who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options. With a view to increase this overall and to identify any gaps which would require further training provision.

We are looking at improving women's heart health by providing more information on heart health to women via our media channels and also raising awareness in health professionals. We are planning to run education sessions for primary care. We are also seeking views on rehabilitation programmes from users to ensure women's views are taken into account.

6.5 Anchor strategic plan

As a large organisation connected to our local area and community, we recognise we can make a positive contribution to benefit the population of Fife, not only through service delivery but also by developing our Anchor ambitions.

We have worked with our third sector interface (Fife Voluntary Action) to establish a local website interface which aims to enhance community benefits within Fife. Fife Voluntary Action will support local community organisations to develop their community benefit need bids before they are uploaded to the national community benefit gateway. Working in this way we believe will improve the quality of bids and support organisations to access alternative funding if their needs do not fit with the community benefit gateway criteria. The local interface was launched in March 2023. FVA have been raising awareness of the portal with local organisations at locality funding events and are currently working with a number of community organisations with a target of reaching approximately a dozen bids uploaded to the national portal by the end of June 2023.

We have established an Anchor's Operational Group which will develop priority areas for inclusion in the Anchors Strategic plan by October 2023. The Operational group will agree milestones, and progress will be tracked through monthly meetings to measure against outcomes using self-assessment against the local progression framework.

The Anchor's Strategic Plan will align with NHS Population Health & Wellbeing Strategy, NHS Fife Midterm Delivery Plan and Public Health Midterm Delivery Plan recovery drivers. The baseline focus will include:

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- Utilisation of land and assets to support communities
- Purchase locally to support social benefit
- Prioritise environmental sustainability
- Widen access to work

6.6 Transport needs

Plans are in place to

- Revise the Patient Information leaflet on claiming travel costs and will include:
 - Promotional Plan – via Primary Care, Localities, and NHS Acute
 - Monitoring and evaluation
- Deliver Poverty Awareness Training Post incorporating travel claims as part of health inequalities workforce training.

There is work ongoing with the 7 Localities groups to gather data and information on barriers to accessing service and health inequalities. For example, patients travel to other health board areas for treatment.

7. Innovation Adoption

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Collaborate with University of St Andrews to develop the ScotCOM medical school*

7.1 Working with (ANIA)2 partners

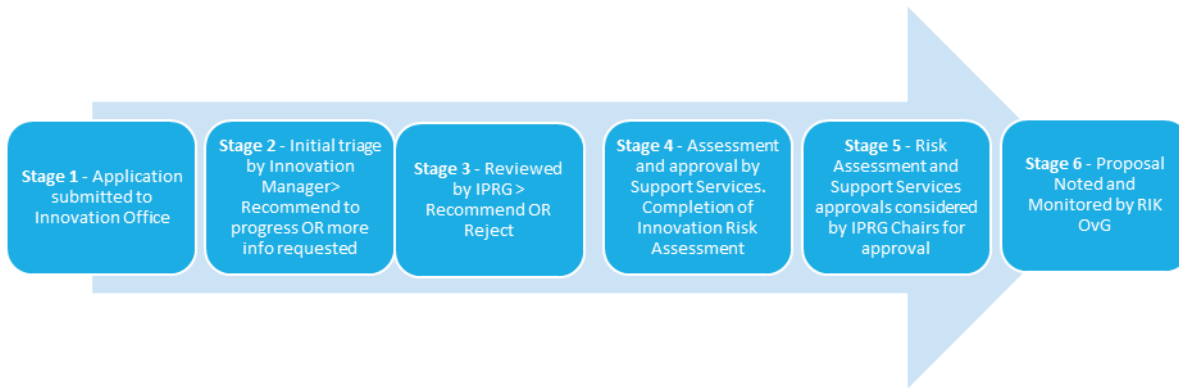
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input.

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally an Innovation Governance Framework has been developed and implemented. Within this framework an Innovation Project Review Group (IPRG) has been established. The IPRG will provide the forum and approval pathway for innovation projects and new developments that might merit advice and recommendations for development, investment, D&I support and/or surfacing to HISES. The IPRG will review Innovation submissions from multiple routes including, but not limited to, HISES, other NHS Boards, Scottish Health and Industry Partnership (SHIP), Scottish Government, Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption (ANIA) pathway or direct from Industry and Academic Partners.

Innovation challenges supported by SHIP as part of the Demand Signalling programme are generally aimed at Industry, encouraging partnership with the NHS and academia; widely called the 'Triple Helix' approach to innovation. In support of this approach NHS Fife is directly engaged locally with Fife Council, and the business community, and the University of St Andrews in the promotion of SHIP activity and engagement with the South East Innovation Test Bed.

The IPRG will play a role in supporting a mechanism for the implementation of any potential approved solution, from whatever source, that requires a robust digital IT infrastructure and/or has clinical service delivery or resources impact. The IPRG will operate within a framework considering local, regional and national strategic priorities supporting transformation of health service delivery through innovation. The Innovation Manager will provide an update to the IPRG and NHS Fife Research, Innovation and Knowledge Oversight Group (RIK OvG) on high impact innovations progressing through the ANIA pathway.

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Reducing the barriers to national innovation adoption

NHS Fife is a member Board of HISES and our processes have been designed to articulate with processes already established within the HISES governance framework. Innovation Projects supported by HISES, looking to test an innovation, will follow a robust governance process to manage innovation across the test bed, which is consistent with the governance structures across each of the partner Boards and there is representation from the NHS Fife in the senior HISES team and governance structures and pathway. The HISES governance pathway does not include projects for adoption.

Innovation team within NHS Fife, works with, and attend regular meetings with groups involved in the Scottish Innovation landscape including regional monthly meetings with CfSD, InnoScot Health, DataLoch and locally with Fife HSCP. NHS Fife is a contributing member of the HISES Network group and quarterly Oversight Group, SHIP and Scotland Innovates bi-monthly pipeline meeting, National Innovation Project Managers monthly meeting, and has engagement with the Scottish Health Technology Group (SHTG).

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. The process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development. NHS Fife interacts with the ANIA team at regular meetings with the South East Test Bed and at the SHIP pipeline bi-monthly meeting.

It is planned that the NHS Fife Innovation team will communicate and update the RIK OvG on the current ANIA Pathway pipeline following feedback from the HISES representative on the Innovation Design Authority board. Awareness of the ANIA Pathway pipeline will allow for discussions and consideration of proposed national adoption innovations within NHS Fife in advance of the Stage Gate points when CEOs are informed or consulted.

7.3 Development of ScotCOM medical degree at University of St Andrews

University of St Andrews is developing a new five-year MBChB programme for medical students (ScotCOM), with NHS Fife as its partner Board. NHS Fife will develop suitable clinical placements to align with the St Andrews curriculum.

8. Workforce

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

8.1 Develop a sustainable nursing and midwifery workforce

The nursing and midwifery workforce plays a vital role in the delivery of healthcare services and ensuring an adequate and well-supported nursing and midwifery workforce is essential for maintaining safe, quality care.

This section explores the challenges faced by NHS Fife in terms of supply, retention, and vacancies, and provide trajectories for 2023, 2024 and 2025.

Supply Challenges

One of the key challenges is the supply of registered nurses (RNs). There is a growing demand for nursing professionals due to an aging population, increased prevalence of chronic diseases, and advancements in healthcare technology.

However, the supply of nurses has not kept pace with this demand. Factors contributing to this challenge include the aging nursing workforce, limited enrolment in nursing programmes, and competition from other sectors.

a) Age profile

The median age for nurses and midwives in NHS Fife is 44 years, however 20.2% of the nursing workforce is aged over 55 (NES Turas Data March 2023). This percentage is higher in specific services with district nursing, learning disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over.

b) Student Intake

The shortfall of new nursing students starting their degrees in 2022 means that there will be fewer newly qualified practitioners (NQPs) in 2025. This means that the gap between the number of registered nurses needed and those entering the workforce is set to widen.

The significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned to pre-2010 levels.

Student attrition rates continue to cause concern. The number of applicants for nursing courses in Scotland in 2023 is 24% down compared to the same point last year.

c) Newly Qualified Practitioners

We begin recruiting students, who are due to graduate from September, in February and March each year. In March 2022, we recruited 180 WTE students across Fife; this dropped to 155 in June, but with less than 145 WTE eventually joining us.

This year, we again recruited 180 WTE (this includes a rise of 10 WTE in midwifery). Of this 129 WTE were adult nurses, but this has already dropped to 112 WTE. There is concern that only 130 WTE will join us this year.

d) Vacancies

There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can strain the remaining workforce, increase workload, and potentially compromise patient care.

The vacancy rate is part of the NES published data. The vacancy gap being reported for Fife is 12.9% for March 2023 (data is embargoed until June 2023). The anticipated published figure assumes that the establishment equates to staff in post plus all advertised vacancies. This methodology loses its accuracy due to how we advertise posts (bulk recruitment, targeted recruitment, student recruitment etc).

We can calculate an approximation of vacancies using the WTEs from the financial system, noting these do not provide an actual representation of vacancies due to staff who do not generate a WTE, and other caveats related to translating financial information into workforce numbers. Nursing & Midwifery funded establishment in the ledger at March totals 4267, estimated vacancies based on difference between WTEs worked in March compared to the funded establishment is 424 WTE, approximately 10% of our nursing workforce.

There has been an agreement with Directors of Finance, Workforce and Nursing to use 10% as a realistic vacancy rate. NES data suggests 587 WTE vacancies. Work between Workforce and Finance describes 329 WTE RN vacancies of less than 3 months, 55.6 WTE between 3 and 6 months and 18.5 WTE over 6 months – a total of 403 WTE RN vacancies.

e) Turnover

Turnover rate has increased from December 2022 (10.8%) to 13.5% in March 2023 (based on NES data).

Supply Opportunities

a) International Recruitment

International recruitment is recognised as a contribution to the medium-long term solution with this being a positive experience to date for both the Board and the International Recruits, working in collaboration with Yeovil Hospitals Foundation Trust. The cost is £12k per nurse with funding from SG in Acute to date for 23 in 2021/22, 50 in 2022/23 and for 7 in HSCP making a total so far of 80 RNs.

There is no confirmation of continued funding by SG, but organisational agreement is required to maintain the potential pipeline. There is however a stop/start arrangement with Yeovil Trust disrupting a consistent flow. Currently, there are 28 RNs in post with 15 completing OSCEs (Objective Structured Clinical

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Examinations) for registration, however, this can take 4–6 months from arrival to registration.

There is now an International Recruitment Coordinator in post within the Workforce Directorate and a PPD Facilitator in post in order for OSCE prep to be all in-house.

NHS Fife can support 8 IRs per month with limiting factors being accommodation and OSCE support. To do this we require confirmation of the additional funding required from SG.

b) Return to Practice

We have 5 applicants for programme to commence this year.

c) Open University

5 places have been made available to Fife - in discussion with Open University for additional places.

d) HNC Route

There have been 16 applicants for HNC with interviews planned in May 2023. This 2-year course allows entry to 2nd year of pre-reg nursing course.

e) Assistant Practitioners

The development of bands 2 to 4, particularly the role of the Assistant Practitioner, is being implemented to support a sustainable workforce.

- Cohort 1 (n=21) started PDA in April- should qualify January 2024
- Cohort 2 (n= 44) start PDA in August- should qualify May 2024
- Cohort 3 (n tbc) start PDA in January 2025

8.2 eRostering

Work is progressing on the implementation of eRostering, with plans for roll out to the next phase of services being agreed. Business as usual resource requirements are currently work in progress, with initial agreement for the Workforce Directorate to host eRostering in future once full implementation has been realised.

Implementing eRostering can bring numerous benefits to NHS Fife. Key advantages include:

1. Efficient workforce management: eRostering streamlines the process of creating, managing, and updating staff rotas. It allows for automated rostering, reducing the administrative burden on managers and ensuring optimal allocation of staff resources.
2. Time and cost savings: The automation of rostering processes saves time for both managers and staff. Manual rostering can be time-consuming and prone to errors, whereas the eRostering system can quickly generate rosters, taking into account various factors such as staff availability, skill mix, and workload requirements. By reducing the time spent on rostering, managers can focus on other critical tasks. Moreover, efficient rostering leads to better staff utilisation, minimising overtime costs and reducing the need for supplementary staff.
3. Enhanced staff satisfaction: the eRostering systems has an online app feature which allows staff members to indicate their availability,

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preferences, and requests for time off. Time spent requesting leave on paper forms and delays in manager's response is replaced with a simple, online solution.

4. Improved patient safety: Effective rostering plays a vital role in ensuring patient safety. With eRostering, managers can ensure appropriate staffing levels, skill mix, and continuity of care. By accurately matching staff to patient needs, the risk of errors and adverse events can be reduced. Additionally, as the system is implemented, including the Safecare model, the system can provide real-time visibility into staffing gaps or potential issues, enabling proactive adjustments to maintain patient safety standards.
5. Compliance with regulations: NHS Fife must comply with working time directives and contractual obligations. eRostering systems can help automate compliance monitoring by tracking staff working hours, rest breaks, and leave entitlements. This ensures that rostering practices align with legal and regulatory requirements, reducing the risk of non-compliance.
6. Data-driven decision making: eRostering can generate a wealth of data related to staffing patterns, workload distribution, and resource allocation. Analysing this data can provide valuable insights for workforce planning. Managers can identify trends, predict staffing needs, and make data-driven decisions to improve efficiency and resource allocation in the long term.

In summary, implementing eRostering will lead to efficient workforce management, time and cost savings, improved staff satisfaction, enhanced patient safety, compliance with regulations, and data-driven decision making. It will significantly transform the rostering process and contribute to the overall effectiveness and performance of NHS Fife.

8.3 Health & Care Staffing Act 2019 – Safe Staffing legislation

Work is progressing across professions in preparation for full implementation of the Health and Care (Staffing) (Scotland) Act 2019 on 1 April 2024. Teams are currently in testing Guidance chapters. Learning from the plans for implementation of the legislation across nursing, midwifery and other clinical professions, is being shared across the organisation.

8.4 Staff Health & Wellbeing

Supporting wellbeing and maximising attendance is a key focus of our recovery work. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

NHS Fife has a range of core staff wellbeing services in place as part of the tiered approach to wellbeing, starting at local level within teams / wards. This includes:

- Occupational Health Service
- Spiritual Care
- Peer Support
- Staff Listening Service and
- Psychology Staff Support

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

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



8.5 Recruitment & Retention of Staff

In addition to the work described above and in Section C below in relation to our Bank & Agency Programme, a number of other initiatives are ongoing within NHS Fife to support recruitment and retention of staff, including within our Medical & Dental and Pharmacy functions and through development of extended roles in terms of advanced practitioners, consideration of areas where Physicians Associates and other MAPs could be employed, skill mix and improved use of technology.

9. Digital

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Develop the digital medicines programme*

9.1 Optimising M365

We will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023.

We will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.

9.2 National digital programmes

Within D&I, we are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the Medium Term. These include:

- e-Rostering – NHS Fife have begun the rollout of the National rostering system which supports staff to deliver services. This will conclude during the medium-term plan period
- Community Health Index (CHI) – We are collaborating with the national team to deliver this programme.
- Child Health – This programme had a reset in 2022, therefore we continue to support whilst a new programme timeline is delivered.
- M365 – Maximising Benefits and federation – M365 was rolled out during the pandemic, there are a number of areas which still require to be maximised whilst also supporting more joined up utilisation across Health and Social Care.
- GP IT – To deliver a new GP IT system is currently being taken through governance within Fife and will be implemented within the medium term.
- HEPMA – NHS Fife are in the process of signing a contract to deliver Hospital Electronic Prescribing and Medicines Administration across both acute and community areas.
- Laboratory Information Management System (LIMS) – NHS Fife are one of three early implementation boards and are working closely with other boards to deliver this programme locally, regionally and nationally.
- PACS – Fast Access to images, NHS Fife have undertaken several upgrades of the current PACS system implemented in Fife, following contract award, NHS Fife will consider the best approach to implementation and work with colleagues within Radiology to implement the new PACS system into NHS Fife.

- Vaccination and Immunisation – continue to support this work ongoing within this area.
- Radiology Information System (RIS) – Consideration to a new national approach to RIS is being undertaken if this is brought forward, NHS Fife will support the inclusion of this work within their plan.
- Digital Pathology – Has been implemented within NHS Fife we will continue to collaborate closely with teams to ensure safety standards continue to be met.

9.3 Organisational Digital Maturity Exercise

NHS Fife completed a digital maturity exercise in 2019 this will be repeated in 2023. The results of the previous Digital Maturity exercise helped to shape the priorities for NHS Fife. The 2023 study will be undertaken to ensure consistency with the delivery plan we are undertaking and ensuring that any emerging themes that have not already been considered are part of the key ambitions for our next digital strategy scheduled for delivery in 2024.

9.4 Leadership in digital

We will plan our delivery for both our service users and those who utilise digital but we will also focus internally to ensure that we continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking training locally and also highlighting to leaders across the board when digital programmes are offered, in the medium term example of the areas are:-

- Information Technology Infrastructure Library (ITIL) – Digital have committed to the continued support of ITIL for those working within the digital environment.
- Digital Leadership – An MSc Course is available and will be cascaded to relevant teams, with leaders within the organisation supported to undertake this qualification.
- Digital Mindset Masterclasses – We will support the cascading of these sessions to our senior leadership team in order to create a shared understanding of the challenges of digital delivery.
- KIND – Senior Leaders within digital are signed up to the KIND network and are committed to supporting and rolling out training which is identified within this programme to teams both internal to digital and externally where appropriate.

Roles and Pathways – Digital are in the process of creating a skills matrix which will support those interested in a career in digital in achieving their ambitions. In addition, NHS Fife digital are supporting modern and graduate apprenticeships to support the ongoing delivery of digital and show the benefits of a career in digital to young people within the local community.

9.5 Scottish Health Competent Authority

NHS Fife will undergo the NIS (Network and Information Systems) audit in July 2023. Following the completion of the report the NIS Action Plan will be created and presented to the Information Governance and Security Steering Group and the Digital and Information Board for awareness and assurance. Both groups will

then track the progress of the Action Plan in the normal manner. Items of note will also be escalated through the standing governance arrangements as required.

NHS Fife continues to seek confirmation of the strategy for the Cloud Centre of Excellence (CCoE) and its associated services. On identification of these then direct engagement, in relation to support of compliance with NIS will form part of the Action Plan. At present engagement with CCoE is based on their national role in informing threat intelligence and identification.

9.6 Paperlite project

The Paperlite project as it was known has been reshaped into an Electronic Patient Record programme, with key benefits beginning to be derived, which will be around 70% complete within the medium-term delivery timescale. The programme will focus on maximum utilisation of our key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support our clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making and the patient experience.

This programme will also focus on how we interact with patients to improve their experience through the continued use and introduction of digital technology.

Examples of Key deliverables are:

- Our strategic programmes will ensure we maximise the use of existing systems through the extension of Electronic Patient Record programme, as the most appropriate way to support the design and deliver our services.
- The inclusion of innovation in our strategic framework will bridge the gap and support implementation of a true EPR for NHS Fife, that is available to patient through a digital “doorway”, while recognising the need for alternatives in supporting those that find themselves excluded from the digital world.
- Near Me – The pandemic saw the introduction of Near Me within Fife for all Acute, Community and Mental Health services, this was further supported by the introduction of Near Me, Near You with specialised Near Me rooms in the community for those who do not have connectivity at home. In the medium-term NHS Fife will continue to support the use of Near Me for group consultation. NHS Fife are also aware of further work being undertaken within the HSCP to support the rollout of Near Me within Social Work services and will support this process by sharing lessons learned with teams.
- Digital Front Door – NHS Fife will extend its digital front door through the continued introduction a digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services through the use of digital exchange including modern telephony solutions. NHS Fife have also recently introduced ‘Elsie’ to support digital preassessment within orthopaedics, in the medium term there is an ambition to further expand the use of this technology. We will continue to commit to this both at a local level and with supporting the introduction of any recommendations which we receive from Scottish Government which will support this key area.

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- Digital Pathways – Through introduction of digital pathways for COPD, Heart Failure, Asthma, Monitoring at Home for Blood Pressure and platforms which support this care such as Inhealthcare, Lenus and the Right Decision Service. NHS Fife are concerned with the number of platforms which are in use across Scotland, but we will work to ensure that our community understands access points for delivery of their care.
- Digital Mental Health Support – Digital will work with Mental Health teams to ensure we support the ongoing work which is being undertaken as part of Care in the Digital Age.
- Digital Inclusion – Ensuring that access to services is equal for all, that no one is left behind in the move to a digital future, we will work closely with services to ensure that we meet their needs whilst also ensuring that we develop pathways and services which meet the needs of all service users especially those who are most vulnerable in our society.

9.7 Digital Scotland Service Standard

Previously known as Digital First, NHS Fife are committed to aligning our digital deliveries with this methodology to ensure services are based on the needs of users, are sustainable and continuously improving, secure and resilient, and that good technology choices made.

10. Climate

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To deliver value
and sustainability*

- *Implement actions to support climate emergency*

10.1 Decarbonise fleet

NHS Fife are to remove all fossil – fuelled small and light commercial vehicles in the NHS Fleet. We will also ensure all small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil fuelled vehicles by 2030. We are however reliant on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout the NHS estate and collaborate across the public sector on charging infrastructure.

We are heavily reliant on the Transport Scotland grant funding and have submitted a 2023/24 bid to the 'Switched-on fleet' grant for 8 light commercial vehicles, increasing the percentage of light commercial EVs to approximately 60%. If our 2023/24 bid to the Switched-on Fleet Grant is successful, we will increase the charge point network by 8 double charge points increasing the total number of charge points across NHS Fife to 77.

10.2 Achieve waste targets

The new tenders for waste have within them a mandated data return for all 15 categories of waste. These new contracts will improve our data collection. We also use the data from invoices to augment the information on the current national data system (RIO), which is of limited use currently. We are investigating the installation of bulk scales to confirm some of the data produced by contractors.

An annual audit of the very basic "what is going in which bin" ensures that we are gradually improving the segregation of waste. This ensures that more is presented for recycling and less is seen as Domestic waste, which has reduced by 15%.

Our contractor for domestic waste collection is Fife Council. Fife Council continues to invest in processing which ensures the minimum of waste goes to landfill. We will be working with Fife Council to ensure that we can extract data from their system which evidence progress to the target, ensuring no more than 5% of domestic waste goes to landfill. We will also ensure that we can demonstrate our waste is treated to meet the target of 70% of domestic waste is composted or recycled in conjunction with Fife Council.

There will be continued investment in and increase the use of dewatering equipment to reduce the overall weight/volume of food waste disposed of. We will invest in the National Catering Information System to better control production waste and improve the timeliness of ordering. We will continue to follow/improve on SG direction in the withdrawal of some disposables and introduce Reverse vending.

We will also take part in trials of re-usable PPE, ensure laundering improvements to reduce the use of disposable curtains and mopheads and will pursue the

installation of a heat recovery system within laundry. The latter utilising hot water to be re-circulated and reduce gas consumption.

10.3 Reducing medical gas emissions

There is a commitment to ending the use of desflurane and will therefore promote Sevoflurane as the first-choice option within Anaesthetics. The use of Tiva will also be promoted and encouraging the use of regional or local anaesthetics to reduce the need for volatile gases.

Work is ongoing to decommission nitrous oxide manifolds across the estate. A nitrous oxide mitigation team will be formed then discuss and document our approach to eliminating piped nitrous oxide. By the end of 2023, these reductions will be incorporated as part of our annual reporting process.

10.4 Learning from the National Green Theatre Programme

Having already made great progress in implementing the National Green Theatres programme, our next steps will involve further development of the theatre action plan to align with the national green theatre programme. NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed for 2023/24.

This year we will create a green theatres project group which will involve recording the progress that has already been made and then identifying areas that still need focused on to fully implement the national green theatre programme across NHS Fife. We have actioned 7 areas of the green theatre programme with all other areas being in progress. Using a tracking document to monitor our progress across the areas outlined in the 'bundles', we will create a timeline and plans for achieving the remaining targets.

10.5 Implementing of a building energy transition programme

To begin the implementation of a building energy transition programme, we have started the process of creating net zero road maps for all NHS Fife sites. Within these, they have provided an analysis of current energy consumption and created action plans on how to reduce emissions and meet targets.

To become a net-zero health service by 2040 we will have all 12 net-zero road maps completed by the end of year 1. Then, using the completed road maps we will identify the measures to take that will allow us to deliver a 75% reduction by 2030, compared to 1990. We will then outline the funding we are going to apply for in order to carry out these projects and curate a plan as to how they can be implemented as soon as possible. We will put in funding applications for some of the projects that need to take place and aim to deliver those over the next 7 years between now and 2030.

10.6 Implementing the Scottish Quality Respiratory Prescribing guide

Our quality improvement approach for implementation of the Scottish Quality Prescribing Guide includes:

- Implement recommendations from Respiratory Quality Prescribing Guide
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors

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- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

NHS Fife is one of three NHS Boards participating in redesign to transition from three separate formularies to a single East Regional Formulary (ERF). As part of this process, the Respiratory prescribing section was reviewed in October 2021 and released in December 2021.

The ERF group was tasked with reviewing inhaler choices based on the following criteria: Efficacy, Safety, Cost Effectiveness and Environmental impact. This represented the first time that Formulary Committee made a conscious effort to include environmental considerations in Formulary choices. To guide prescriber selection, a clear sign has been added to the inhaler poster to enable environmentally friendly choices of inhalers.

NHS Fife is currently awaiting publication of the Scottish Quality Respiratory Prescribing Guide (SQRPG), due April 2023. To pre-empt the SQRPG, ERF Committee is establishing an Expert Working Group of Clinicians and Respiratory Pharmacists to review how we utilise the current choices of formulary inhalers in order to assess how current choices affect the environment. A plan will then be developed to improve inhaler choices to reduce greenhouse gas emissions and limit detrimental effects on the climate. The ERF group will align discussions with the SQRPG.

10.7 Implementing an Environmental Management System

We have engaged with HDR to implement an Environmental Management System (EMS) across NHS Fife. They attended site in May to carry out an initial assessment of Victoria Hospital, with the intention of populating an EMS at this site first. We are aiming to populate an EMS at our largest site, Victoria first, with the intention of rolling out our EMS across all NHS Fife sites moving forward. Phase 1 of EMS implementation will involve Victoria Hospital, and this will be done in quarter 3 giving us 6+ months. Phase 2 will involve EMS implementation at all major sites and phase 3 will be EMS implementation at all sites. We also aim to have full implementation of an EMS at 2 sites by the end of quarter 4. By the end of quarter 1 we want to have a full plan written as to how we are going to progress with our EMS over the next year.

Section B: Finance and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Deliver year one actions of the financial improvement and sustainability programme*

Medium-term Financial Plan

We have recently submitted our medium-term financial plan to Scottish Government which sets out the key risks to delivery of financial balance in-year and over the medium-term. Discussion is ongoing with Health Finance Directorate colleagues in relation to our key planning assumptions including:

- Ongoing distance from our NRAC share and the cumulative impact of this on the financial position
- Unsustainable levels of reliance on bank and agency staffing to support significant workforce availability challenges
- Requirement to maintain all surge capacity throughout the full year
- Significant cost pressure within our SLAs with other NHS and Independent Sector Providers
- Increasing cost pressure within SLAs for Mental Health and Learning Disability Services
- Inflationary pressures impacted by record global energy costs, across a number of areas, particularly PFI contracts which are directly linked to RPI
- Reduced levels of funding for planned care services
- Significant increasing costs across acute prescribing budgets

NHS Fife continues to operate out with the agreed Board risk appetite in relation to delivering value and sustainability. The financial plan does however set out a realistic and credible plan to respond effectively to this over the medium-term. During 2023/24, we will continue to utilise the infrastructure we put in place previous year to help support delivery and identification financial and productive opportunities.

Establishment of Financial Improvement and Sustainability Programme

We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme.

We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.

Section C: Workforce Planning and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

Workforce Plan

The Board's three-year Workforce Plan for 2022 to 2025 was published in November 2022 and gave a commitment to the development of Directorate / Service based Workforce Plans, which in turn would form the supporting action plan to achieve the commitments set out in the Workforce Plan.

As part of the Board's Strategic Planning & Resource Allocation process, all services were provided with and submitted documentation in support of meeting this commitment, which enabled workforce projections aligned to the Workforce Plan to be captured, alongside workforce commitments, priorities and risks aligned to service deliverables. This demonstrated our triangulated approach to Service, Finance and Workforce Planning.

The details submitted have been harvested and are in the process of being analysed, so that Directorate and Service based workforce plans can be completed by the end of quarter 2 of 2023/2024. This will allow us to map corporate priorities across to the SPRA submissions, identifying those submissions that may impact the future shape of the staffing complement, and highlight any sustainability pressures, included within the Workforce Plan for 2022 to 2025.

Through our joint work with Fife HSCP workforce colleagues, we have contributed to their Workforce Action Plan, reinforcing the linkages necessary in workforce terms with our partners, including Fife Council and the voluntary and third sectors.

Key Priorities

The key priorities in the Workforce Plan for 2023/24 are:

a) General Practice Sustainability

NHS Fife and Fife HSCP continue to experience significant clinical and managerial workforce challenges within Primary Care Services, which impact directly on safe and effective service delivery within 2C Board managed General Practices. NHS Fife initiated a tender process for external bids in early 2023, for three General Practices in this category, working towards an outcome of stability and resilience. The initial tender process has been agreed and will be implemented over 2023/24. This is part of a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c General Practices. The aim being to develop

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resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice.

b) International Recruitment

This has been a positive experience for both NHS Fife and the candidates, and it is hoped that international recruitment will increase and expand to other professions over 2023/24. Unfortunately, it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 months.

c) Development of Assistant Practitioner and Healthcare Support Worker Roles

Our Band 2 to 4 workforce progression will focus on establishing a recruitment programme, career development from Band 2 through to post registration and support for managers and educators.

d) Youth Employment, Employability

Last year dedicated leadership on the Employability agenda supported NHS Fife is progressing our aims in this area which sit at the heart of the Employer commitments in our Anchor Organisation delivery plan. Lessons learned from our first-year delivery are now informing our intended planning for an increased capacity for our Modern Apprenticeship (MA) programme expansion. This work will also be informed by the Director of Workforce's role in the newly established NHS Scotland Anchors Workforce Strategic Group.

In 2023/24 we will grow our MA numbers in partnership with Fife College with initial focus on our Healthcare Support Worker workforce, aligning with the work being led by our Nursing & Midwifery Workforce Group to support Band 2-4 progression to address establishment gaps within this job family. As well as building numbers in Nursing & Midwifery we will develop plans to increase our MA provision across other professions and to integrate this work with Foundation Apprenticeship activity as we build our connections with local schools to open access to increased numbers of school leavers accessing health & social care career pathways.

As part of this initiative, links are being established with NHs Fife's Executive Directors with Head Teachers across the 18 secondary schools in Fife.

e) Health & Wellbeing Framework

The NHS Staff Health & Wellbeing Framework was published in December 2022 and is aligned to the Population Health & Wellbeing Strategy. Given the importance of and continued focus on Staff Health and Wellbeing generally and in the context of the legacy of the pandemic, confirming our intentions was key. The Framework clearly sets out the ambitions, focus, structure and reporting arrangements for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

In addition, the Framework aligns to the commitments set out in the three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey.

The infrastructure to support this has been enhanced this year by the opening of new Staff Hubs on several of NHS Fife sites, providing staff with bright, modern spaces to relax, refresh and recharge.

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f) *Implementation of Safe Staffing - The Health and Care (Staffing) (Scotland) Act 2019.*

NHS Fife is working towards implementation of the Act in 2024 and will undertake Chapter Guidance testing, as part of the work commissioned by HIS and SG. This includes the establishment of a local reference group covering all clinical disciplines, actively using the current real-time staffing tools to identify risks to care arising due to staffing issues, ensuring staff are aware of these, and that relevant staff have appropriate training and time and resources to implement them. This is in advance of the implementation of eRostering, which will facilitate escalation and reporting once the “Safe Care” module is live.

g) *Bank & Agency Programme*

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is a high priority area for NHS Fife.

An existing commitment made by the Executive to create a consolidated single Staff Bank for the management of all supplementary staffing needs has now been expanded under a new Bank & Agency Programme led by the Director of Workforce which will aim to deliver a revised model to contribute to financial and workforce sustainability to meet current and future service needs.

The Programme will be to deliver the aims set out by the national Supplementary Staffing Task & Finish Group including the adoption of the National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards. As the model is developed it will align with our broader work on staff recruitment and retention noted above and will reflect and work compatibly with the introduction of the new national e-Rostering solution and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Section D: Value Based Health and Care

The Realistic Medicine (RM) Plan is being rolled out to embed Realistic Medicine across Fife. Engagement meetings with stakeholders suggest that communication is the most important factor in embedding Realistic Medicine in Fife. A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks. A stakeholder analysis workshop was also undertaken, and Communications and Engagement Plan developed. A Benefits Workshop has been undertaken to identify benefits and enable benefits realisation. A workshop is being planned to support governance arrangements. Engagement meetings were held with the Realistic Prescribing steering group to identify areas of collaboration.

Process mapping exercises were undertaken with a Sexual Health Consultant and a Consultant Surgeon on their process of engaging with patients and sending letters to them. This was undertaken for the Organisational Learning Group (OLG). It helped to identify areas of efficiency and improvements in patient satisfaction.

The 'Questions that matter' (QTM) RM tool has been developed for use in Fife and has been rolled out to patients. The tool ensures that patients are able to reflect on questions to ask ahead of consultations. A one-page digital version and QR code have been developed with excellent feedback. The RM message has been embedded on Desktops in NHS Fife with fantastic feedback and request for more information from staff.

Engagement meetings have been undertaken with the NHS Fife Communication team to identify areas of collaboration, such as developing Communications Matrix (workshop). Information on Realistic Medicine are to be rolled out to staff on desktops, hospital screens and pop-up banners. Information Realistic Medicine is now on the NHS Fife Staff intranet (Blink). There has been engagement with RM network meetings and other NHS Boards (such as NHS Ayrshire and Arran) to share learning and practice. We plan to work with Realistic Prescribing and other teams to reduce waste and enable strategies for a greener, sustainable health care system.

We plan to align our work with the 5 strategic priorities of the Scottish Government. With regards to encouraging staff to access the RM Module on TURAS, we will engage with Directors and workforce committees and ensure that staff have easy access to the RM module on TURAS via the staff intranet (Blink). We will also engage with NHS Education for Scotland (NES) to ensure the TURAS module contents flow better.

There are plans to engage with the General Medical Council (GMC), GP clusters and staff and disseminate information about RM through grand rounds. With regards to encouraging patients and families to ask the BRAN (Benefits, Risks, Alternatives, Nothing) Questions, we plan to engage with the Patient Experience Team to embed RM principles, engage with patients and continue to roll out the QTM that contains BRAN questions. We plan to mainstream person centred stories and collaborate with communications and Information technology to ensure that information on BRAN questions is placed on patient and staff facing sides of NearMe (video conferencing) with prompts on IT systems on the BRAN questions.

With regards to evaluation of shared decision making from patients, we plan to undertake a variety of strategies including surveys, analysing data from care opinion and staff engaging with patients to fill feedback forms. With regards to

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supporting local teams work with the Centre for Sustainable Delivery (CfSD) to roll out the Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and Effective and Quality Intervention (EQUIP) Pathways, we plan to engage with local teams to facilitate RM sensitive pathways. Taking cognisance of encouraging local teams to engage with the CfSD to consider current and future Atlas of Variation, we plan to collaborate with colleagues at Public Health Scotland to facilitate better understanding and consideration of this with local teams in Fife.

Section E: Integration

In Fife we have embraced the legislation associated with the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as ‘health and social care integration’.

This focuses not only what we do, but, also how we do it, developing our culture of Integration based on interagency parity and respect. We describe our collaborative approach to Integration as “Team Fife”, recognising integration across health services, joint working with the Health and Social Care Partnership (HSCP) and multi-agency working across local authority and third and independent sectors in line with our community planning aspirations described within the Plan for Fife. It is by working collegiately together towards a common purpose to improve outcomes for the people of Fife that we will make greatest impact in people’s lives and support our workforce.

Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council. We have worked together to ensure close alignment between the Population Health and Wellbeing Strategy and Fife HSCP Strategic Plan, and we will work together to deliver and develop services for people in Fife.

Fife Health and Social Care Partnership has a three-year ‘Strategic Plan 2023 to 2026’ that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership’s Strategic Plan is supported by transformational and business enabling strategies and delivery plans. The opportunity provided by being co-terminus is that we can evidence clear alignment to both the Integration Joint Board and NHS Fife statutory responsibilities.

Some key examples of joint working that can evidence “integration in action” in Fife are:

- Collegiate work to support capacity and flow supporting the use of the whole system OPEL tool enabling whole system response using common language and agreed action in response to service pressures and risk.
- The Primary Care Strategy is jointly commissioned through professional leads in NHS Fife and Fife IJB Chief Officer to enable the recovery, quality and sustainability of Primary Care
- The Prevention and Early Integration strategy and delivery plan is another example of strong joint working aligned to Public Health Priorities and galvanising a whole system response to promoting population health and wellbeing across the life span.
- The collective efforts to support prevention are also evidenced through joint working in relation to unscheduled care to support joint improvement actions to enable the right care, right place, first time.
- We are also joining up an enhancing our collective approach to communications, participation and engagement evidenced through strategy

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development and supporting us to engage meaningful with the people of Fife to inform our priorities.

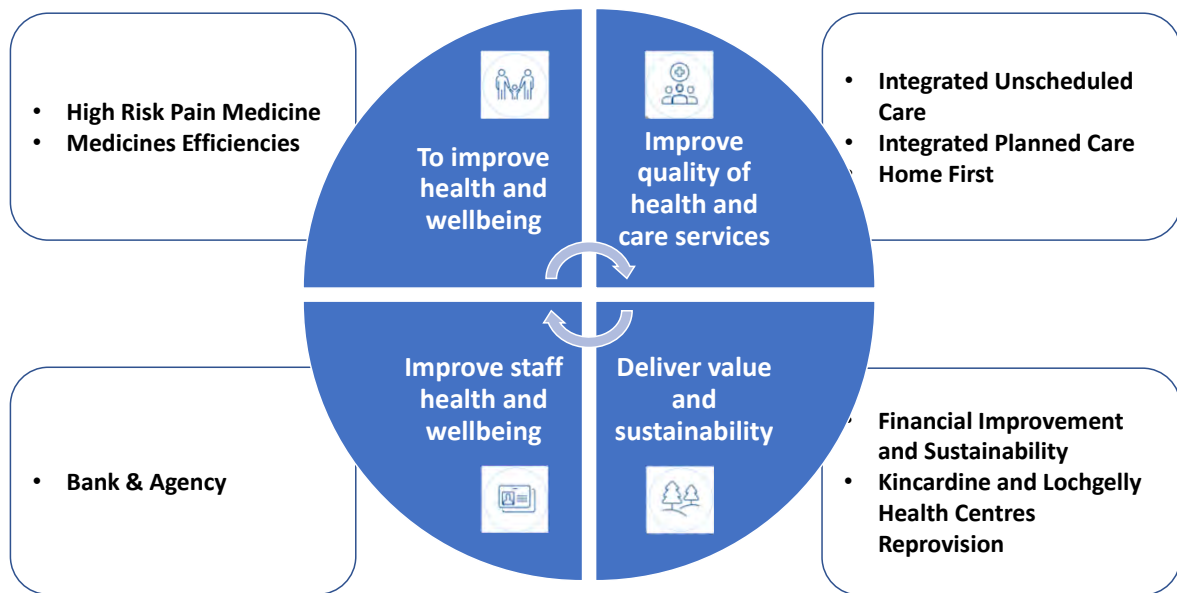
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Section F: Improvement Programmes

NHS Fife and Fife Health and Social Care Partnership have established Programme Management Offices to manage and deliver the key strategic improvement programmes for the respective organisations.

We have high aspiration to support improvement and transformation of services in Fife. This is supported by a Programme Management Approach in both NHS Fife and the Health and Social Care Partnership which recognising the multi-agency integration of many programmes of work within the community. The examples below relate to the programmes aligned to NHS Fife services recognising there are a range of wider improvement programmes also aligned to Fife Council delegated services not listed within this plan.

The diagram below illustrates the programmes currently underway. A more detailed table with objectives and outcomes for each programme can be found in Appendix D.



Appendices

Appendix A: New Outpatient Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
All Specialties	Routine												
All Specialties	Urgent												
Anaesthetics	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Anaesthetics	Routine												
Anaesthetics	Urgent												
Cardiology	All Urgencies	130	130	130	130	130	130	130	130	130	130	130	130
Cardiology	Routine												
Cardiology	Urgent												
Dermatology	All Urgencies	843	642	642	843	642	642	642	642	642	642	642	642
Dermatology	Routine												
Dermatology	Urgent												
Diabetes/Endocrinology	All Urgencies	48	48	48	48	48	48	48	48	48	48	48	48
Diabetes/Endocrinology	Routine												
Diabetes/Endocrinology	Urgent												
ENT	All Urgencies	871	871	871	871	871	871	871	871	871	871	871	871
ENT	Routine												
ENT	Urgent												
Gastroenterology	All Urgencies	125	125	125	125	125	125	125	125	125	125	125	125
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Medicine	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
General Medicine	Routine												
General Medicine	Urgent												
General Surgery (inc Vascular)	All Urgencies	715	715	707	707	707	723	712	723	712	727	727	727
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	750	750	750	750	750	750	750	750	750	750	750	750
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies	233	233	233	233	233	233	233	233	233	233	233	233
Neurology	Routine												
Neurology	Urgent												
Neurosurgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	Routine												
Neurosurgery	Urgent												
Ophthalmology	All Urgencies	518	518	518	518	518	553	553	553	553	553	553	553
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	169	169	169	169	169	210	210	210	210	210	210	210
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies	74	74	74	74	74	74	74	74	74	74	74	74
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	770	770	770	770	770	770	770	770	770	770	770	770
Other	Routine												
Other	Urgent												
Pain Management	All Urgencies	88	88	88	88	88	88	88	88	88	88	88	88
Pain Management	Routine												
Pain Management	Urgent												
Plastic Surgery	All Urgencies	49	49	49	49	49	49	49	49	49	49	49	49
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Respiratory Medicine	All Urgencies	192	192	192	192	192	192	192	192	192	192	192	192
Respiratory Medicine	Routine												
Respiratory Medicine	Urgent												
Restorative Dentistry	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Restorative Dentistry	Routine												
Restorative Dentistry	Urgent												
Rheumatology	All Urgencies	186	186	186	186	162	162	162	162	162	162	162	162
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	496	496	496	496	496	496	496	496	496	496	496	496
Urology	Routine												
Urology	Urgent												



Appendix B: TTG Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164
All Specialties	Routine												
All Specialties	Urgent												
ENT	All Urgencies	90	90	90	90	90	90	90	90	90	90	90	90
ENT	Routine												
ENT	Urgent												
Gastroenterology/ Gastroenterology	All Urgencies												
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Surgery (inc Vascular)	All Urgencies	190	190	190	190	190	190	190	190	190	190	190	190
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	101	101	101	101	101	101	101	101	101	101	101	101
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies												
Neurology	Routine												
Neurology	Urgent												
Ophthalmology/ Ophthalmology	All Urgencies	222	222	222	222	222	222	226	226	226	226	226	226
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	52	52	52	52	52	52	52	52	52	52	52	52
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies												
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies												
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	51	51	51	51	51	51	51	51	51	51	51	51
Other	Routine												
Other	Urgent												
Plastic Surgery	All Urgencies	30	30	30	30	30	30	30	30	30	30	30	30
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Rheumatology	All Urgencies												
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	267	268	268	273	273	274	287	287	288	289	289	289
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	135	135	135	135	135	135	135	135	135	135	135	135
Urology	Routine												
Urology	Urgent												

Appendix C: Diagnostic Capacity Projections by Key Test



New Elective Diagnostic Test - Activity Projections	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Endoscopy	All Urgencies	899	899	899	899	899	899	899	899	899	899	899	899
All Endoscopy	Routine												
All Endoscopy	Urgent												
All Endoscopy	Urgent Suspicion Cancer												
All Endoscopy	Bowel Screening												
Upper Endoscopy	All Urgencies	291	291	291	291	291	291	291	291	291	291	291	291
Upper Endoscopy	Routine												
Upper Endoscopy	Urgent												
Upper Endoscopy	Urgent Suspicion Cancer												
Lower Endoscopy (other than colonoscopy)	All Urgencies	131	131	131	131	131	131	131	131	131	131	131	131
Lower Endoscopy (other than colonoscopy)	Routine												
Lower Endoscopy (other than colonoscopy)	Urgent												
Lower Endoscopy (other than colonoscopy)	Urgent Suspicion Cancer												
Colonoscopy	All Urgencies	450	450	450	450	450	450	450	450	450	450	450	450
Colonoscopy	Routine												
Colonoscopy	Urgent												
Colonoscopy	Urgent Suspicion Cancer												
Colonoscopy	Bowel Screening												
Cystoscopy	All Urgencies	27	27	27	27	27	27	27	27	27	27	27	27
Cystoscopy	Routine												
Cystoscopy	Urgent												
Cystoscopy	Urgent Suspicion Cancer												
All Radiology	All Urgencies	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222
All Radiology	Routine												
All Radiology	Urgent												
All Radiology	Urgent Suspicion Cancer												
Magnetic Resonance Imaging	All Urgencies	944	944	944	944	944	944	944	944	944	944	944	944
Magnetic Resonance Imaging	Routine												
Magnetic Resonance Imaging	Urgent												
Magnetic Resonance Imaging	Urgent Suspicion Cancer												
Computer Tomography	All Urgencies	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285
Computer Tomography	Routine												
Computer Tomography	Urgent												
Computer Tomography	Urgent Suspicion Cancer												
Non-obstetric ultrasound	All Urgencies	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993
Non-obstetric ultrasound	Routine												
Non-obstetric ultrasound	Urgent												
Non-obstetric ultrasound	Urgent Suspicion Cancer												
Barium Studies	All Urgencies												
Barium Studies	Routine												
Barium Studies	Urgent												
Barium Studies	Urgent Suspicion Cancer												

Appendix D: Improvement Programmes

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
 <p>To improve health and wellbeing</p>	<p>High Risk Pain Medicine</p>	<p>Develop a High Risk Pain Medicines Patient Safety Programme to:</p> <ol style="list-style-type: none"> Understand how pain is currently managed across Fife including examples of good practice, in order to increase: <ul style="list-style-type: none"> learning, educational opportunities and understanding with the people of Fife regarding the use of High Risk Pain Medicines; to enable more effective and safer pain management solutions options and the use of supported self-management solutions for pain management. Reduce the prescribing culture and use of High Risk Pain Medicines across all NHS Fife settings. 	<ul style="list-style-type: none"> Improved Quality of Life for Service Users / Patients Safe and effective use of HRPM medicines no matter what setting in NHS Fife Appropriate initiation, review and stopping of HRPM. Improved financial efficiency for NHS Fife in relation to HRPM.
	<p>Medicines Efficiencies</p>	<ol style="list-style-type: none"> Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate. Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy 	<ul style="list-style-type: none"> Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics
 <p>Improve</p>	<p>Unscheduled Care Programme, specifically supporting:</p> <ol style="list-style-type: none"> Care Closer to Home 	<p>The guiding principles for all the work underway for Unscheduled Care to ensure the safety and wellbeing of patients and staff, and support the public to access the right care, at the right time,</p>	<ul style="list-style-type: none"> Improved and increased number of pathways that ensure that patients are directed to the right place across the whole system Increase in people directed to alternative

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Strategic Priorities	Programme	Objectives	Benefits / Outcomes
quality of health and care services	2. Redesign of Urgent 3. Discharge without Delay	first time for urgent care.	pathways • Increase in scheduled appointments
	Planned Care Programme, specifically Remobilisation of Elective Programme	Implement CfSD tools and development of speciality specific improvement plans to improve service efficiency	<p>Timely: manage the reduction of flow of referrals coming through to secondary specialties and reducing waiting lists and waiting times.</p> <p>Person-Centred: Providing the right care by the right person at the right time, involved from the outset and to have information/guidance to make choices for next steps in the management of their symptoms/condition.</p> <p>Effective & Efficient: Clinicians can offer improved methods of access to service when systems are robust.</p> <p>Equitable: Implement pathways and sharing best practice across the nation that will promote less unwarranted variation.</p>
	Home First	1. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. 2. Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management. 3. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. 4. Services will be redesigned/developed so they are flexible to growing and changing	<ul style="list-style-type: none"> • Reduction in admissions through interventions of a team (Data will demonstrate number of bed days avoided through community intervention) • Reduction of admissions from Care Homes • Number of 'At Risk' individuals avoidably Admitted (or re-admitted) to hospital • Reduction in Digital Summoning of Support (Telecare, Rapid Response, etc.) that rapidly meets / de-escalates need • Reduced number of "delayed days" (Total Number of Days in Delay)

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
		<p>demands, as well as being sustainable.</p> <p>5. Assessment and planning of treatment/care will be co-ordinated.</p> <p>6. Data will lead the planning and commissioning of services.</p>	
 <p>Improve staff health and wellbeing</p>	Bank / Agency Project	<ul style="list-style-type: none"> • Finance – to deliver a £10 million pounds reduction in bank and agency spend in 2023/24. • Workforce – To create a consolidated single Staff Bank for the management of all supplementary staffing needs. • To communicate the benefits of joining Staff Bank, the new rules around 'On Framework Agencies only' and offer consistent messaging around polices and processes to managers and staff 	<ul style="list-style-type: none"> • Delivery against the savings target • Improvements in Bank / Agency processes
 <p>Deliver value and sustainability</p>	FIS Programme	<p>Overseeing the following work:</p> <ul style="list-style-type: none"> • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend 	<ul style="list-style-type: none"> • Financial Control
	Kincardine and Lochgelly Health and Wellbeing Centres Provision	Progress the Full Business Case process in line with Scottish Government timelines and funding availability.	

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Medium Term Plan 2023-26
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Discussion
- Approve in principle

This report relates to:

- Medium-Term Plan 2023/26

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted on 8 June 2023 with the Medium-Term Plan (MTP) 2023/26 due on 7 July 2023. This paper updated the committee on the progress of the MTP.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance is intended to

support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

To support ongoing improvement and resilience, we are moving to the next phase of our Remobilisation, Recovery & Redesign work and will focus on 'Recovery and Renewal'. In doing so, Scottish Government have developed 10 recovery drivers listed below:

1. Improved access to **Primary and Community Care** to enable earlier intervention and more care to be delivered in the community.
2. Access to **Urgent and Unscheduled Care**, including scaling of integrated frailty services to reduce admissions to hospital.
3. Improving the delivery of **Mental Health** support and services reflecting key priorities set out in the upcoming Mental Health Strategy.
4. Recovering and improving the delivery of **Planned Care** – CfSD working with Boards in the delivery of four key interventions to improve delivery of planned care.
5. Delivering the National **Cancer** Action Plan (Spring 2023-2026).
6. Enhance planning and delivery of the approach to tackling **Health Inequalities** including the contribution to primary prevention through Anchors.
7. Support pace of change of **innovative healthcare and technologies**, to improve efficiency and outcomes for patients and to enable care closer to home.
8. Implementation of the **Workforce** Strategy.
9. Optimise use of **Digital & data** technologies in the design and delivery of health and care services for improved patient access.
10. Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from **Climate Change** and improve the NHS's impact on the environment.

As part of MTP, Boards are also asked to:

- Reflect on their submitted 3-year financial plans and identify any potential risks, approach to achieving financial balance and aligning with S&V financial improvement programme of work.
- Approach to embracing and adopting Value Based Health and Care.
- Set out key actions to respond to population needs and how Boards will work in partnership to address and respond to these
- Approach to working regionally and nationally across services through collective and collaborative approaches to planning and delivery.

2.3 Assessment

There are 3 submissions in relation to the ADP, ADP1 and ADP2 were submitted on **8 June 2023** whilst the MTP submission date is **7 July 2023**.

Content within MTP has been provided by all relevant Directorates/Divisions and has been distributed for comment or amendment. It is acknowledged there are still areas within guidance that needs to be addressed locally as well as sections within MTP that require regional and national input.

- MTP Section A for Planned Care is dependent on receipt of modelling information from Scottish Government, this has not been received yet.
- MTP Section E Regional & National requires further discussions with Planning Leads at a local and national level.

There has been continued communication with directors on the completion of the MTP but at the point in time, there are still outstanding sections that require reviewing and confirmation.

- Primary and Community Care
- Urgent & Unscheduled Care
- Mental Health
- Planned Care
- Cancer Care
- Health Inequalities
- Climate Emergency and Environment
- Regional and national

2.3.1 Quality/ Patient Care

Preparation and delivery of both the ADP and MTP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP/MTP process.

2.3.3 Financial

Financial planning is key to the ADP/MTP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP/MTP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

EDG – 22 June 2023

2.4 Recommendation

The Committee is asked to:

- **Discuss and approve in principle** the content of the Medium Term Plan 2023/26. (Recognising aspects remain a work in progress)

List of appendices

1. Medium Term Plan

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Population Health & Wellbeing Strategy

Medium Term Plan
2023/26



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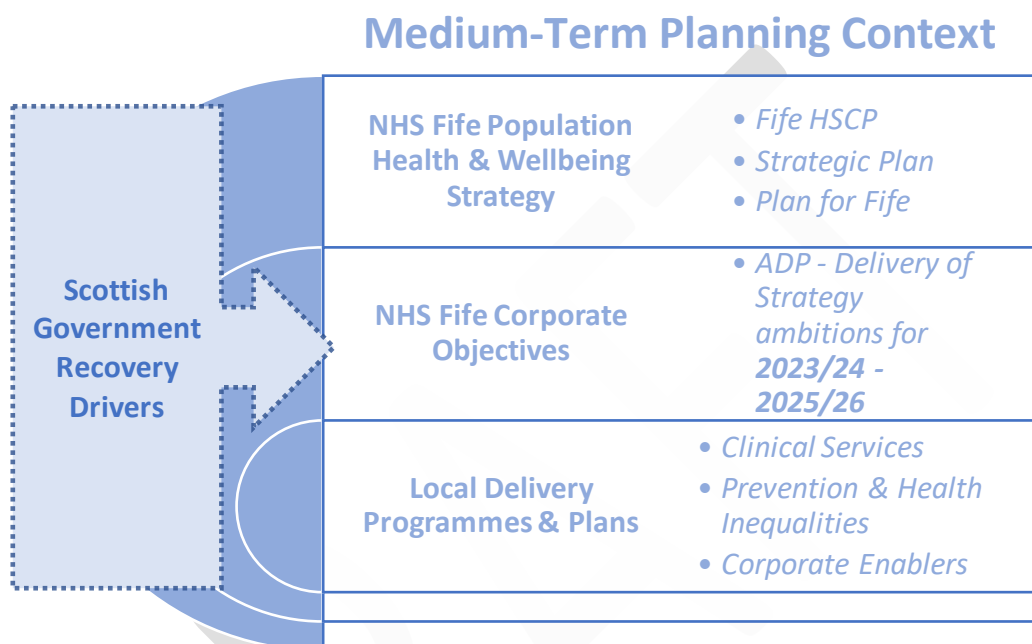
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Medium-Term Planning

1.1 Planning Context

This Medium-Term Plan sits as part of the overall planning context for NHS Fife. The newly approved NHS Fife Population Health and Wellbeing Strategy has established the strategic priorities for our organisation. This Medium-Term Plan describes the specific areas of focus requested by Scottish Government for 2023/24 – 2025/26 and sits as part of the overall planning context for the Board.



The plan confirms the alignment across our strategic priorities and corporate objectives to the Scottish Government Recovery Drivers.

1.2 Impact and Recovery from the Pandemic

The impact of the pandemic has touched all parts of health and care services across Scotland. The virus required difficult decisions to be made to protect patients and staff. It will be some years in the future before the legacy of the pandemic is fully understood.

The pandemic taught us how things can be done differently, at a pace and in an agile way. We have seen how we can use technology to deliver virtual consultations by phone or video call as a part of a blended approach to clinical service delivery. Looking ahead, we will build on what has happened in the last three years and continue innovating to support service delivery and provide high quality care.

Due to the pandemic, some patients have and are experiencing longer waits for treatment and care. Through our agreed clinical prioritisation process, we ensure treatment continues for all patients, with a specific focus on the most urgent cases, including cancer treatments.

The pandemic has also been very challenging for our staff and the delivery of our services. We anticipate this impact will continue for the foreseeable future. Our staff

have continued to demonstrate their extraordinary commitment to public service, working under significant and sustained pressure for a period longer than anyone could have predicted at the outset.

1.3 NHS Fife Population Health and Wellbeing Strategy

In March 2023 the NHS Fife Board approved a new Population Health and Wellbeing Strategy. We developed this strategy through extensive engagement with our communities, staff, patients, and partners. This work has highlighted what matters to the people of Fife when they need health care services and how communities want to be supported in maintaining and improving their own health and wellbeing.



Living Well, Working Well and Flourishing in Fife responds to a wide range of drivers for change.

- Continuing our ongoing recovery from the Covid-19 pandemic.
- Addressing the needs of our increasingly ageing population: it is estimated that our population over the age of 65 will increase by 30% between 2023 and 2043. The over 65 age group are our biggest users of healthcare.
- Reducing health inequalities across Fife: men living our most deprived communities die, on average, 10 years younger than men in our most affluent communities. For women the difference is 8 years. We know that many of these inequalities are avoidable.
- Recognising NHS Fife's status as an anchor institution- this means we can make a positive difference to our population's health and wellbeing. For example, we are a major employer, owner of land and buildings and we

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procure significant volumes of goods and services. Collectively these assets can be used to support the wellbeing of Fife.

- Continuing to integrate health and social care to ensure we deliver joined up and seamless care.
- Ensuring we achieve financial sustainability.
- Supporting our commitments to address climate change and environmental sustainability.

The strategy is structured around our 4 strategic priorities. For each priority we have identified key ambitions. The strategic priorities and ambitions are listed below:

Improve health and wellbeing

- Live in flourishing, healthy and safe places and communities.
- Thrive in our early years.
- Have good mental wellbeing.
- Reduce the use of and harm from alcohol, tobacco, and other drugs.
- Have a sustainable, inclusive economy with equality of outcomes for all.
- Eat well, have a healthy weight and are physically active

Improve the quality of health and care services

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

Improve staff experience and wellbeing

- Our workforce is inclusive and diverse, reflecting Fife's communities.
- Is supported to develop new skills that help improve care for patients.
- Is heard and at the heart of transforming services.
- Works in partnership across health and social care, recognising interdependencies.
- Experiences compassionate leadership in a culture that supports wellbeing

Deliver value and sustainability

- Provide the right services in the right places with the right facilities.
- Ensure the best use of our buildings and land.

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- Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
- Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
- Deliver sustainable and effective resource allocation that supports value-based healthcare.

Implementation of this strategy will be taken forward through a range of improvement programmes which will be reviewed and updated in response to emergent and evolving priorities; continued partnership working with a wide range of stakeholders; ongoing involvement of staff and the public; and continual monitoring and evaluation of this work. All of this will be supported through clear communication.

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MTP Recovery Drivers

NHS Fife's Population Health and Wellbeing Strategy is clear on the ambitions for each strategic priority for the next 5 years and the Recovery Drivers are all explicitly aligned to these. The sections below cover the specific areas of focus requested by Scottish Government in the MTP guidance. The NHS Fife Population Health and Wellbeing Strategy document has been shared as part of this submission

1. Primary & Community Care

1.1 Design and implementation of a Primary Care Strategy 2023-2026

The Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision *for the people of Fife to live independent and healthier lives*. It also underpins NHS Fife's population health and wellbeing strategy and our collective commitment to the anchor ambitions.

Primary Care is the cornerstone of our health and social care system. We know that strong primary care services are cost effective, deliver positive outcomes, are accessible in local communities and are the first point of contact for people accessing healthcare. This is critical to supporting early intervention and addressing health inequalities and supporting people with more complex needs including long term conditions in their own communities.

This strategy recognises the importance of self-care and self-management. In parallel with the population health and wellbeing strategy it will support prevention and early intervention to enable people to use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

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

Development and implementation of this primary care strategy will require a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality, and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.

Key deliverables will provide the framework for the primary care strategy implementation plan for 2023-2026 with a governance structure established to ensure oversight and monitoring of progress against the objectives to realise the vision.

1.2 Implementation of the Primary Care Improvement Plan (PCIP)

The contract for provision of General Medical Services in Scotland commenced in April 2018. This was an ambitious and innovative approach by Scottish Government and Scottish Government Primary Care (SG and SGPC) to refocus the role of the GP to that of Expert Medical Generalist. The intention being to build on the core strengths and values of general practice expertise in holistic and person-centred care through the development of multi-disciplinary teams, employed via local Health and Social Care Partnerships (HSCPs), to work collaboratively with their general practice colleagues to enhance the patient pathway, navigating patients towards other clinical professionals; with the ultimate aim of providing GPs more time to care for patients with the most complex needs This is being delivered locally in Fife by the Primary care Improvement Plan (PCIP).

Following a period of review and extensive engagement with stakeholders across NHS Fife, Fife HSCP and wider across the system, we have refreshed our Primary Care Improvement Plan (PCIP) to make sure our plans will provide the best opportunity for General Practitioners to fulfil the crucial role as Expert Medical Generalists. This refreshed plan will focus on stabilising and creating consistency in terms of multi-disciplinary support for Practices across Fife, in particular with regards to services which haven't been fully implemented. The strategic priorities for the PCIP defined and agreed in collaboration being Communication, Consolidation and Synergising

In line with the direction of Memorandum of Understanding 2 (MOU), we will continue to focus our work on completion of implementations of the CTAC (Community Treatment and Care) services and pharmacotherapy services in line with national service specification which is still to be directed while continuing to deliver all fundamentals of the PCIP to both create a level of consistency in service provision across Practices, whilst allowing for the enhancement of services across Primary Care.

As we progress implementation of the primary care strategy there will be continued oversight to assure progress of the PCIP which is critical as an enable to achieve the objectives of the strategy.

1.3 Delivery of diagnostics services within communities

Optometry has been assisting colleagues within secondary care through shared care schemes since the Covid-19 pandemic, focusing mainly on emergency and glaucoma eyecare. This has allowed up skilling of optometrists for future national schemes meaning optometrists can undertake more specialist work on behalf of the hospital through such qualifications as independent prescribing and Glaucoma (NESGAT).

Plans for the rollout of the national glaucoma shared care scheme within NHS Fife, to alleviate the burden of glaucoma care on the hospital eye clinic, are well underway with the aim of 'going live' in April 2024. Future national schemes focused on emergency eye care and low vision are being discussed, however there is no set date for this, yet the hope is this will build onto our already existing services within NHS Fife.

As we progress implementation of the primary care strategy there will be continued oversight and direct support to optometry to ensure ongoing sustainability, innovation and improvement.

1.4 Plans and approaches to secondary prevention

Following whole system collaborative approach to design and develop a Prevention and Early intervention strategy for 2023 -2026, this will be approved by the IJB in September 2023 in line with our broader HSCP Strategic Plan for 2023/24 and then progressed to implementation. The ambition of this strategy is that we enable everyone living in Fife to have the same chance of getting the best care or support they need applying a life course approach, preventing, or limiting problems arising so their lives will be healthy and independent for longer. The strategy will focus on supporting people to remain at home or in a homely setting and reduce the risk of secondary care interventions. To achieve this, our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

As with the Primary care strategy, key deliverables will provide the framework for the implementation plan for 2023-2026 with a governance structure established to ensure oversight and monitoring of progress against the objectives to realise the vision.

1.5 Primary Urgent Care

To support our strategic ambition of sustainable and accessible Primary urgent care services, we are expanding on current system wide Urgent Care Infrastructure. This will further integrate 24/7 urgent care models across Primary care. This work will focus on the continuation of developing urgent care pathways within Out of Hours Primary Care, integrating staffing models in and Out of Hours to develop a resilient and sustainable workforce; The overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, create sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.

2. Urgent & Unscheduled Care

2.1 Urgent and Unscheduled Care Collaborative

The Urgent and Unscheduled Care Collaborative focus will build on the improvements and collaborations to date of enabling the right care, in the right place, first time. The emphasis will be on continuing to shape access to urgent care to provide an outcome focused approach and value-based care.

Access will be improved through the development and optimisation of pathways, scheduling, and virtual capacity pathways to deliver care closer to home and provide the right care in the right place.

Time will be dedicated to determining a sustainable workforce model for the Flow Navigation Centre (FNC). A key success factor will be the creation and implementation of an FNC model which includes Medical Senior Clinical Decision Maker support and is in line with NHS Fife's financial plan. We will also continue our progression in virtual triage and scheduling to Minor Injury Units (MIU) with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU).

To reduce unscheduled admissions and keep care closer to home, as part of the frailty agenda, timely and efficient heart failure and respiratory pathways are necessary in Fife. In relation to a heart failure pathway, Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care, secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient, and person-centred care at home.

Further work to reduce unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. We will continue this work to enhance pathways between acute cardiac services and the community heart failure team. New pathways will be implemented to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe, discharge.

In relation to respiratory pathways, work is ongoing to enhance respiratory care in the community for complex chronic respiratory conditions through establishing strong links with the Scottish Ambulance Service (SAS) and Acute services in Fife. These pathways will reduce unnecessary admissions to hospital through direct referrals between the SAS and the Community Respiratory team and increase early discharges through coordinated care from acute and community specialists. These pathways will form part of core sustainable work within the teams, ensuring continuity of care and delivery close to home.

2.2 Frailty Programme

There will be a focus on the development of integrated person-centred frailty service working across the acute hospital and HSCP for people living with frailty. The Nurse Consultant for Older People will provide leadership and frailty expertise and will work across the two divisions to support whole system multidisciplinary working.

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The Frailty Managed Clinical Network will be restarted and bring together key stakeholders across health, social care and the third sector to progress work to integrate and streamline existing services within the community to support earlier intervention and rapid comprehensive assessment of frail older adults. Services including:

- ICASS (Integrated Community Assessment and Support Services)
- Assessment and Rehab Centres
- Hospital at Home (H@H)
- District Nurses
- Care Home Support Team
- Care Home Advanced Nurse Practitioners (ANPs)
- Front door teams

The focus will be on anticipatory and preventative care to improve outcomes for people living with frailty and reduce the need for unplanned and emergency admissions to the acute hospital and reduce the need for crisis intervention.

Work has commenced with the Care Home ANPs to link more closely with H@H to develop robust rapid referral pathways to support Care Home residents who have an acute health deterioration and require acute medical input (such as IV fluids) but could be supported in their preferred place of care.

Early work has begun with the District Nurse ANPs and Complex Care Teams to support early identification and assessment of frailty in the community linking with the Assessment and Rehabilitation Centres (ARCs) and Geriatrician of the Day if team has medical concerns about a patient requiring urgent advice but does not require acute admission.

Work is ongoing with the ARCS, H@H, and ICTs to develop shared documentation around falls and frailty.

In the event of an acute hospital presentation, an integrated approach is taken to minimise the length of hospital stay with early assessment by the Rapid Assessment and Discharge (RAD) team linking with HSCP colleagues to identify discharge pathways at the earliest opportunity. Direct admissions from the Emergency Department and Medical Admissions to the RAD unit support early interventions which will reduce time spent within the acute hospital setting.

2.3 Best Start

There is the requirement to implement the Best Start recommendations in alignment with the 4 strategic priorities of the Population Health and Wellbeing Strategy.

The local lead for the delivery of the Best Start recommendations is the Director of Midwifery supported by the Executive Nurse Director. In addition, Senior and Junior Clinical Leaders from across the Maternity Services are represented and support the range of recommendations currently in place and underway.

Knowledge and analysis of local Data and user feedback will support planning and decision making. There is a continuous process of audit undertaken within the

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service which directs planning focus. Data regarding current status will be provided on the Best Start Template requested for submission in April 2023.

The following planning assumptions need to be considered when discussing the Implementation:

- The still significant impact of COVID-19 on the entire Health and Care System including Maternity Services. Maternity Services will require being adaptable to any future effects of COVID- 19.
- Balancing the capacity to maintain current service provision and to implement the recommendations of Best Start whilst we are “recovering” from COVID-19 alongside seasonal demands (Winter Planning).
- Significant continuous registrant vacancy factor (due to national shortage of Midwives). There is also challenge in recruiting to some medical posts.
- Continuation of the vaccination programme for influenza delivered by the Midwifery Team and the new request for the Midwifery Teams to deliver for COVID-19 vaccination programme.
- The time out allocation of 21.5% is no longer sufficient to enable safe roster cover. This is due in part to the requirement for all Midwives to complete Core Mandatory Training (CMT) as directed by Scottish Government, alongside local mandatory training, an increasing part-time workforce (the need for CMT calculation to be per head and not per WTE) a mainly young, female workforce with high demand for maternity leave.
- Recognition of the need to ensure staff health, wellbeing and resilience when implementing significant change to working practice within the service.

This plan will continue to be subject to review and updating as the clinical picture demands.

3. Mental Health

3.1 Improving Access to services

A Mental Health Services Redesign Programme has been established by Fife Health and Social Care Partnership, with six projects covering the full patient pathway.

1. Data and Quality Indicators
2. Inpatient Redesign (Mental Health Estate)
3. Distress Brief Intervention (DBI)
4. Urgent and Unscheduled Care
5. Mental Health and Wellbeing in Primary Care and Community Settings
6. Community Mental Health Teams and Alternative to Admissions

Additionally, Fife CAMHS are engaged in and will continue to focus on a number of initiatives in order to sustainably deliver, achieve and maintain the 18-week referral to treatment standard.

CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services and to enable young people who require specialist CAMHS intervention to achieve timely access.

Recruitment is ongoing and under continual review to ensure workforce is at full capacity. Caseload management is implemented to ensure throughput, reduce bottlenecks, and maintain capacity.

In addition, pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure mental health support is accessible for those with the greatest need and are most vulnerable.

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife's Digital & Information to introduce a different patient appointment system and an electronic patient record system. Timelines mean that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.

A programme of service redesign will draw upon information being gathered via co-production as part of the Mental Health & Wellbeing in Primary and Community Care Settings (MHWPCCS) Project. The ambition for the programme is to effect transformational change by redesigning elements of psychological services based upon what matters to people.

The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to Psychological Therapies. Below are examples of work being taken forward:

- Service redesign (e.g., new group delivery options)

- Service development (e.g., establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services)
- Staff training (e.g., within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff)
- Workforce skill mix and other efficiencies measures (e.g., introduction of Enhanced Psychological Practitioners)
- Developing/supporting provision delivered by other services (e.g., via clinical supervision and with 3rd sector partners).

3.2 Approach tackling inequalities

All Mental Health, Learning Disability and Addictions Services teams work to tackle health inequalities using a holistic approach to assessment and treatment for all the patients the service has contact with. Enabling patients, their families, and carers to consider all aspects of health and health promotion is key to enabling people to improve the quality of their lives. Improving equity of access for people within localities is essential to support people in attending appointments.

Mental Health services have engaged with third sector partners Link Life Fife to support anyone aged 18 and over living in Fife who is engaging with their GP or other primary care health professional for support to manage stress, anxiety, or feelings of being overwhelmed that are affecting their mental health or general well-being. A team of Local Area Co-ordinators (2.5) and Community Connectors (7) work across Fife and their role is to offer people a service based on the “personal outcomes” approach. The Community Connector will meet with people on an individual basis to discuss any challenges the person is experiencing and help the person to identify areas to work on, offering practical support and guidance.

Sam’s Cafes are funded by Fife HSCP Mental Health Action 15 monies and supported by SAMH peer support workers to provide early intervention support for people with mental health issues. The cafes are based across different locations in Fife to enable people to access support at different times and in different places.

Fife’s Better than Well project, funded by Fife HSCP Mental Health Action 15 monies, has supported the creation and availability of Self-Help coaches to provide help to people over the age of 16 in Fife who have struggled with trauma. Link Living Coaches take the time to talk to clients and work with them to recognise, understand and manage the symptoms of trauma. The service delivers up to 8 1:1 sessions with a self-help coach who helps clients learn strategies so they can move forward with their life. The service is available across the 7 localities within Fife.

Future activity over the 3-year period of the medium-term plan will include, in partnership with our stakeholders, focus on the priorities identified through the 7 Locality planning groups, informed by SPIRE data, to address mental health and wellbeing. In turn, through the MH Strategic Implementation Group, we will undertake a MH Needs Assessment and directly inform our service improvement from this activity.

A Distress Brief Intervention (DBI) is a time limited and supportive problem-solving contact with an individual in distress. It is a two-level approach. DBI level 1 is

provided by front line staff and involves a compassionate response, signposting and offer of referral to a DBI level 2 service. DBI level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate community-based problem-solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days.

Fife HSCP in partnership with the DNC Central Programme has initiated a project which will implement the level 2 service across Fife for two years in the first instance.

The Mental Health & Wellbeing in Primary and Community Care Settings (MHWPCCS) project detailed within 3.3 will also inform our work to address health inequalities.

3.3 Develop Mental Health Teams

Improvement to primary care mental health provision is one element of the Fife HSCP Mental Health Redesign Programme. The Mental Health & Wellbeing in Primary and Community Care Settings (MHWPCCS) Project aims to develop provision that can not only support immediate needs, but that can build community resilience by supporting issues that result in help-seeking behaviour. The project is based around the Scottish Government planning guidance for design and delivery that is local, accessible and multidisciplinary – promoting a ‘no wrong door’ approach and creating additionality.

A core intention is for the MHWPCCS project is to effect transformational change that can make a positive difference to people’s lives. The project has committed to effecting change using a coproduction approach which puts service users at the start of the redesign process in equal partnership with care providers. Coproduction has formed the focus for Year One activity to date. While surveys of key stakeholders and service users informed the project proposal, there was a deliberate intention not to pre-identify the priorities for action, but instead to be guided by the priorities which emerge from the coproduction process. Oversight is via a multi-disciplinary Project Board which includes representation from primary care, the third sector (including lived experience) and mental health services. The improved function of urgent and unscheduled Mental Health state assessment requires to be a robust function of our Mental Health secondary care services, ensuring that, as required, individuals are supported to receive the level of care required, in a psychiatric emergency, including inpatient care. The Urgent and Unscheduled Care project will seek to address this.

Additionally, to increased efficiency and flows for patients to ensure they access the right services at the right time, we are developing the Community Mental Health Teams and Alternatives to Admission Project. This project will seek to ensure we have the appropriate capacity and capabilities to reduce reliance on admitting people to an inpatient unit.

3.4 Development of forensic mental health services

Fife HSCP currently has both a Forensic MH Community Team, and a standalone Low Secure Unit (Radernie, Stratheden Hospital, Cupar). Arrangements for care and treatment for those patients requiring treatment within medium or high security

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settings continue to be on a regional or national basis. Pathways to and from these services will be directly informed by the national consideration and implementation of the Barron report as this emerges.

The multi-disciplinary team are, in partnership with the Strategy and Commissioning within the HSCP and the Adult Social Work service, involved in a number of initiatives both locally and regionally including:

- The multiagency Mentally Disordered Offender protocol being developed with statutory partners; Police Scotland, Crown Office and Procurator Fiscal Service, Scottish Courts and Tribunals Service, Criminal Justice Social Work and NHS Fife.
- The court liaison service continues to divert mentally disorder offenders from court to healthcare settings where appropriate. In the coming year the service will trial joint assessments with the Child and Adolescent Mental Health Service for individuals under the age of 18 who are referred to the service.
- Forensic Network and South East Scotland regional group to support development and maintenance of high standards of forensic mental health care and to share good practice with other areas.
- The service continues to work closely with prison mental health teams (based in other board areas) to facilitate assessment and transfer of prisoners in a timely manner.
- The service will continue to support patient and carer involvement in care planning and service development.
- Fife HSCP is undertaking the early stages of a capital planning programme, with the ambition to re-provide psychiatric inpatient care, Forensic service planning is within scope and will be directly informed by the Barron Report. This will aspire to provide care and treatment for female as well as male patients locally.
- The service continues to engage in national work on taking forward the recommendations of the Independent Review of Forensic Mental Health Services in relation to the strategic governance and oversight recommendations.
- A Quality Matters Assurance Group has been established within the service to monitor quality and to identify manage risk within the service. The information considered within the group will be used to identify areas for service development and the group will support this work.
- Fife HSCP are also in the process of developing a test of change with 3rd sector partners to commission an in-reach service, enhancing clinical care, and enabling additionality of social rehabilitation for and with patients.

In addition to the range of initiatives and developments references above, CAMHS services, as one element of the national service specification, are involved in the East Regional Planning considerations of forensic services for children and young people.

3.5 Improve data collection

Improving data collection across mental health and addiction services is essential for service planning and to ensure high quality reporting to Scottish Government and

Public Health Scotland. A dashboard has been created and is continuing to be developed to provide real time data and to develop demand and capacity.

Mental Health Quality Indicators require to be reported monthly to the Scottish Government and there is further development of Secondary Care indicators for mental health by the Scottish Government that will also require robust data gathering and reporting.

NHS Fife Health Intelligence Team are currently working to improve data quality and reporting, along with creating a dashboard to provide information on activity, demand and capacity which will assist with planning. This work will help to improve the quality of our submission to Public Health Scotland on the required Quality Indicators.

It will be through the use of data, which we will be able to monitor the impact of changes delivered through the Mental Health Redesign Programme.

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND (Child, Adolescent and Psychological Therapies N Clinical Reference Group) and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife Digital & Information to introduce the cornerstone applications (TrakCare and Morse). This will enhance current data collection capabilities and support the service to achieve full compliance with the CAPTND data set. The introduction of these systems will also increase reporting capabilities to meet any future data collection requirements, e.g. following the introduction National Specification for the Delivery of Psychological Therapies and Interventions.

3.6 Mental Health Workforce Plans

Strengthening our workforce underpins the whole Mental Health Service Redesign Programme and elements are included in each project rather than being a standalone project. To support 'buy-in' and engagement, project meetings are to be co-chaired by an operational lead and a clinical lead.

Recruiting to registered mental health nursing posts continues to be a significant challenge across mental health and learning disabilities. This has required the service to look at the skill mix and the development of different posts to ensure safe and effective services are provided across all areas both in patients and community.

The service has recently engaged Band 4 Practitioners into both in patient services and community and are employing Activity Coordinators across the inpatient services to provide meaningful activity and occupation for patients whilst in hospital.

As a test of change, the Older Adult Mental Health service has recently employed a Registered General Nurse (RGN) into one of the inpatient wards to support physical health and if this is successful will look to recruit further RGNs.

Recruitment of medical staff is particularly challenging which is a local as well as national issue. The service currently relies on agency locums to cover across all areas of the medical workforce as recruitment to substantive posts has proved

exceptionally challenging despite regular recruitment campaigns. A clinical leadership initiative is being established to support the medical workforce to enhance retention, sustainability, and resilience. In parallel to this, a medical workforce initiative is being established with the Depute Medical Director, and HR to inform job plan design and other initiatives that will enhance the service offer, and outcomes for patients.

3.7 Mental Health estate

Mental Health services are currently involved in the Scottish Government pilot MH Quality and Safety Tool, looking at estate and environmental quality. This involves a small working group from the service and patient representation from Dunino Ward at Stratheden Hospital, Cupar.

To reduce the risk from ligature events within a number of inpatient wards, which are older in their fabric, a refurbishment project is in early stages of identifying a decant facility and then the programme of refurbishment. It is anticipated that the decant facility will be available from January 2024, with a phased programme of works undertaken from that date.

The Inpatient Redesign now known as the Mental Health Estate Project is chaired by NHS Fife Medical Director and led by Capital Planning with support from the Mental Health team, to progress a business case with Scottish Government to substantially improve the mental health estate across Fife.

4. Planned Care

We await the high-level modelling assumptions from Scottish Government which will enable the development of our medium-term plan for this area of service.

As part of the Population Health and Wellbeing Strategy, there is a significant programme to recover the planned care activity levels required following the impact of the pandemic. Key enabling activity to support that recovery include:

Effective and efficient delivery of orthopaedic activity through the National Treatment Centre – Fife Orthopaedics. The opening of the National Treatment Centre in March 2023 also provides opportunities for the development of the orthopaedic services in Fife and the South East region.

Building on our international reputation as a centre of excellence in orthopaedic surgery including pioneering hip and knee replacement day surgery, we have taken the opportunity to integrate a range of technology into the new build to facilitate teaching research and innovation to enhance the patient experience and outcomes now and in the years to come.

There is also a significant capital programme underway to increase capacity at the day surgery service, Queen Margaret Hospital.

5. Cancer Care

5.1 Diagnostic Capacity

Within Radiology, every effort will be made to fill every appointment slot to ensure we are maximising use of all capacity. Activities to promote this include:

- accurate measurement of performance
- introduction of text reminder service
- reintroduction of patient focussed booking for Ultrasound to reduce DNA
- improve processes for utilisation of patient cancellations
- monitor performance in utilisation of unused slots
- resourcing and training in the department and ensure awareness of available funding streams
- collaborative working with neighbouring health boards to review scan protocols and ensure efficiency
- working with National imaging board looking at opportunities for software upgrades on new MRI scanners to reduce protocol times and increase throughput.

5.2 Optimal cancer pathways

Work will continue to review and improve the lung optimal pathway, explore a nurse led model for prostate cancer pathway and expand the principles of RCDS into the colorectal cancer pathway

5.3 Single point of contact

The existing single point of contact service will be expanded service into lung cancer to initiate the pathway within radiology. The service will be evaluated over the first 6 months of the service and there will be support to the optimal lung cancer pathway within the respiratory service to support patients and help reduce steps within the pathway.

5.4 Effective cancer management

Effective cancer management has been identified in the NHS Fife Cancer Framework with associated actions.

5.5 Oncology transformation programme

NHS Fife will actively contribute to the Oncology transformation programme.

5.6 Cancer Framework

The national Cancer Strategy sets out an overall aim to improve cancer survival and provide excellent, equitably accessible, care recognising that maintaining delivery of cancer services is a priority. The linked action plan describes various actions to prevent cancer, diagnose early, and treat effectively, underpinned by principles of

realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

NHS Fife's Cancer Framework 2022-2025 has eight key commitments:

1. **Reduce cancer incidence, mortality and inequalities for our population.** Through effective prevention, screening and early detection initiatives there will be a focus on the known modifiable risk factors for cancer, reducing inequalities and addressing the broader 'upstream' factors that contribute to inequalities in our health. Preventing cancer in Fife will be a complex and a long-term endeavour and whole system collaboration with partner organisations is critical to achieving our priorities.
2. **Patients will be at the heart of how services are designed with excellent patient experience as a priority.** There will be a focus on the patient's top priorities which are to experience an optimal pathway for rapid diagnosis and treatment, and they should receive the right care at the right time in the right place.
3. **Patients will receive the right treatment at the right time in the right place by the right person.** This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care by improving timely access for our patients and use of patient pathways and integrated models of care will be a key priority. Variation across pathways should be reduced and underpinned by optimum referral pathways to deliver timely access to diagnostics and treatment. A full multi professional approach will be taken to support patients during diagnosis, treatment and beyond treatment including care for people with cancer who do not receive cancer treatment (best supportive care) with shared responsibility across primary, secondary, community services and other partner agencies.
4. **Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.** Sponsorship of a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects will continue as well as working with a variety of commercial and non-commercial sponsors, funders, investigators and researchers with a wide range of interests and experience to ensure we will make every effort to ensure cancer patients have access to the most up to date technology and innovative diagnostics and treatments.
5. **Collaborative strategies and programmes to deliver service change, that is focussed on improved patient care through digital transformation.** Staff and patients will be provided with access to digitally enabled health to support of the Cancer Framework.
6. **Recognise workforce challenges and identify system-wide approaches to support in relation to wellbeing, education and training to ensure our cancer patients receive the best care.** To consider alternative ways of working such as skill mixing posts and transforming roles where there are national shortages such as oncology, and specialist consultant posts. To review wider roles such as AHPs to compliment integrated pathways.

7. **Ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.** Redesign of patient pathways will inform configuration of the estate, both currently and in the future to ensure we can accommodate future demand and growth with the aim of increasing capacity and to give the ability to offer care closer to home, where appropriate.
8. **Make best use of available information sources to assure patients are receiving timely, high quality, effective care.** Evidenced through delivery of the Framework for Effective Cancer Management, delivery of Cancer Waiting Times standards and Quality Performance Indicators.

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6. Health Inequalities

Priority one of the Population Health and Wellbeing strategy aims to improve our population's health and wellbeing. Throughout our engagement with our colleagues and the local communities, we have been told that if we want to create a Fife where everybody can thrive, we need to address health inequalities.

It was acknowledged that health inequalities across communities and the general population are caused by a range of factors, including where we are born, grow up in, live and work in. These conditions influence our opportunities for good mental and physical health and reflect the ambitions within the national priorities for Public Health in Scotland.

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

We also heard about the challenges people living in Fife faced in maintaining and improving their physical and mental health and wellbeing.

The recent independent review of Leave no one behind - The Health Foundation notes that Health services have an important role in mitigating the negative impact of inequalities. We recognise the importance of structural processes which can have direct impacts on health and the need for multi-level action both of which are highlighted in the report. Our response to this national report and the feedback from our communities will be threaded through our strategic plans and frameworks and the actions we will take will be set out within the associated delivery plans.

Current examples of local initiatives will be further developed. Work already underway is noted below:

- Through training and upskilling our staff we will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.
- Ensuring universal access to immunisations including influenza and COVID-19.
- We will implement the UNCRC across the organisation and look to embed children's rights in all decision-making processes, linking to Equality processes. This includes aspects such as child poverty but reaches more broadly into all decisions which impact directly or indirectly on children and young people.
- Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.
- Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

General population health is influenced and shaped by a range of factors, including where we are born, grow up in, live and work in. These conditions influence our opportunities for good mental and physical health.

We will work with local partners to strengthen access affordable healthy food through the Food for Fife strategy.

We will make increasing physical activity a commitment in a range of strategies and work collaboratively with other organisations to develop shared outcomes. This will include identifying people in our population who are least active, particularly in older age, enabling people to stay independent and healthier for longer.

We will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities. We will collaborate in regeneration projects like the River Leven programme., over the next year we will scope out the opportunities of developing a Green Health Partnership.

6.1 Tackling local health inequalities

Poverty is a significant driver of poor health outcomes and health inequalities. As set out in our ADP return, we recognise that poverty is a significant driver of poor health outcomes and health inequalities.

Our ambition to tackle health inequalities is set out in the Population Health and Wellbeing Strategy for NHS Fife. We will implement agreed specific actions which will be monitored over the life-course of the strategy. This will be refined as we review and update our progress. Information within the Director of Public Health annual report for 2020/2021, contains collated information describing the health of the local population and the factors that are important for creating and maintaining health. We also acknowledge that the Inverse Care law, described by Julian Tudor Hart, that 'the availability of good medical care tends to vary inversely with the need for it in the population served' is a continuing challenge. We are committed to considering the needs across our population in planning and designing pathways of care.

In our ADP we noted our local review which has identified six areas for action for NHS Fife. These areas will be our focus over the medium term plan and we will build into our strategies and frameworks to achieve improvements across these areas.

Six key areas for action which NHS Fife should progress:

- Mainstreaming the process of supporting patients to maximise health and wellbeing
- Focus on staff health and wellbeing
- Maximise staff and patient income
- Reduce inequalities in access to services
- Ensure organisational policies / service planning prevents and mitigates health inequalities
- Work to address poverty and inequality as part of the Plan for Fife and development as an anchor institution

There remains a risk in the medium term that health inequalities may worsen. This risk has been added to our corporate risk register, to appropriate management actions are in place and regularly reviewed.

6.2 National Mission on Drugs to reduce death and improve lives

The standards provide a framework to ensure that the 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 Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work. There are two ADP subgroups focused on delivery:

MAT 1 to 5, to be delivered in 2023/24:

1. All people accessing services have the option to start MAT from the same day of presentation
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. All people can access evidence-based harm reduction at the point of MAT delivery
5. All people receive support to remain in treatment for as long as requested

MAT 6 to 10, to be delivered in 2024/25:

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy as well as support for housing, welfare and income needs
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care

All of the subgroup's report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government.

Examples of work being progressed to support delivery of the MAT standards are:

- Enhanced Performance reporting including MAT standards and referral to treatment targets, this includes quarterly progress reports to the Scottish Government and compliance with the evidence submitted at the end of year assessment conducted by Public Health Scotland.
- Working towards evidencing of all 4 harm reduction service aspects to be available at the point of care, sustainably, across all 3 locations where NHS addictions services are delivered.

- There is access to access to long-acting injectable buprenorphine across the full NHS Addictions Service.
- Established a same day prescribing one stop shop in Methil as a partnership between third sector, NHS Addictions Service, housing and foodbank partners, plans are underway to extend this into the Kirkcaldy and Cowdenbeath localities.
- The MAT 6 & 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its implementation plan for 2022/23 in addition mapping for MAT 10 work has been completed this year and a small subgroup is established to enhance coordination of recovery communities.
- For MAT 7, enhancing a MAT Standards compliant approach within primary care implementation group is in the planning phase. This will encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest and engagement and demand for treatment and support services is lower. Primary care is also currently involved in the planning of the one stop shops.
- An independent advocacy service has been commissioned in relation to MAT 8 and is in place with people with lived experience as part of the service workforce. This is linked to both the ADP lived experience panel and living experience group.
- Multi-agency work is being progressed to support people to remain in treatment and is a defined risk that we are working with the APD to mitigate.
- Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on their “Ending the Exclusion” Report September 2022. The clinical director is chairing a group to support delivery of MAT 9.
- Fife ADP is now in the second year of supporting the delivery of the distribution of naloxone, through the peer-to-peer model, across Fife.
- We are embedding decider skills and advanced motivational interviewing into their operation practice to support trauma informed practice.

6.3 Actions set out in the Women’s Health Plan

The aim of the Women’s Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgement that women face particular health inequalities and, in some cases, disadvantages because they are women.

The HSCP (Associate Medical Director) is leading along with public health on reducing health inequalities on women’s general health.

In particular we are looking at improving women’s heart health. We have done this by providing more information on heart health to women via our media channels and also raising awareness in health professionals. We are planning to run education sessions for primary care. We are also seeking views on rehabilitation programmes from users to ensure women's views are taken into account.

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We have also been collaborating with acute colleagues in improving access to menopausal treatment. One of our sexual health doctors has completed British Menopausal training and is working with vulnerable populations and those with more complex menopausal needs due to co-morbidities. Over the next year we are planning to roll out training with the aim of having a lead GP in each locality.

Plan is to get GP more confident through training to initiate more complex HRT and therefore allow quicker access to treatment for women with menopausal symptoms and also decrease waiting times.

We are planning over the next year to provide training to non-healthcare staff to allow them to have conversations with women about health and health care services available for them to access.

Working with acute colleagues on early referral for patients with possible endometriosis.

Further work planned over the next year to scope what access there is in primary care teams to a Healthcare Professional (HCP) or HCPs who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options. With a view to increase this overall and to identify any gaps which would require further training provision.

- Increased awareness of post-natal contraception options and training delivered to doctors and Midwives to increase capacity
- Birth trauma training delivered, and pathways redesigned
- Self-referral for TOP available with increased telemed appointments across the week including the weekend
- Recurrent miscarriage pathways and guidelines in place, with a specific pathway in development to support progesterone prescribing for both recurrent miscarriage and potential threat of early pregnancy loss
- Early adopter of the National Bereavement Pathway.
- Links with the perinatal mental health service for early loss.
- Charitable funding secured for a dedicated and secluded bereavement suite to provide privacy and a compassionate area for families experiencing loss
- Complex Pelvic Surgery MDM set up to manage patients with complex needs as a result of endometriosis
- Interagency work across Menopause with training delivered to GPs and investment of GP time in women with blood borne viruses (BBV)

6.4 Anchor Institution

As a large organisation connected to our local area and community, we recognise we can make a positive contribution as an anchor institution.

We can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working locally and responsibly with others, we can have an even greater impact on the wider factors that make us healthy.

However, we cannot directly influence all the building blocks for good health and wellbeing. That is why we need to work in partnership with other organisations, such as the Fife Health and Social Care Partnership (HSCP), Fife Council, Scottish Government, and the voluntary sector.

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Collectively links will be made and strengthened to benefit the people in Fife, this will be an important feature within our Mid Term Plan and the deliverables will be set out in our developing Anchors Strategic Plan. Recent guidance has been received from national team. Baseline and metrics guidance is anticipated in the future, we will review the guidance and align the metrics within our Strategic Plan.

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7. Innovation Adoption

7.1 Development of a sustainable approach to innovation

NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input. NHS Fife will recruit additional staff to support increased innovation activity. A Senior Project Manager will be recruited to support the programme management for the National Reducing Drug Deaths Innovation Challenge. Additional Project Management resource will be recruited to support regional Innovation projects running in years 23/24 and 24/25. External funding is being sought for Innovation resourcing in order to have a full complement of staff to support the Innovation Portfolio by the end 23/24 to be reviewed in 25/26.

In addition to the Innovation Manager, this will include a Senior Project Manager, Innovation Project Manager and Administrative Assistant. Review of the Innovation portfolio will determine resource requirements for 2025 onwards. The relationship between D&I and Innovation will continue to develop over 2023. As the number of Digital innovation projects emerges over 2023, the collaborative relationship between D&I and Innovation will be refined in 2024. This refined pathway will be trialled over 2024 and the pathway and best practice will be defined in work instructions and Standard Operating Procedures for 2025 and embedded from 2026 onwards.

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally an Innovation Governance Framework has been developed and implemented. Within this framework an Innovation Project Review Group (IPRG) has been established. The IPRG provides the forum and approval pathway for innovation projects and new developments that might merit advice and recommendations for development, investment, D&I support and/or surfacing to HISES. The IPRG reviews Innovation submissions from multiple routes including, but not limited to, HISES, other NHS Boards, Scottish Health and Industry Partnership (SHIP), Scottish Government, Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption (ANIA) pathway or direct from Industry and Academic Partners.

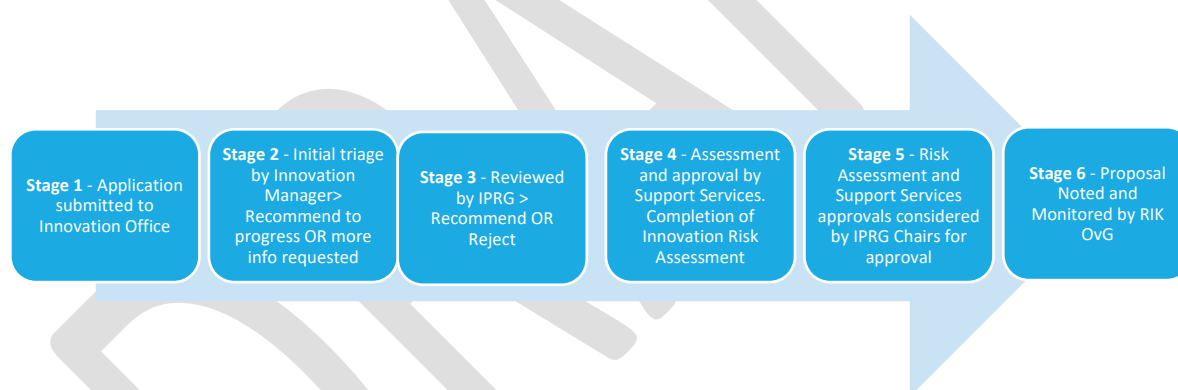
As the ANIA pathway matures and the relationship with SHIP is further defined over 2023 and 2024, the relationship and way of working will be evaluated in 2025 and changes implemented in 2026, ensuring a streamlined and efficient pathway for the evaluation of Innovation projects. This will provide us the opportunity to ensure the best representation on the IPRG.

Innovation challenges supported by SHIP as part of the Demand Signalling programme are generally aimed at Industry, encouraging partnership with the NHS and academia; widely called the 'Triple Helix' approach to innovation. In support of this approach NHS Fife is directly engaged locally with Fife Council, and the business community, and the University of St Andrews in the promotion of SHIP activity and engagement with the South East Innovation Test Bed. In 23/24 NHS

Fife aims to grow a greater engagement with Fife Council and local educational institutions. This will allow NHS Fife to engage with local business community as well as local educational institutions. In 2024 it is our ambition to work more closely with the Educational Institutions, Fife Council and the business and innovation community of Fife to forge links to allow us to act as a Test Bed for potential products and innovations, or for NHS Fife to seek the technology and expertise from the innovation community in Fife. In 2025 as these relationships evolve and grow closer an ecosystem for innovation will develop, cementing the ‘triple helix’ approach at a local level. Over 2026 NHS Fife will evaluate the relationships built to determine the best forum and pathway for discussion and review of innovations within the broader Fife innovation ecosystem.

The IPRG plays a role in supporting a mechanism for the implementation of any potential approved solution, from whatever source, that requires a robust digital IT infrastructure and/or has clinical service delivery or resources impact. The IPRG operates within a framework considering local, regional, and national strategic priorities supporting transformation of health service delivery through innovation as they change over the next 3 years. The Innovation Manager will provide an update to the IPRG and NHS Fife Research, Innovation and Knowledge Oversight Group (RIK OvG) on high impact innovations progressing through the ANIA pathway.

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Collaborative Working

NHS Fife is a member Board of HISES and our processes have been designed to articulate with processes already established within the HISES governance framework. In 23/24 HISES is developing a governance checklist, which will harmonise and complement the structures and flows in NHS Fife and provide a framework for efficient project management to be implemented in parallel. Innovation Projects supported by HISES, looking to test an innovation, will follow a robust governance process to manage innovation across the test bed, which is consistent with the governance structures across each of the partner Boards and there is representation from the NHS Fife Innovation team in the senior HISES team and governance structures and pathway. The HISES governance pathway does not include projects for adoption. The Innovation team within NHS Fife, works with, and attend regular meetings with groups involved in the Scottish Innovation landscape including regional monthly meetings with CfSD, InnoScot Health, DataLoch and locally with Fife HSCP. In 23/24 it is intended to nurture the relationship with CfSD to gain greater access to the ANIA pathway, and the innovations working through

the pathway. In 24/25 NHS Fife will also expand this relationship to allow for NHS Fife led projects to progress to the ANIA pathway by elevation through HISES or directly to the ANIA pathway. The efficiency of this process will be evaluated over 2026. Working more closely and at an earlier stage, will better allow innovations to advance through the pathway process and stage gates. In 2025 the relationship with the ANIA Pathway and flow of projects will be evaluated and defined as the ANIA pathway develops and is embedded in the Scottish Innovation Landscape over the next 3 years. NHS Fife is a contributing member of the HISES Network group and quarterly Oversight Group, SHIP and Scotland Innovates bi-monthly pipeline meeting, National Innovation Project Managers monthly meeting, and has engagement with the Scottish Health Technology Group (SHTG). In 2024 as these groups evolve, involvement by NHS Fife will allow us to influence the direction and strategy. In 24/25 NHS Fife intends to enhance its links with other Health Boards and institutions in the Scottish Innovation landscape including the Medical Devices Manufacturing Centre (MDMC) and the developing Tayside Innovation MedTech Ecosystem (TIME). In 25/26 we will also grow our links beyond the Scottish Landscape and develop further engagement with UK institutions such as the Office for Life Sciences and UK Research and Innovation, allowing for cross border collaborations.

7.3 Supporting reducing barriers to innovation adoption

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. The process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is being developed in 2023. NHS Fife interacts with the ANIA team at regular meetings with HISES and at the SHIP pipeline bi-monthly meeting. It is planned that the NHS Fife Innovation team will communicate and update the RIK OvG on the current ANIA Pathway pipeline following feedback from the HISES representative on the Innovation Design Authority (IDA) board. Awareness of the ANIA Pathway pipeline will allow for discussions and consideration of proposed national adoption innovations within NHS Fife in advance of the Stage Gate points when CEOs are informed or consulted. In 2024 as the ANIA team is embedded and the pathway becomes more familiar, NHS Fife will review the escalation pathway through our internal governance structures. This NHS Fife reporting pathway will be refined and trialled in 2025. Following the trial, in 2025 the pathway will be evaluated in 2026 with any efficiencies embedded into the Governance Framework. NHS Fife is also seeking collaborative opportunities in years 2023 to 2026 to support Innovation Adoption. This includes supporting applications to the Clinical Innovation Fellowship and Artificial Intelligence (AI) Doctoral Training Fellowship Programmes. It is anticipated that NHS Fife will support one Fellow per year in 2024 and 2026.

8. Workforce

8.1 Supporting recovery of services and increased service demand

NHS Fife is committed to delivering a 3-year workforce plan. This will include a range of work across local, regional and national level activities to plan and deliver actions which will develop and sustain our workforce. Over the last two years there has been significant work local to triangulate our efforts across Finance, Service and Workforce Planning which are integrated within our Strategic Resource Planning and Resource Allocation process. This work ensures ongoing engagement with all service areas and connects into our Corporate Objectives and underpins the delivery of our recently approved Population Health and Wellbeing Strategy which will direct our efforts over the next 5 years. Initial priorities which we are active in at present include:

Supplementary Staffing model changes for use of Bank & Agency. A dedicated Programme Board has been established led by the Director of Workforce to oversee work to direct changes to our existing model and deliver financial sustainability targets. This will be a core workstream for the foreseeable future as we realign our workforce profile and will be enabled by work across our recruitment and retention strategies.

International Recruitment will remain a key element of our resourcing plans, consolidating lessons learned from our partnership with Yeovil Trust over the last year to both expand our targets and broaden our work to attract new recruits across a wider range of clinical roles.

Extensive work is being undertaken to develop plans to support General Medical Service (GMS) changes, resilience and sustainability of our General Practices and the next phase of delivery for MOU2. We have increased wider multi-disciplinary support across Fife practices and will continue to evolve this model of operation over the medium term, including the development of Urgent Care and Community Link and additional professional roles supporting MDT activity.

Other aspects of MOU2 will increasingly come on stream, in line with the recent SG Guidance on PCIP6, building on the successful delivery of our Vaccination Transformation Programme (VTP) and the continued evolution of the programme in Fife, roll out of Community Treatment and Access Centre (CTAC) Services and continue to develop our Pharmacotherapy services in line with the National Guidance to extend the contribution to delivery of primary care provision.

The review of our Mental Health Strategy informed by the new national strategy will direct changes to our service provision over the coming period. Recruiting to our optimal workforce numbers in CAMHS and Psychological Therapies will continue, aligned to service development objective with workforce changes across other Mental Health workstreams.

8.2 Supporting workforce diversification

Resourcing challenges have required us to focus on building and enhancing career pathways with the underpinning training and development to support diversification of the workforce.

Nursing & Midwifery workforce planning is focussed on the development of our Band 2 to 4 roles as part of our medium-term response to filling establishment gaps, recognising the national supply challenges for newly registered nurses. As we have now introduced the Advanced Practitioner Band 4 role, we will look to build our training numbers over the coming year and ensure that we have an underpinning pipeline to ensure our Band 2 and 3 establishment is maintained. We are presently exploring the use of Modern Apprenticeships as part of our Employability agenda (see below) to enhance our entry level opportunities and develop the knowledge and skills of our entrants to support career pathway enhancement.

Opportunities for expanded the deployment of Medical Associate Profession (MAP) roles will be assessed as part of our MTP aims. We are presently refreshing the scope for introduction of MAP roles, and this will also involve collaboration work with our East Region partners.

Advanced Practice development will be another key strand of our work across functions. Opportunities for expansion of Advance Practitioner numbers is an element of Service Level workforce planning.

8.3 Our role as an 'Anchor Institution',

We are working in collaboration with key stakeholder organisations in Fife to progress our ambitions in relation to our role as an Anchor Institution. Under the Employer element of the Framework, we are building on our work to support access to both vocational training routes and to quality career options. With the work our new Employability Manager role commenced last year, we have focussed attention on early engagement with partners to coordinate a range of employment access opportunities and we aim to expand this work with additional resources. We have proactive engagement within the NHS Scotland national employability agenda through the Director of Workforce role as joint chair of the Anchors Workforce Strategic Group.

Our current work commitments over the coming period will include:

- Developing a schools engagement programme with contributions from across our Professional Education leads
- Expansion of options for routes into employment connecting work on Foundation Apprenticeships into our existing commitment to Modern Apprenticeships and exploring the role options for Graduate Apprenticeships.
- Working with partners to support routes into training placement and employment for local Fife residents who have found access to career paths more challenging. This builds on our successful work last year to support Kickstart placements

8.4 Use of technology to support increased efficiency

We recognise the substantial opportunity and focus which will be required in delivering technological changes to support workforce supply pressures. Our core focus in this period will be in delivering the national eRostering solution across the organisation which will give deliver both substantial service delivery benefits and streamline working for all staff as well as providing the organisational workforce intelligence to enhance workforce supply and demand planning. This work is

essential given its role in supporting implementation of the Health and Care (Staffing) (Scotland) Act 2019, but will carry challenges as we, along with other boards, navigate through the challenges of developing of modern fit for purpose integrated HR system solution.

Agile working will also be a key foundation in our work, consolidating the changes we have made over the preceding years as part of the pandemic response to support new flexibility in working practice which will enhance delivery and provide staff with significant wellbeing improvements. Our Agile Working Policy will be launched in 2023 and we will support service changes through the alignment of Property & Asset Management strategy aims and Digital & Information enhancement and modernisation of Workforce practices, including use of Artificial Intelligence.

8.5 Maximising recruitment, retention and wellbeing of staffing

Our approach to Workforce Plan delivery over the medium term will continue to be informed by, and where appropriate integrate national and local workforce policies and will build on the work undertaken within this year's SPRA process for a triangulated approach to finance, service and workforce planning. As work continues to evolve delivery plans of the National Workforce Strategy for Health & Social Care in Scotland, we will be cognisant of these changes and our work will be directed by the 5 pillars; Plan, Attract, Train, Employ, Nurture.

In terms of our approach to employee resourcing, the establishment of the new East Region Recruitment Service in 2022 will allow us to build on the model to ensure effective and streamlined recruitment practice to meet NHS Fife needs. We will continue to embed the service, developing enhance performance monitoring and collaborating to ensure best practice transaction with the continued work to support managers in managing their own recruitment needs.

As noted above, our work on international recruitment continues to be informed by the national developments and the Centre for Workforce Supply connections will continue to be an important element of our work to develop sustainable, integrated solutions.

Our staff support and wellbeing aims which were set out in our Staff Health & Wellbeing Strategic Framework approved in 2022, have been informed by our participation in the National Wellbeing Champions Network and we will maintain these links to ensure our focus on this area continues as a key strand of our approach to retaining staff. Locally, we will ensure networking with the Health & Social Care Partnership and Fife Sports & Leisure Trust, to develop a range of services for the benefit of all staff.

8.6 Delivering exemplary workforce practice

In the medium term, our priorities in developing exemplary workforce practice will be driven by the Workforce commitments supporting the Population Health & Wellbeing strategy. They emphasise our commitment to Improve Staff Experience and Wellbeing, with one of the core ambitions for our workforce to be inclusive and diverse reflecting Fife's communities.

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As well as delivering on the commitments to reducing barriers to recruitment through delivery of our NHS Workforce Plan 2022-25 and the ambitions set out in the Staff Health & Wellbeing Framework and in collaboration with HSCP colleagues, our work in the medium term will involve building the conditions to ensure NHS Fife is recognised as an employer of choice through work to:

- Develop and launch a new Leadership Framework with a continued focus on compassionate leadership and an open, transparent and nurturing culture.
- Promote a range of career pathways with a focus on developing our workforce
- Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.
- Continue to support our staff with their practical health and mental wellbeing
- Set new international recruitment targets annually for Fife, focusing on key areas of shortage over the next 5 years.

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9. Digital Services & Technology

9.1 Supporting our Clinical and Patient Community

As one of the recognised Drivers of Recovery the Digital and Information (D&I) teams within NHS Fife continue to support the recovery and renewal phase for our services. In the medium term our priorities align to NHS Fife's Population Health and Wellbeing Strategy (2023-28), the Health & Social Care – Strategic Plan for Fife (2023-2026), the revised Scottish Government's Digital Health and Care Strategy (October 2021) and the new Health and Social Care Data Strategy (February 2023).

The pandemic, and our response to it, has accelerated the pace that digital capability is available to and demanded by our services, patients and their families.

During our response, it was recognised that services who were using digital to support clinical care were less impacted by the pandemic than those who had yet to embrace digital. This resulted in and continues to see demand for solutions exceed the capacity available to deliver. Prioritisation is key and our medium-term plan will turn to the strategic programmes, identified within NHS Fife's Population Health and Wellbeing Strategy for direction.

Examples of Key deliverables are:

- Our strategic programmes will ensure we maximise the use of existing systems through the extension of Electronic Patient Record (EPR) programme, as the most appropriate way to support the design and deliver our services.
- The inclusion of innovation in our strategic framework will bridge the gap and support implementation of a true EPR for NHS Fife, that is available to patient through a digital “doorway”, while recognising the need for alternatives in supporting those that find themselves excluded from the digital world.
- The pandemic saw the introduction of Near Me within Fife for all Acute, Community and Mental Health services, this was further supported by the introduction of Near Me, Near You with specialised Near Me rooms in the community for those who do not have connectivity at home. In the medium-term NHS Fife will continue to support the use of Near Me for group consultation. NHS Fife are also aware of further work being undertaken within the HSCP to support the rollout of Near Me within Social Work services and will support this process by sharing lessons learned with teams.
- NHS Fife will extend its digital front door through the continued introduction a digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services through the use of digital exchange including modern telephony solutions. NHS Fife will extend the use of the ‘Elsie’ application to support digital preassessment beyond orthopaedics. We will continue to commit to this both at a local level and with supporting the introduction of any recommendations which we receive from Scottish Government which will support this key area.
- Through introduction of digital pathways for COPD, Heart Failure, Asthma, Monitoring at Home for Blood Pressure, and platforms which support this care such as Inhealthcare, Lenus and the Right Decision Service. NHS Fife

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are concerned with the number of platforms which are in use across Scotland, but we will work to ensure that our community understands access points for delivery of their care.

- Digital will work with Mental Health teams to ensure we support the ongoing work which is being undertaken as part of Care in the Digital Age.
- Ensuring that access to services is equal for all, that no one is left behind in the move to a digital future, we will work closely with services to ensure that we meet their needs whilst also ensuring that we develop pathways and services which meet the needs of all service users especially those who are most vulnerable in our society.
- Previously known as Digital First, NHS Fife are committed to aligning our digital deliveries with Digital Scotland Service Standard to ensure services are based on the needs of users, are sustainable and continuously improving, secure and resilient, and that good technology choices made.

9.2 Digital Enablement

NHS Fife have supported the creation of a digital enablement team, this team works across Fife to provide knowledge, advice and support on digital systems. As we move into the medium term this team will be working to developing their own strategic framework which will focus on how we enable both our workforce and those who engage with the NHS to be confident in their approach to the utilisation of digital systems. Providing clinical safety through continuous learning on digital systems a key aim.

The framework will ensure that clinical teams are sufficiently accredited to use the systems in use within Fife, whilst also providing the organisation with a single point of knowledge for updates and information.

As mentioned, the team will also engage with our local community to support the use of digital technology in the form of roadshows and workshops to enable them to understand the digital systems, their purpose and the benefit of digital delivery. We are committed to opening access to our digital systems.

A number of new opportunities are listed within this plan for delivery, and it is imperative the patient experience is at the heart of planning to ensure the digital change brings improvements to the patient journey.

As noted we will plan our delivery for both our service users and those who utilise digital but we will also focus internally to ensure that we continue to upskill, in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking training locally and also highlighting to leaders across the board when digital programmes are offered, in the medium term example of the areas are:

- Implementation of ITIL (Information Technology Infrastructure Library) for those working within the digital environment will support revised operating models for digital teams in the medium term.
- A Digital Leadership MSc Course is available and will be cascaded to relevant teams. NHS Fife have a number of people on the initial cohort and

their experience will be used to support the future attendees and digital leaders within the organisation as they continue to undertake this qualification.

- Support the cascading of Digital Mindset Masterclasses to senior leadership team in order to create a shared understanding of the challenges of digital delivery.
- Senior Leaders within digital are signed up to the KIND network and are committed to supporting and rolling out training which is identified within this programme to teams both internal to digital and externally where appropriate.
- Create a skills matrix which will support those interested in a career in digital in achieving their ambitions. In addition, support is provided to modern and graduate apprenticeships to show the benefits of a career in digital to young people within the local community.

9.3 Supporting National and Regional Ambitions

Within digital we are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. NHS Fife intends to play a key role in ensuring the national systems landscape is modernised and refreshed over the medium term. Many of the service challenges faced are a result of the legacy clinical applications currently run and maintained nationally. We have committed to several programmes which will continue to be delivered over the Medium Term.

These include:

- e-Rostering – NHS Fife have begun the rollout of the National rostering system. This will last and conclude during the medium-term plan period and be enhanced by interfaces provided by the national team
- Child Health – This programme had a reset in 2022, therefore we continue to support whilst a new programme timeline is delivered.
- M365 – Maximising Benefits and federation, there are a number of areas which still require to be maximised whilst also supporting more joined up utilisation across Health and Social Care. NHS Fife are active in the work associated by the PowerPlatform suite and will seek to utilise this for intelligent automation, when the tenancy is safe to do so.
- GP IT – Delivery of a new GP IT system is currently being taken through governance within Fife and will be implemented within the medium term.
- Laboratory Information Management System (LIMS) – NHS Fife are one of three early implementation boards and are working closely with other boards to deliver this programme locally, regionally and nationally.
- PACS – Following contract award, NHS Fife will consider the best approach to implementation and work with colleagues within Radiology to implement the new PACS system.
- Vaccination and Immunisation – continue to support this work ongoing within this area.

- Radiology Information System (RIS) – Consideration to a new national approach is being undertaken if this is brought forward, NHS Fife will support the inclusion of this work within their plan.

Digital Medicines

NHS Fife are focussing heavily on this area within the medium-term plan with a number of key deliverables recognised within this area.

- HEPMA – NHS Fife are in the process of signing a contract to deliver Hospital Electronic Prescribing and Medicines Administration across both acute and community areas.
- EIDD – NHS Fife are currently working on a replacement Electronic Information Discharge Document (EIDD) this work will continue in the medium term.
- Medicines Reconciliation – NHS Fife are currently working on a solution which will support medicines reconciliation between GP and Acute therefore increasing safety of prescribing between the hospital and the GP.
- Digital Prescribing – NHS Fife will work collaboratively with SG, NSS and NES to support the delivery of a new digital prescribing system for GP's and citizens within NHS Fife.
- Medicines Automation – NHS Fife are committed to working with the pharmacy department to support the business case for introduction of robotics into pharmacy, followed by ward-based automation.

9.4 Data Driven Delivery

NHS Fife have excellent access to data through the information element of our digital and information directorate. This will be further enhanced through the work which is undertaken to support our clinical and patient community, through digitisation of pathways data will be more readily available which will support clinical and operational decision making. In addition, we will support the other key aims identified within strategic plans:

- Scan for Safety – Digital are committed to supporting this key piece of work and any systems identified as part of this programme will be supported for deployment at pace such as the proposed Inventory Management Service.
- Information Governance and Security – NHS Fife will support any recommendations which are brought forth from the National Information Governance Programme which is being led by Scottish Government.
- SNOMED-CT – through setting preferred common data standards, we can begin to increase the quality of the data in our health and social care systems. Common standards will also help drive up interoperability, leading to greater insight being derived from data that can improve care outcomes. NHS Fife are committed to improvements within this area and will collaborate with the team responsible to integrate within NHS Fife.

- Predictive Analytics – the development of data informed planning can be further enhanced through our extended use of predictive analytics along with efficiencies through automation
- Data Sharing – NHS Fife are committed to ensuring data is shared in a safe and consistent manner, we will work with Scottish Government to ensure that any recommendations in relation to how we should improve our existing processes are realised.

9.5 Safe and Secure

Within our current digital strategy NHS Fife recognised the need to ensure that we remain digitally safe and secure. Alongside our people and our services, digital technology provides the foundation on which our health and care system is built. However, unfortunately some of these foundations need modernisation or improvements.

NHS Fife are committed to addressing these issues and are working to ensure we invest in the development of modern cloud-based infrastructure that adheres to today's standards and is as secure and as resilient as possible. Whilst also ensuring that our on-premises solutions are held to the same standards. We also need to make sure our systems comply with legislative standards. This covers a huge amount of work 'behind the scenes' that is needed to modernise our health and care systems.

Modernisation will include areas like:

- Scottish Wide Area Network (SWAN) – NHS Fife have collaborated with the SWAN team within NSS for a number of years, this work will continue with the move to a new provider for SWAN from 2023 onwards which will support the transfer of greater amounts of data for better patient care and providing greater resilience in systems across the public sector.
- Telecoms – Move from Analogue to digital to support effective communications.
- Digital Maturity – NHS Fife completed a digital maturity exercise in 2019 this will be repeated in 2023.

The results of the previous Digital Maturity exercise helped to shape the priorities for NHS Fife. The 2023 study will be undertaken to ensure consistency with the delivery plan we are undertaking and ensuring that any emerging themes that have not already been considered are part of the key ambitions for our next digital strategy scheduled for delivery in 2024.

10. Climate Emergency & Environment

10.1 NHS Fleet and business travel

We are going to remove all fossil – fuelled small and light commercial vehicles in the NHS Fleet. We will also ensure all NHS small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil fuelled vehicles by 2030. We are however reliant on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout the NHS estate and collaborate across the public sector on charging infrastructure.

We are heavily reliant on the Transport Scotland grant funding and have submitted a 2023/24 bid to the 'Switched-on fleet' grant for 8 light commercial vehicles, increasing the percentage of light commercial EVs to approximately 60%. If our 2023/24 bid to the Switched-on Fleet Grant is successful, we will increase the charge point network by 8 double charge points increasing the total number of charge points across NHS Fife to 77.

Our medium-term plan is to confirm the infrastructure needed, cost it, provide a financial plan for it and deliver the installation of the EV charging network. We will investigate the possibility of Hydrogen vehicles for our fleet in line with a pilot scheme which Fife Council are running.

10.2 Medical gases

NHS Fife stopped using desflurane in 2020 and isoflurane a few years ago. TIVA (propofol/ remifentanyl) usage has increased overall taking over from some desflurane and sevoflurane procedures. Some desflurane procedures have been switched to sevoflurane.

A Nitrous Oxide Mitigation group was established in 2022. Phase one of Victoria hospital Kirkcaldy has decommissioned its Nitrous oxide Manifold, with 20 G size cylinders awaiting uplift and cracking by BOC.

Plans are in place to decommission Queen Margaret Hospital Dunfermline and Victoria Hospital Kirkcaldy phase 3 manifold by August 2023 removing a further 22 G size Nitrous Oxide cylinders and 10 J size nitrous oxide cylinders. Each 1000 litres of Nitrous Oxide is equivalent to 150.5kg of CO₂, by not using a single tank of 9000 litres (size G) we are saving approximately 1.35 tonne of equivalent CO₂ damage.

The total usage from all theatre sites where nitrous oxide is used currently equates to on average 1580 Litres of nitrous oxide for one month. This is less than the contents of one E sized cylinder (3,600 l) in total. Once all manifolds have been decommissioned theatres will move to a mobile cylinder-based model.

Nitrous Oxide mitigation group also includes the remit for Entonox. A plan is in place to complete a risk assessment of the one Entonox manifold in place at Victoria hospital Kirkcaldy and the maternity unit that it serves by the end of April. Following from the risk assessment, a plan will be developed and presented to medical gas committee in June to outline next steps for reducing Entonox emissions and any

actions identified as part of the risk assessment. Additionally, by the end of 2023, we will incorporate these reductions as part of our annual reporting process.

10.3 Waste

10.3.1 Data quality on waste

The new tenders for waste have within them a mandated data return for all 15 categories of waste. These new contracts will improve our data collection. We also use the data from invoices to augment the information on the current national data system (RIO, which is of limited use currently). We are investigating the installation of bulk scales to confirm some of the data produced by contractors.

10.3.2 Domestic waste reduced by 15%

An annual audit of the very basic "what is going in which bin" ensures that we are gradually improving the segregation of waste. This ensures that more is presented for recycling and less is seen as Domestic waste.

10.3.3 Ensure no more than 5% of domestic waste goes to landfill

Our contractor for domestic waste collection is Fife Council. Fife Council continues to invest in processing which ensures the minimum of waste goes to landfill. We will be working with Fife Council to ensure that we can extract data from their system which evidence's progress to the target.

10.3.4 Reduce food waste

We will continue to invest in and increase the use of dewatering equipment to reduce the overall weight/volume of food waste disposed of. We will invest in the National Catering Information System to better control production waste and improve the timeliness of ordering. We will continue to follow/improve on SG direction in the withdrawal of some disposables and introduce Reverse vending.

NHS Fife aims to support the national target of reducing food waste by 33% by 2025 through the following key activities:

- Establish our food waste baseline – to find our current position
- Monitor and measure food waste regularly to find food waste hotspots
- Develop action plans to tackle hotspots· Identify and share good practice – through an appropriate channel for all in NHS Scotland

10.3.5 70% of domestic waste is composted or recycled

We will ensure that we can demonstrate our waste is treated to meet the target in conjunction with Fife Council.

We will also take part in trials of re-usable PPE as part of the laundry expert group work.

We will ensure laundering improvements to reduce the use of disposable curtains and mopheads.

We will pursue the installation of a heat recovery system within laundry, utilising hot water to be re-circulated and reduce gas consumption.

10.4 Net-zero health service

To begin the implementation of a building energy transition programme, we have created net zero road maps for all NHS Fife sites. 12 sites have site specific, detailed road maps. All remaining NHS Fife sites will have a more generalised net-zero road map. Within these, they have provided an analysis of current energy consumption and created action plans on how to reduce emissions and meet targets.

To become a net-zero health service by 2040 we will use the completed road maps to identify the measures we are going to take that will allow us to deliver a 75% reduction by 2030 compared to 1990. We will then outline the funding we are going to apply for in order to carry out these projects and curate a plan as to how they can be implemented as soon as possible. We will put in funding applications for some of the projects that need to take place and aim to deliver those over the next 7 years between now and 2030.

10.5 Green Theatres

10.5.1 Green Theatre Programme

Having already made great progress in implementing the National Green Theatres programme, our next steps will involve further development of the theatre action plan to align with the national green theatre programme. NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed in 2023.

This year we will create a green theatres project group which will involve recording the progress that has already been made and then identifying areas that still need targeted to fully implement the national green theatre programme across NHS Fife. We have actioned 7 areas of the green theatre programme with all other areas being in progress. Using a tracking document to monitor our progress across the areas outlined in the 'bundles', we will create a timeline and plans for achieving the remaining targets.

10.5.2 Scottish Quality Respiratory Prescribing Guide

Our quality improvement approach for implementation of the Scottish Quality Prescribing Guide includes:

- Implement recommendations from Respiratory Quality Prescribing Guide (Scottish Government Effective Prescribing and Therapeutics Division)

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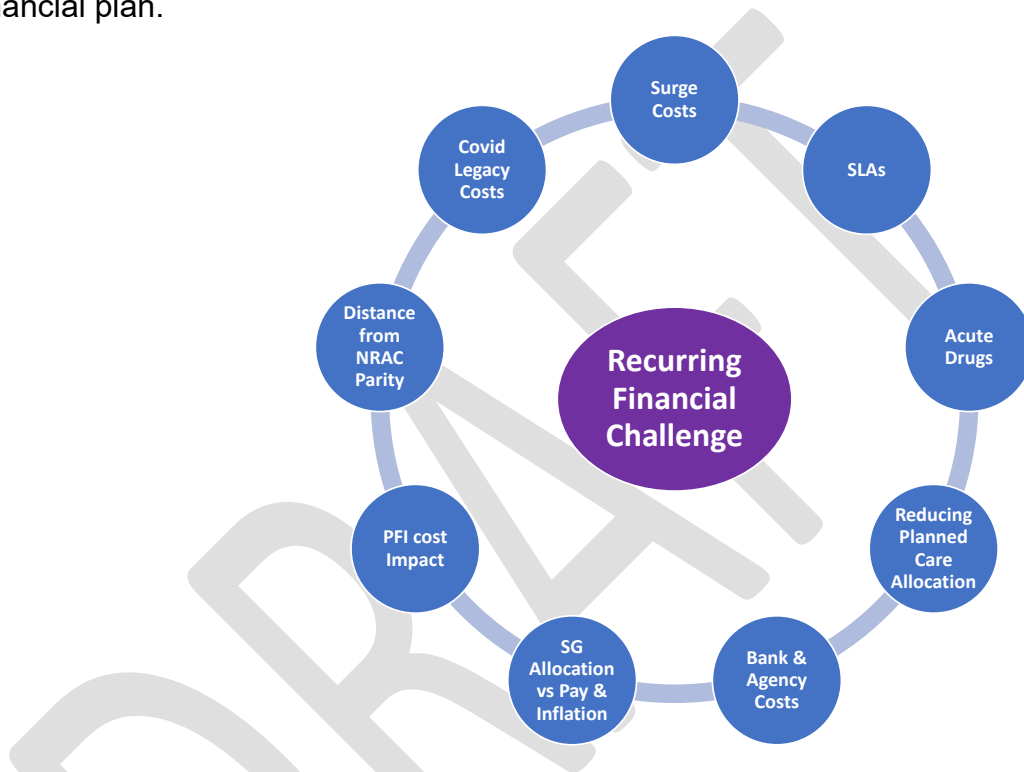
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors
- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

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Finance & Sustainability

A separate Medium-Term Financial Plan for 2023-2028 was approved by the NHS Fife Board and submitted to Scottish Government in March 2023. It outlines how the board will work towards delivering financial improvement and sustainability across the medium-term.

There are a number of both historic and emerging areas of cost pressure which have influenced the key funding and expenditure assumptions within the medium-term financial plan.



- unsustainable levels of reliance on bank and agency staffing to support significant workforce availability challenges
- requirement to maintain all surge capacity throughout the full year
- significant cost pressure within our SLAs with other NHS and Independent Sector Providers
- increasing cost pressure within SLAs for Mental Health and Learning Disability Services
- inflationary pressures impacted by record global energy costs, across a number of areas, particularly PFI contracts which are directly linked to RPI
- reduced levels of funding for planned care services
- significant increasing costs across acute prescribing budgets.

The plan will be reviewed in light of the recent (June 2023) notification from Scottish Government of additional recurring funding for NRAC parity and nonrecurring funding for New Medicines.

Value Based Health & Care

We will continue to align with Scottish Government's vision that by 2030, all health and care professionals will be supported to deliver values-based health and care. This will support the achievement of outcomes that matter to people and enable a more sustainable system. Realistic Medicine (RM) is now embedded in NHS Fife and NHS Fife Health and Social Care strategies and frameworks and will continue to be sustained and mainstreamed in new frameworks. Realistic Prescribing guidelines for Chronic disease management and frailty have been developed as well as use of the East of Scotland formulary to practice climate positive behaviours (e.g. prescribing of dry powder inhalers for asthma) and strategies will continue to enable Realistic Medicine for sustainable and greener health care.

We will continue to align with the Scottish Government's six commitments in achieving value-based health and care. With regards to promoting Realistic Medicine as the way to deliver value based and health care, we will work with NES, Scottish Government and other boards to develop and roll out tools that will enable staff practice realistic medicine and deliver value-based health and care. It is by practicing realistic medicine that we can enable strategies that matter to people and achieve value-based health and care. This will be through trainings, seminars, workshops, awareness meetings, engagement with local teams, signposting to resources on TURAS and use of tools such as Near me. With regards to promoting measurement of outcomes that matter to people, we will continue to monitor and evaluate patient centred data using tools such as surveys, end of consultation feedback and analysis of data from Care Opinion.

With regards to enabling health care workers eliminate unwarranted variation of care, we will continue to collaborate with Public Health Scotland to support staff on the use of the Scottish Atlas of Healthcare variation. According to the Organisation for Economic Co-operation and Development (OECD) up to 20% of all healthcare is of no value to the people receiving it. To put it another way, up to one fifth of healthcare resources could be being wasted. With regards to building a community of practice and culture of stewardship, we will engage with staff and share feedback/information on best practice. With regards to supporting delivery of sustainable care and in line with NHS Scotland climate emergency and sustainability strategy, work with local teams to reduce waste and streamline referral pathways (such as Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and Effective and Quality Intervention (EQUIP) Pathways). With regards to engaging with the public to better understand Realistic Medicine, we will engage with citizens and support them to make informed choices through tools such as BRAN as contained in Questions that Matter that has been developed in Fife in collaboration with the Communications Team and Centre for Sustainable Delivery.

Integration & population need

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In Fife we have embraced the legislation associated with the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as 'health and social care integration'.

This focuses not only what we do, but, also how we do it, developing our culture of Integration based on interagency parity and respect. We describe our collaborative approach to Integration as "Team Fife", recognising integration across health services, joint working with the Health and Social Care Partnership (HSCP) and multi-agency working across local authority and third and independent sectors in line with our community planning aspirations described within the Plan for Fife. It is by working collegiately together towards a common purpose to improve outcomes for the people of Fife that we will make greatest impact in people's lives and support our workforce.

Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council. We have worked together to ensure close alignment between the Population Health and Wellbeing Strategy and Fife HSCP Strategic Plan, and we will work together to deliver and develop services for people in Fife.

Fife Health and Social Care Partnership has a three-year 'Strategic Plan 2023 to 2026' that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership's Strategic Plan is supported by transformational and business enabling strategies and delivery plans. The opportunity provided by being co-terminus is that we can evidence clear alignment to both the Integration Joint Board and NHS Fife statutory responsibilities.

Some key examples of joint working that can evidence "integration in action" in Fife are:

- Collegiate work to support capacity and flow supporting the use of the whole system OPEL tool enabling whole system response using common language and agreed action in response to service pressures and risk.
- The Primary Care Strategy is jointly commissioned through professional leads in NHS Fife and Fife IJB Chief Officer to enable the recovery, quality and sustainability of Primary Care
- The Prevention and Early Integration strategy and delivery plan is another example of strong joint working aligned to Public Health Priorities and galvanising a whole system response to promoting population health and wellbeing across the life span.
- The collective efforts to support prevention are also evidenced through joint working in relation to unscheduled care to support joint improvement actions to enable the right care, right place, first time.
- We are also joining up an enhancing our collective approach to communications, participation and engagement evidenced through strategy development and supporting us to engage meaningful with the people of Fife to inform our priorities.

- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Regional & National

NHS Fife will continue to work collaboratively at both a regional and national level. Existing programmes will continue to be delivered with other opportunities begin explored at East Region level where appropriate. Some specific examples include:

- NHS Fife laboratories are involved in discussions with NHS Lothian and NHS Borders around an East Region strategy for laboratory testing. This will be facilitated by the implementation of the first regional managed service contract for equipment and consumables in Scotland and ongoing plans for a Scotland-wide Laboratory Information Management System (LIMS)
- We are progressing a new regional Health Protection service with NHS Lothian, NHS Borders and NHS Forth Valley. The overarching aim of this single service will be delivering improved service resilience, sustainability, minimising duplication and ensuring a service fit for the future. The service will include all existing staff who are delivering health protection function in each of the board areas using an overarching roster. The service implementation will be monitored, and the model of approach will be refined in the first 2 years of delivery.
- Regional capacity delivery from the National Treatment Centre – Fife Orthopaedics.
- Delivery of consortium arrangements for aspects of HR services and Payroll Services.
- Development of options to support delivery of regional procurement.

Meeting: Public Health & Wellbeing Committee

Meeting date: 3 July 2023

Title: Fife Primary Care Strategy 2023-26

Responsible Executive: Nicky Connor, Director Health and Social Care,
Dr Chris McKenna, Medical Director

Report Author: Carol Bebbington, Consultant

1 Purpose

This report is presented for:

- Discussion
- Assurance
- Decision

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The development of the Primary Care Strategy has been jointly commissioned by the Director of Fife Health and Social Care Partnership (HSCP) and NHS Fife Medical Director to support delivery of excellent high quality accessible and sustainable services for the population of Fife

The Primary Care Strategy is one of the key strategies supporting delivery of Fife HSCP vision for the *people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

The strategy focuses on recovery, quality and sustainability of primary care services to ensure we have a resilient and thriving primary care at the heart of an integrated health and social care system.

This SBAR accompanies the draft strategy for consideration and onward approval.

2.2 Background

Primary Care is normally a person's first point of contact with the NHS and is where most patient contacts occur. A good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early intervention/ detection of disease and harm.

Primary care covers a wide range of services including General Medical Services, Community Pharmacy, Optometry, Primary Care Dental Services.

General practices, optometrists, pharmacists, and dentists are mostly independent contractors who provide services in line with nationally negotiated contracts.

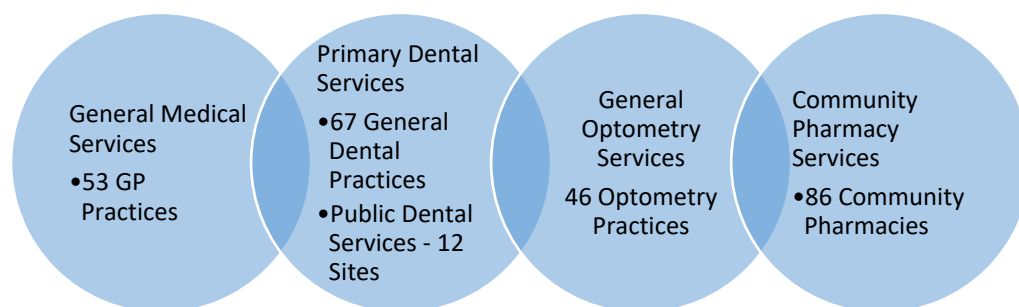


Figure 1 Primary Care Services

The Scottish Government Health and Sport Committee reported on their national work on *What should primary care look like for the next generation ? (2021)* which identified 5 key areas for development:-

1. Workforce and ways of working
2. Patient centred approach
3. Preventative focus
4. Community wide approach to wellbeing
5. Use of data and technology

A strategic needs assessment was undertaken to develop this strategy which identified the following themes:



Figure 2 Primary Care Strategic Themes

Primary Care faces a range of challenges in common with other parts of the health and social care system and some specific challenges to different components:

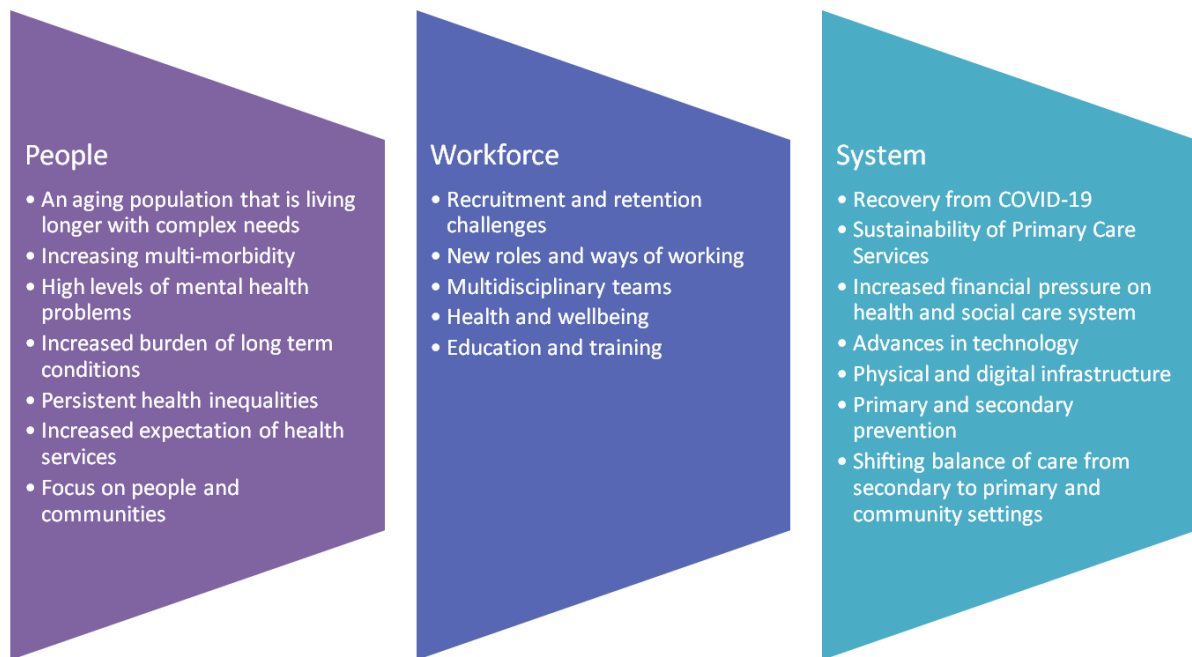


Figure 3 Challenges affecting Primary Care Services

Demographic challenges mean our population is aging and living longer with more complex needs and there are persistent inequalities affecting population health and wellbeing. The working age population is shrinking and there are challenges in recruitment and retention of staff across multiple disciplines. The Covid -19 pandemic has had a significant impact on primary care services requiring changes to the way care is delivered and how people access services as well as having an adverse impact on population health and wellbeing.

2.3 Assessment

Our Vision

Primary care at the heart of the integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services

Strategic Focus

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.

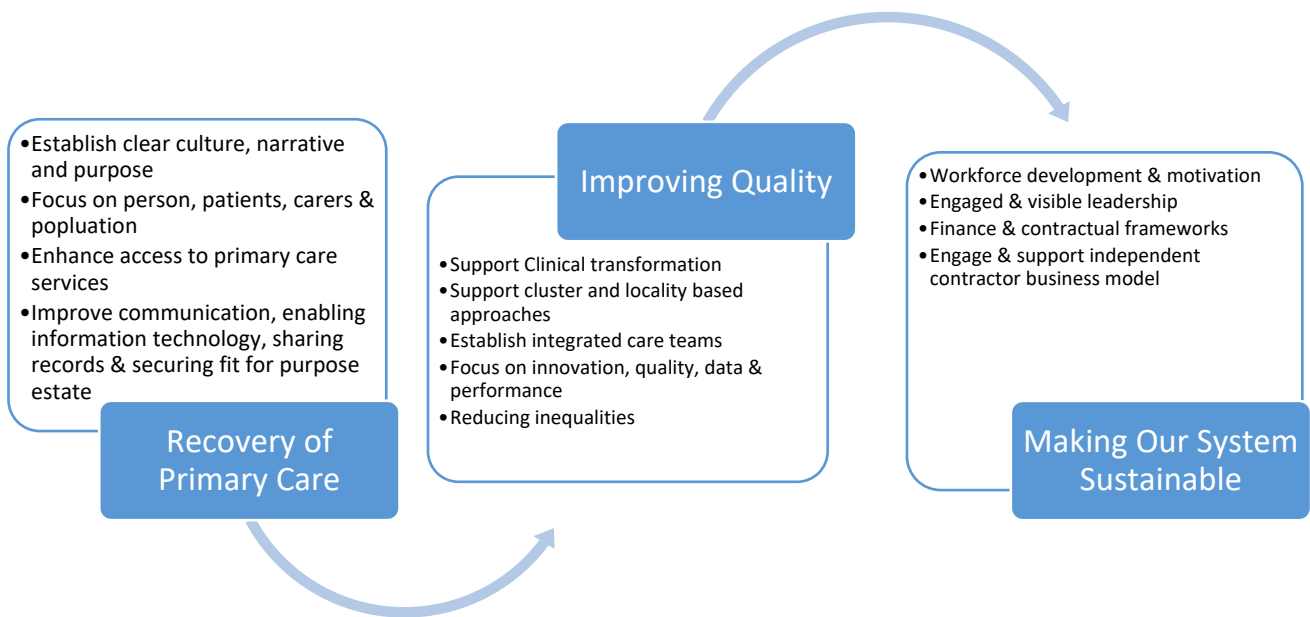


Figure 4: Strategic Focus

Our Primary Care Priorities

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system.
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans.
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care.
5. To contribute to improving population health and wellbeing and reducing health inequalities.

The strategy is underpinned by the following core principles:



Figure 5 Core Principles

The following key enablers are critical for implementation of the strategy

- Workforce
- Premises
- Digital Technology
- Finance
- Communication

An overarching delivery plan and 3 year action plan have been developed to support implementation.

2.3.1 Quality / Patient Care

The core principles underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

2.3.2 Workforce

Development of the workforce to support the capacity and capabilities across all primary care services is critical to ensuring sustainable service provision.

Development of a realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing will underpin the strategy and will be key for success

2.3.3 Financial

The remuneration of primary care contractors for their services is subject to national negotiations and agreements and set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions are critical to sustainability for all contractors.

There is a significant funding gap between the workforce and planned projections needed to fully implement the Primary Care Improvement Plan. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

The National Code of Practice for GP premises (2017) describes the planned transition over a 25 year period to a model where GP contractors no longer own their own premises. A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. A separate report on the Primary Care Premises Strategy is being brought forward for consideration.

The Primary Care Strategy will support achievement of the medium term financial strategy including:

- Ensuring Best Value - ensure the best use of resources
- Whole system working - building strong relationships with our partners
- Prevention and early intervention - supporting people to stay well and remain independent

- Technology first approach - to enhance self-management and safety
- Commissioning approach - developing third and independent sectors
- Transforming models of care - to support people to live longer at home, or a homely setting
- Prescribing - reduce medicines waste and realistic prescribing

2.3.4 Risk Assessment / Management

Primary care services are an integral part of a well-functioning healthcare system. Development of the Primary Care Strategy supports a collaborative whole systems approach across NHS Fife and Fife HSCP to provide services that are safe and accessible and reflect the needs and demands of the population.

The statutory responsibility for the strategic planning and commissioning for Primary Care services lies with Fife Integration Joint Board. NHS Fife retains the statutory duty for provision with the Medical Director having Executive Responsibility.

The HSCP is responsible for the administration of the contracts and has the operational responsibility for oversight of delivery of primary care services.

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

The key risks relate to the availability of the workforce with the key skills and competencies required to develop the multidisciplinary teams and support sustainability and to the availability of capital finance to support premises developments in the medium to long term.

A detailed risk register will be developed to support implementation of the strategy

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

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

Working in partnership with other organisations, including Fife Council, the Scottish Government, and the independent and voluntary sectors will support achievement of our anchor ambitions.

An Equality Impact Assessment stage 1 has been completed and is attached as appendix 3. This identifies that the Strategy will delivery positive change across Fife for staff, patients, and the public overall. When implemented the Strategy will improve access to Services and reduce the risks associated with health inequalities and long-term conditions. EQIA will continue to be undertaken at implementation of the strategy is progressed.

2.3.6 Climate Emergency & Sustainability Impact

Environmental impacts are considered during strategic planning, service planning and service delivery. No additional environmental impact is anticipated

2.3.7 Communication, involvement, engagement and consultation

The strategy development has been informed through stakeholder engagement, survey responses, the Health and Care Experience Survey, What Primary Care Looks Like For The Next Generation and individual stakeholder meetings.

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan

2.3.8 Route to the Meeting

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

- HSCP Senior Leadership Team 12 June 2023
- NHS Fife Executive Directors Group Meeting 22 June 2023

2.4 Recommendation

- **Discuss** - the Fife Primary Care Strategy 2023-26. Please note that an executive summary version is in development and will accompany any report to the Health Board to support a public facing communications plan in relation to Primary Care.
- **Assurance** - that there has been systems leadership and strong engagement in the development of this strategy which outlines priorities for the next three years to support the recovery, quality and sustainability of Primary Care within Fife and implementation will be supported through a communications plan.
- **Decision** – the committee are asked to consider recommending this strategy to NHS Fife Board at the July Board Meeting.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Draft Fife Primary Care Strategy 2023-26
- Appendix No. 2, Primary Care Strategy Participation and Engagement Consultation Summary
- Appendix no. 3, Primary Care Strategy EQIA stage 1

Report Contact

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Forward

This new Primary Care Strategy is one of the key strategies supporting delivery of Fife Health and Social Care Partnerships vision *for the people of Fife to live independent and healthier lives*. It also underpins NHS Fife's Population Health and Wellbeing Strategy and our collective commitment to the anchor ambitions.

Primary Care is the cornerstone of our health and social care system. We know that strong primary care services are cost effective, deliver positive outcomes, are accessible in local communities and are the first point of contact for people accessing healthcare. This is critical to supporting early intervention and addressing health inequalities and supporting people with more complex needs including long term conditions in their own communities.

Across general practice, community pharmacy, dentistry and optometry services thousands of people are in touch with primary care services every week and those services work in partnership with a much wider team across different professions, sectors and agencies.

The pandemic has had a significant impact on everyone's lives and we have all had to adapt and respond to the greatest personal and collective challenge many of us have ever faced in our lifetimes. We recognise the incredible commitment of staff within primary care and the teams that support and are aligned to primary care that have all gone above and beyond throughout the pandemic, adapting their roles and keeping people safe. We also recognise the outstanding contribution of unpaid carers and the impact of living with and recovering from the pandemic has had on people receiving health and social care support. The ambition in this strategy is focused on the recovery, quality and sustainability of primary care services in order to support access, continuity of care and the primary care workforce and the people of Fife.

The experience of patients, staff and those who are cared for through our services are at the heart of what matters. We recognise our primary care services are ideally placed to develop continuously supportive and enabling relationships with people and supporting them to make shared decisions about their care and helping them to manage their own health and wellbeing. We would like to thank everyone involved in developing this strategy for their commitment, innovative ideas and desire for positive change and for sharing what matters to them.

This strategy and delivery plan outlines our ambitious programme to support the recovery and transformation of our primary care services to ensure we have a resilient and thriving primary care at the heart of our integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife.



Dr Chris McKenna
Medical Director
NHS Fife

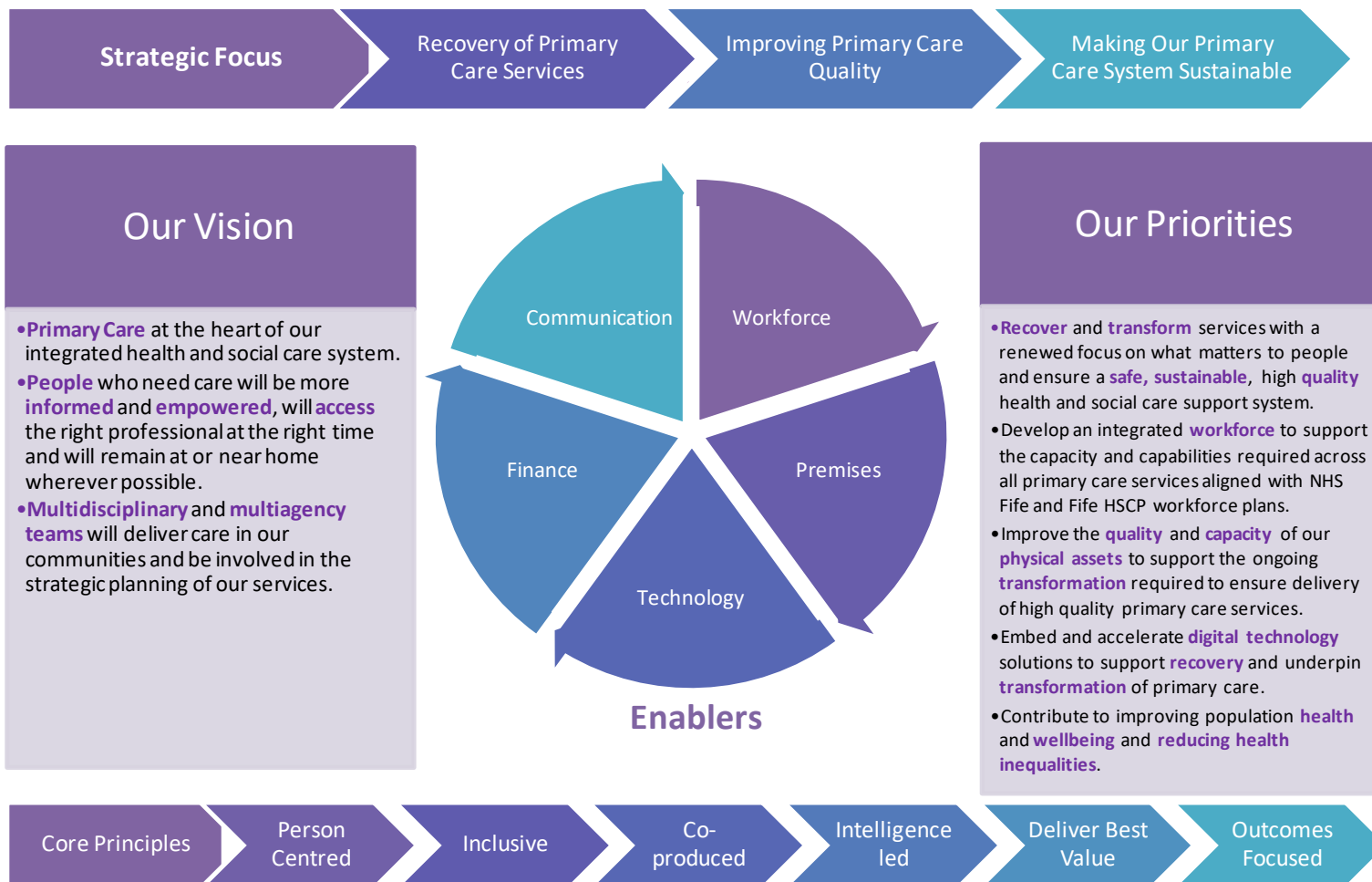


Nicky Connor
Chief Officer IJB
Director Health & Social Care

Executive Summary

Fife Primary Care Strategy 2023-26

A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife



Introduction

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



Figure 1: Primary Care Services

This strategy recognises the importance of self care and self management. Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.

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

The scope of this strategy includes General Medical Services, Primary Care Dental Services including General Dental Services and the Public Dental Service, Community Pharmacy Services and Community Optometry Services (High Street Opticians).

Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership (HSCP) to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.

National and Local Context

The Public Bodies (Joint Working) (Scotland) Act 2014¹ requires local authorities and health boards to work together to integrate health and social care services. With a greater emphasis on joining up services and focusing on anticipatory and preventative care, integration aims to improve care and support for people who use services, their carers and their families.

The Council and Health Board working together to deliver these services is known as health and social care integration. Fife Integration Joint Board (IJB) is responsible for the planning and delivery of integrated arrangements and delegated functions in Fife which includes all aspects of Primary Care. The HSCP is the public facing aspect of the IJB and bring together employees of both organisations to work in partnership to deliver health and social care services (Figure 2).

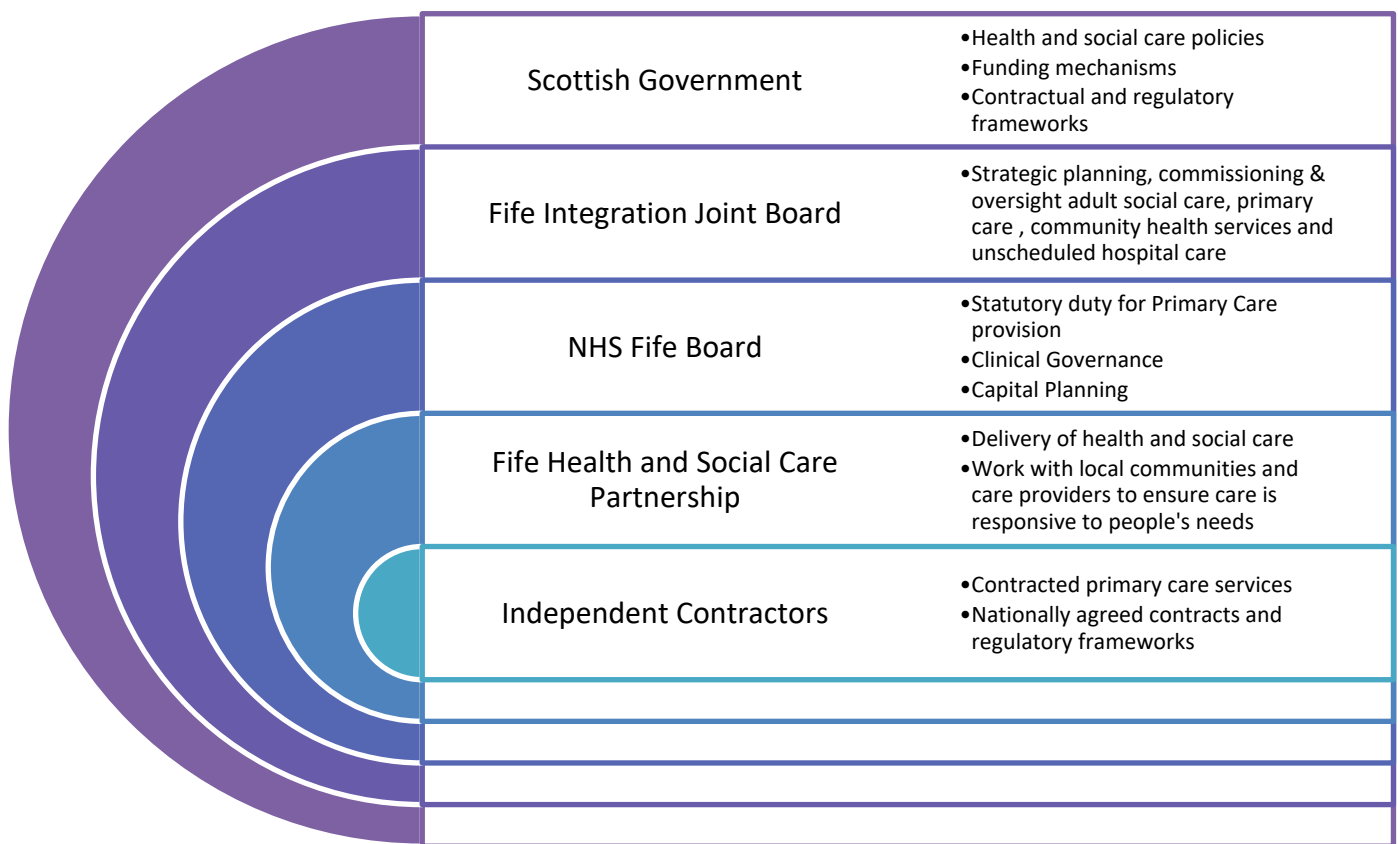


Figure 2: National and Local Context for Primary Care Services

General practitioners, dentists, pharmacists and optometrists are mostly independent contractors who are financially responsible for the business affairs of their practices and are contracted by NHS Boards to provide services on the Board's behalf within nationally negotiated contracts and regulatory frameworks (Figure 3).

¹ [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

General Medical Services	General Dental Services	Pharmaceutical Services	General Optometry Services
<ul style="list-style-type: none"> •Primary Medical Services (Scotland) Act 2004 •The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018 	<ul style="list-style-type: none"> •National Health Service (General Dental Services) (Scotland) Regulations 2010 and Amendment Regulations 2019 	<ul style="list-style-type: none"> •The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 and Amendment Regulations 2021 •Scottish Drug Tariff 	<ul style="list-style-type: none"> •The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006 and Amendment Regulations 2018 •The National Health Service (Optical Charges And Payments) (Scotland) Regulations 1998 and Amendment Regulations 2023

Figure 3: Primary Care Contract and Regulatory Framework

Fife HSCP has set out the future direction of all health and social care services across Fife within their Strategic Plan². This Primary Care Strategy is one of the key transformational strategies supporting the implementation of the partnership’s Strategic Plan and achievement of their vision *for the people of Fife to live independent and healthier lives* and contributes to the delivery of their strategic priorities for local, sustainable; integrated services which focus on improving wellbeing and outcomes.

This strategy supports delivery of NHS Fife’s Population Health and Wellbeing Strategy³ and their four strategic priorities to:

- Improve health and wellbeing;
- Improve the quality of healthcare;
- Improve staff experience and wellbeing; and,
- Deliver value and sustainability within our primary care services.

This strategy is also aligned to the Plan for Fife⁴ which sets out the key recovery and renewal priorities being progressed through the Community Planning Partnership of which both NHS Fife and Fife HSCP are key partners.

The relationship between primary, secondary and social care and the third and independent sectors is critical to ensuring opportunities for collaborative working are maximised and care pathways are optimised to meet the health and care needs of the population.

This Primary Care Strategy supports an integrated approach across all partners in Fife with a common focus on improving health and wellbeing outcomes.

² www.fifehealthandsocialcare.org/publications

³ [Living well working well and flourishing in Fife \(nhsfife.org\)](http://livingwellworkingwellandflourishinginFife.nhsfife.org)

⁴ Plan-for-Fife-2017-2027.pdf

Policy Context

Primary Care has a central role in providing and coordinating care around the needs of local communities and making sure the care provided is the right care for an individual and is sustainable⁵. This approach supports person centred holistic care, minimises unwarranted variation and reduces inequalities which underpin the principles of Realistic Medicine⁶. This supports innovative ways to improve the way healthcare is delivered through value based health and care models to support a more sustainable health and care system⁷.

The National Health and Social Care Workforce Plan: Part Three⁸ focuses on improving workforce planning for primary care to support improvement and sustainability of primary care services, promote prevention and self management and development of new models of care. The future primary care workforce will have further enhanced and expanded multi-disciplinary teams. This will ensure the primary care workforce is made up of a variety of roles across health, social and community services, each contributing their unique skills to improving outcomes for individuals and local communities.

The Scottish General Medical Services Contract⁹ and its associated Memorandum of Understanding committed to a vision of general practice and primary care being at the heart of the healthcare system where multidisciplinary teams come together to inform, empower, and deliver services in communities for those people in need of care. It aimed to improve population health, reduce health inequalities and reduce General Practitioner (GP) workload through expansion of the multidisciplinary team and further development of GP clusters.

General practices are supported by primary health care teams, including community nursing, mental health and allied health professionals, to provide effective response to local health care needs. The planned expansion of the multidisciplinary team will enable clinical work previously undertaken by GPs to be delivered safely and effectively by other members of the multidisciplinary team and allow GPs to develop their role as expert medical generalists focusing on undifferentiated presentations, complex care, quality and leadership. The multidisciplinary team comprises a wide cohort of professional roles including nursing, pharmacy, paramedics, and allied health professionals.

Seven key principles underpin the expansion of the multidisciplinary team to ensure new roles and service provision is safe, person-centred, equitable, outcome focussed, effective, sustainable and affordable and which represents value for money. The agreed priorities for implementation of the contract include:-

- Vaccination Transformation Programme;
- Pharmacotherapy;
- Community Treatment and Care services;

⁵ [A National Clinical Strategy for Scotland - Summary - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁶ [Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

⁷ [Delivering Value Based Health & Care: A Vision For Scotland \(www.gov.scot\)](http://www.gov.scot)

⁸ [National health and social care workforce plan: part three - gov.scot \(www.gov.scot\)](http://www.gov.scot)

⁹ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- Urgent Care;
- Additional professional roles; and,
- Community Link Workers.

GP Clusters are professional groupings of general practices with each practice represented by their Practice Quality Lead. The GP Clusters are aligned to the seven localities in Fife which supports strong multiagency working. The leadership of the Cluster Quality Lead (CQL) is essential to facilitating quality improvement work across the clusters and liaison with locality and professional structures. The CQLs work together, with protected time, to improve the quality of care for their local populations and contribute leadership to the development and planning of integrated care which will support quality improvement and reduce health inequalities.¹⁰

The Oral Health Improvement Plan¹¹ provides the overarching framework for the development of NHS dental service provision in Scotland. The programme of work aims to improve child oral health, access to NHS dental services, reduce oral health inequalities, meet the needs of an aging population, deliver more services in the high street, and improve information for patients and quality assurance and improvement.

Achieving Excellence in Pharmaceutical Care¹² sets out Scotland's strategic plan to transform the role of pharmacy across all areas of pharmacy practice, increase capacity and offer the best person centred care. Pharmacy teams are an important part of the workforce with specialist skills and expertise in medicines. The plan focuses on improving NHS pharmaceutical care services including delivering safer use of medicines and enabling NHS pharmaceutical care transformation through developing the capability and capacity of the pharmacy workforce, developing a digitally enabled infrastructure and planning delivery requirements for sustainable pharmaceutical care services.

Optometry services have developed since the introduction of free eye examinations in 2006 to the services being the first port of call for people with eye problems, helping to detect eye diseases early. Optometrists are an integral part of the transformation of primary care services and the on-going development of community based care. The Community Eyecare Services Review (2017) highlighted areas of good practice and made recommendations to develop services to facilitate the care of patients safely in the community through local schemes supporting, for example, anterior eye conditions, post surgery cataract care, glaucoma and low vision services. It also recognised that those living in challenging circumstances are less likely to attend for regular eye examinations and recommended that local initiatives promoting a wider appreciation of eye health, the vital role of community optometry in the early detection of eye disease and for unplanned and emergency eye care, should be supported and new ways of working developed to promote accessibility.

¹⁰ [PCA \(M\) \(2019\)08 - National guidance for clusters. A resource to support GP clusters and support improving together \(scot.nhs.uk\)](#)

¹¹ [Oral health improvement plan - gov.scot \(www.gov.scot\)](#)

¹² [Achieving excellence in pharmaceutical care: a strategy for Scotland - gov.scot \(www.gov.scot\)](#)

General Challenges

As described in the Fife Health and Social Care Strategic Plan and NHS Fife Population Health and Wellbeing Strategy, the whole system faces significant challenge. The challenges facing Primary Care in common with other parts of the health and social care system are summarised in Figure 4.

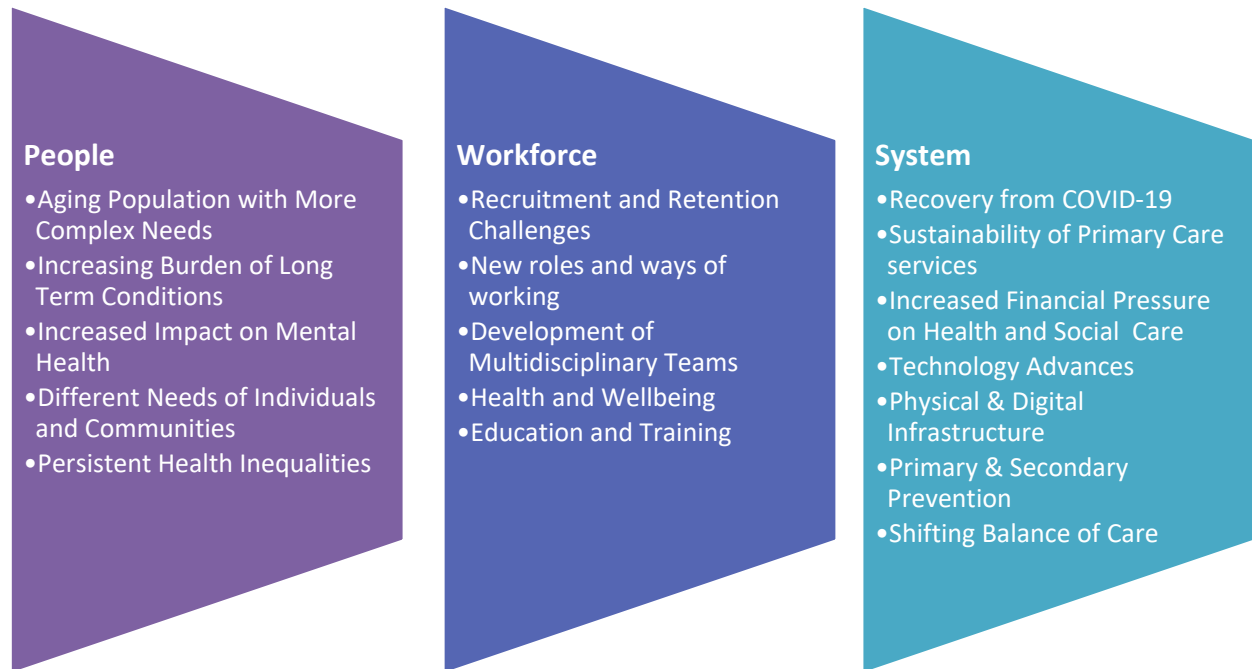


Figure 4 Challenges Affecting Primary Care Services

Changing Population

The population of Fife is aging and living longer with more complex needs. In particular the growth in the over 65 populations is projected to increase which will create additional demands for health and care services. The demographic challenges also mean the working age population is shrinking which will impact on training and recruitment of health and social care staff as well as impacting on the number and age of people with caring responsibilities (Figure 5).

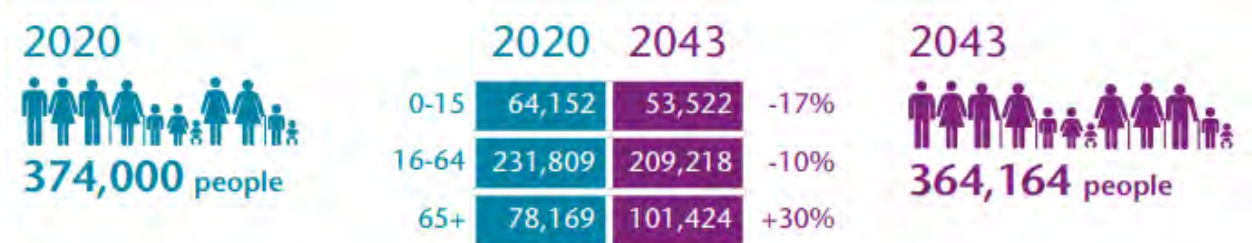


Figure 5 Projected population change in Fife 2020-2043

There are significant housing developments across Fife which will attract new populations and change the makeup of communities. This population growth will have a direct impact on all public services and increase demand for health and social care.

Carers

With an ageing population, the growing demand for unpaid care will increase and place greater pressures on public resources and health and social care budgets. Unpaid carers make a significant and highly valued contribution to supporting people in need in Fife. All partners are committed to working collaboratively to support carers and achieve the ambitions within the Carers Strategy¹³. The local knowledge of primary care practitioners and their relationships with individuals, their families, carers and communities means they can play a key part in ensuring carers have the information, advice and guidance they need, can direct them to available practical support, and contribute to them having a more positive experience.

Covid-19 Pandemic

The Covid-19 pandemic has significantly impacted the physical and mental health and wellbeing of individuals, communities and staff adding to the challenges already being faced by the health and care system and it will be some years before the full legacy is understood.

This has been a very challenging period with limited access to and delivery of some services resulting in many people experiencing longer waiting times for outpatient and elective care. This has increased pressure on primary care, particularly in general practice and dentistry, as patients seek support as their circumstances or conditions deteriorate.

In addition to the overall impact on population health and wellbeing the way people access services and how care is delivered has changed, for example, innovative use of digital technology has enabled provision of flexible services and alternative models of care to support people.

The pandemic continues to require the workforce to operate in an agile and dynamic way using a range of technologies to meet the daily challenges whilst ensuring people are safe and have their care needs met.

Mental Health

Good mental health is essential in achieving and improving outcomes for individuals and families. The growing demand for mental health care was a challenge pre pandemic. Primary Care are often the first point of contact in supporting people experiencing and living with mental ill health and responding to people experiencing trauma and distress. Together with the HSCP's Mental Health Strategy this strategy supports the promotion of good mental wellbeing, prevention of poor mental health and distress, and provision of appropriate care and support locally and aligns with the National Mental Health Strategy priorities to prevent, promote and provide mental health care.

Health Inequalities

Health inequalities are caused by a wide range of factors which influence health and wellbeing. The rise in the cost of living, including fuel, energy, and food, is increasing the pressure on people, particularly those already facing financial hardship. In addition, there are different

¹³ [Carers-Strategy-for-Fife-2018-2021-FINAL-V2.3.pdf \(fifehealthandsocialcare.org\)](#)

challenges across and within Fife's seven localities relating to accessibility, inclusion and health and wellbeing outcomes.

Significant health inequalities exist and persist within the Fife population.

- In 2016-2020 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived for males and 8 years lower among females.
- The most deprived areas have 35% more deaths and approximately double the number of early deaths (aged 15 to 44) than the Fife average.
- Fife has a higher rate of both emergency admissions and potentially preventable hospital admissions than Scotland.
- The most deprived areas have 53% more preventable emergency hospitalisations for a chronic condition, and 42% more repeat hospitalisations in the same year than the Fife average.

Socioeconomic deprivation and cost of living pressures are the main drivers affecting people's health. Each of Fife's localities contain geographies which have higher levels of need and therefore it is important to consider the impact of place on people when planning services¹⁴.

Workforce

The demographic of the workforce, changes in training, training gaps due to the pandemic and development of new and specialist roles are all impacting on the availability and recruitment and retention of key staff.

Finance

Demand for health and social care services is increasing whilst the available financial resource is under significant pressure. Making the best use of resources by redesigning services and doing things differently will be essential to meet the future health and care needs of the population.

There is a challenge between the planned projections of the workforce required and the available funding to fully implement the Primary Care Improvement Plan. This is a high level corporate risk and one of the key drivers in development of this strategy to ensure delivery of sustainable and effective primary care services. This pressure means there needs to be careful optimisation of all resources to maximise distribution and spread of services to meet local needs.

There is limited access to capital funding to support premises development which may impact on future capacity for service delivery. In developing models of care how existing resources can be used to maximise clinical space and optimise accessibility needs to be carefully considered.

Digital Infrastructure

Further development and use of digital solutions will be part of supporting people to manage their own health and access services in a convenient, efficient and effective way when needed; for example, use of *Near Me* video technology for consultations, access to therapies websites

¹⁴ [nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf](https://www.nhs.uk/press-releases/2022/02/20220616-nhs-fife-director-of-public-health-report-2020-and-2021-220220616.pdf) (nhsfife.org)

and technology enabled care. Alignment with NHS Fife and Fife HSCP digital strategies will ensure connectivity and support digital approaches that remain inclusive to the needs of our workforce and population and enable equitable access to primary care.

General Medical Services

Sustainability

Sustainability of GP practices has been a national concern prior to the pandemic and is largely influenced by the demographic of the workforce, difficulties with general practitioner (GP) recruitment and financial security. Over the past 10 years these sustainability challenges have resulted in an overall reduction in the number of general practices in Fife and a corresponding 16% increase in the average number of patients per practice.

Currently there are 53 general practices across Fife with an average practice population of 7,394.

Sustainability challenges have also resulted in some practices returning their contracts and currently being managed as Health Board run services. General practices and primary care teams are greatly valued for their commitment to provision of primary care services. The HSCP will continue to work collaboratively to support the independent contractor status of general practice.

Workforce

The Primary Care Improvement Plan set out the planned implementation of the priorities with investment supporting the expansion of the multidisciplinary team being made through the primary care transformation fund.

Significant progress has been made to date with implementation of the new contract, including the aspirations published in 2021 with a second Memorandum of Understanding.

Investments made in expanding the workforce to deliver the aims of the contract have been partially implemented however, challenges remain:-

- Recruitment of staff with the skills and competencies required;
- Significant pressure on the available funding to fully implement the plan;
- Premises capacity for additional clinical and administrative accommodation for the multidisciplinary team ;
- Digital solutions to enable remote working to happen more easily whilst retaining local access; and,
- The impact of the expanded multidisciplinary teams on other primary care services, for example, increasing numbers of pharmacists and pharmacy technicians working in the general practice team impacts on the available workforce for community pharmacy.

Progress on each of the priorities and remaining challenges is outlined in Table 1.

Transformation Priorities	Progress	Challenges
Vaccination Transfer Programme	Fully transferred	
Pharmacotherapy	Partial provision	National availability of Pharmacy workforce for delivery Financial resource No nationally agreed service specification
Community Care & Treatment Service	90% complete Full transfer expected by end 2023	
In hours Urgent Care	Partial provision Aim for full transfer by April 2024	Availability of Nursing and Paramedic workforce for delivery Financial resource
Additional professional roles	Partial provision	Availability of Advanced Practice Physiotherapists & Mental Health Nurses for delivery Financial resource
Community link workers	Link Life Fife available to all practices	

Table 1: Primary Care Improvement Plan Progress

Medical Training

General Practitioner Specialty Training

In partnership with National Education Scotland General Practitioner Specialty Training in Fife is fully supported. A breadth of relevant experience is provided through a variety of hospital placements and practice based experience within eleven GP training practices. However there are challenges in retaining general practitioners on completion of their training and there is a need to support development of portfolio career options and promote Fife as a good place to live and work.

ScotGEM

ScotGEM is a four-year graduate entry medical programme taught through a partnership between the Universities of St Andrews and Dundee in collaboration with NHS Fife. It is designed to develop doctors interested in a career as a general practitioner and focuses on rural medicine and healthcare improvement. The first cohorts graduated in 2022 and are progressing through their foundation years. It is too early to know how many will become GPs in the future.

ScotCOM

NHS Fife has a strategic ambition to become a teaching Health Board. ScotCOM (Community Orientated Medicine) is a proposed medical degree which will be delivered between NHS Fife and the University of St Andrews. It is anticipated this programme will commence in 2025. Being able to provide high quality medical school placements in primary care and supporting practices to develop placement opportunities will support expansion of the future workforce and new career opportunities.

Digital Infrastructure

A programme of work is underway to standardise the clinical system used by primary care which will require investment to implement.

In addition, the design and development of the Digital Prescribing and Dispensing Pathways Programme¹⁵ is progressing with implementation anticipated to begin from 2024. The requirements for this will need to be factored into the digital health infrastructure.

Premises

There is a requirement improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high-quality primary care services. A primary care premises review has been undertaken which assessed the appropriateness of current primary care premises including the condition, functional suitability, utilisation, and quality of estate and identified the investment priorities to inform the updated Property & Asset Management Strategy and Primary Care Premises Strategy.

Primary Care Dental Services

General Dental Services

There are 67 independent dental practices (including 5 orthodontist practices) in Fife providing General Dental Services (GDS) through a mix of NHS and private care.

Dental Registration

Dental registration policy has changed over time and in 2010 lifetime registration was introduced. Figure 6 shows the trend in NHS dental registrations from 2006 to 2022. As demonstrated NHS dental registrations have been declining since 2020 as a consequence of the pandemic and workforce challenges.

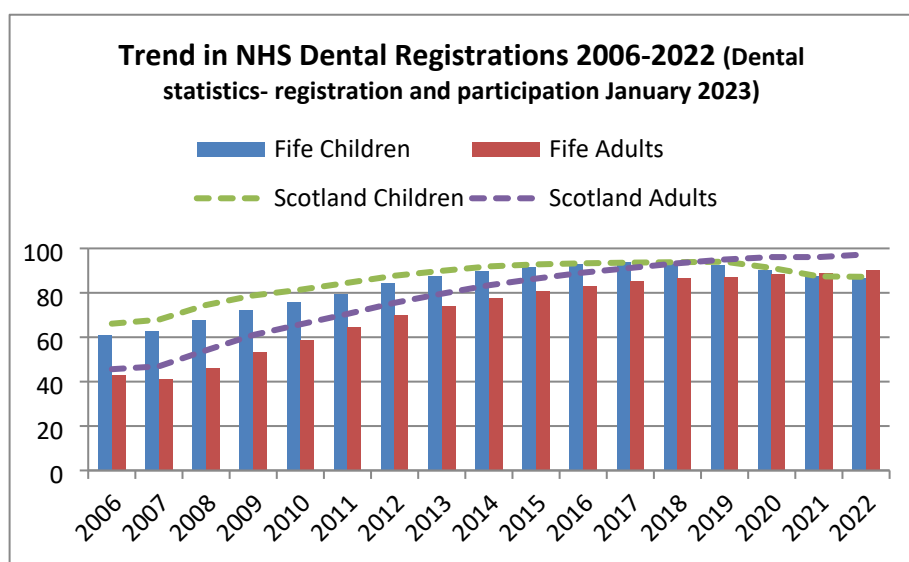


Figure 6 Trends in NHS Dental Registrations

¹⁵ [About the Digital Prescribing and Dispensing Pathways programme | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/about-the-digital-prescribing-and-dispensing-pathways-programme/)

It is currently very challenging to register with an NHS Dentist in Fife and this is also a national concern. In particular the proportion of children registered with an NHS Dentist has reduced from 93% in 2019 to 87% in 2022. Registrations are also impacted by deprivation with 85% of children living in the most deprived areas registered with an NHS dentist compared to 90% in the least deprived.

Dental Participation

NHS dental participation is defined as contact with general dental service for examination or treatment in the 2 years prior to point of interest. Figure 7 shows the trend in participation rates. As demonstrated, participation rates have been affected by the lifelong registration policy from 2010, however there has been a marked reduction due to the impact of the pandemic on access to dental care with only 54% of registered patients having seen an NHS dentist within the previous 2 years in 2022 compared to 74% in 2019.

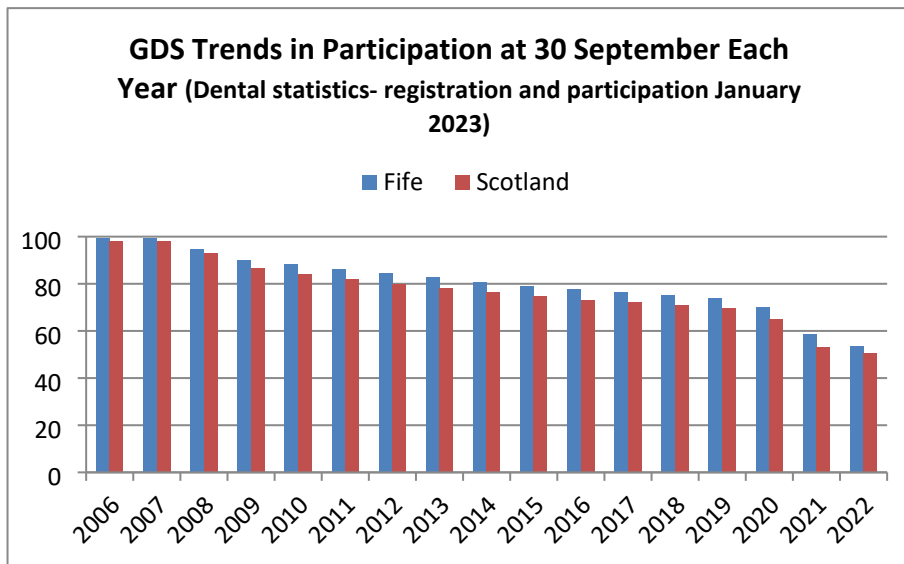


Figure 7 Trends in NHS Dental Participation

Children and adults from the most deprived areas were less likely to have seen their dentist within the last 2 years than those in the least deprived (table 2)

Table 2 Dental Participation Rates	Most Deprived	Least Deprived
Children	56.6%	74.7%
Adults	45.7%	54.1%

There are a number of complex reasons that dental services are experiencing significant challenges as a result of the backlog due to the pandemic.

- Issues with recruitment and retention of dentists and dental care professionals are an ongoing national problem.
- The pandemic impacted on dental training and there were no dental graduates.
- Many dental practices have very limited cover and access arrangements in place for the NHS patients registered with them.

Public Dental Services

The Public Dental Service (PDS) dental team are employed by NHS Fife and provide core services as well as priority group NHS dental care services across 12 sites in Fife including on hospital premises.

The PDS host the Fife Dental Advice Line for patients with an urgent dental need to facilitate access to urgent dental care. There are challenges with capacity of the PDS being able to provide treatment to patients who would normally access NHS dental services via their General Dental Practitioner.

The national oral health improvement programmes are delivered by the PDS. Oral health improvement actions continue to be recovered post pandemic with a focus on reducing inequalities.

Community Pharmacy

Pharmacy services have expanded considerably over the last decade and play a crucial role in supporting people in their own homes and communities. There are 86 community pharmacies in Fife providing approximately one pharmacy per 4,300 population. The pharmacies are well distributed across the region and meet the access needs of the vast majority of the population with no large gaps identified¹⁶.

The launch and expansion of the core NHS Pharmacy First service in April 2020 demonstrates the role of community pharmacies as one of the first points of call for people to access healthcare advice and medicines. Other core services, universally available, include Acute Medicines Provision, Public Health, and Medication Care and Review Services for people with long term conditions.

Community pharmacies also provide a wide range of enhanced services including services to care homes, care of people with substance misuse problems, palliative care network and vital capacity in vaccination programmes.

The Pharmaceutical Care Services in NHS Fife (2022) report highlights the importance of continuing to support the development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population. Further development of local services may be impacted where the local facilities are not flexible enough to allow this to happen or where workforce challenges mean pharmacists need to focus on their core business and service.

Workforce challenges have emerged in part due to the expansion of clinical pharmacy roles working in General Practice. This service is a welcome addition to the multidisciplinary primary care team and delivers on several commitments to improving patient care. There is opportunity to focus on making best use of skill mix, including the roles of pharmacy technicians and

¹⁶ [June 2022 Pharmaceutical Care Services in NHS Fife 2021/22 \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/2022/06/june-2022-pharmaceutical-care-services-in-nhs-fife-2021/22)

pharmacy support workers to enable pharmacy teams embedded in GP Practices to focus on direct patient care activities, optimising their skill set.

In addition, there are challenges to the financial sustainability of community pharmacies more broadly. Nationally, a challenging set of community pharmacy financial settlement negotiations are ongoing for the financial year 2023/24.

Optometry Services

Optometry services are provided by High Street Opticians and play a key role in the provision of community care. Optometry is a stable and strong part of our healthcare economy, where national contracts facilitate a good balance of innovation and stability.

There are 46 optometry practices across Fife with a good distribution across the seven localities.

In 2021-22 37.2% of Fife's population received a sight test/ eye examination. Of those who received an eye examination 34% lived in the most deprived communities compared to 39% in the least deprived.

There are innovative developments within community optometry services to keep referrals for more complex conditions within the community network of optometry services therefore reducing referrals to secondary care services and providing care closer to home for our population.

A number of shared care schemes have been developed to provide enhanced local service provisions within Fife for the treatment of common eye conditions and management of chronic eye diseases such as glaucoma. These schemes have required optometrists to undertake additional accredited training and have enabled patients to be safely discharged from hospital eye care services into the community.

The Optometry Pharmacy First Pathway is working well and it is recognised that developing the referral pathway between general practice and optometry would support sharing of information and good practice.

Since 2006, significant investment has been made both through direct Scottish Government funding and by individual optometric practices in ensuring that the appropriate equipment is available to provide the relevant services and meet specific patient needs.

Future development in community based eye care will need to include consideration of any related equipment and technology requirements.

Strategic Themes

A strategic needs assessment was undertaken to develop this strategy. The themes from this are identified in Figure 8.



Figure 8: Primary Care Strategic Themes

Vision

Our Vision:

Primary care will be at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services.

Primary care services are an integral part of a well-functioning healthcare system. Primary care services aim to:-

- Provide high-quality, equitable care for the population they serve;
- Prioritise those at highest risk;
- Support those with long-term conditions to self-manage these conditions as well as possible;
- Play a significant role in longer-term prevention and early intervention and detection of disease and harm;
- Contribute to integrated care pathways across acute, primary and community services.

This strategy focuses on the recovery of primary care, improving quality and making our services more sustainable to achieve our strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible, equitable and sustainable services for the population of Fife (Figure 9).

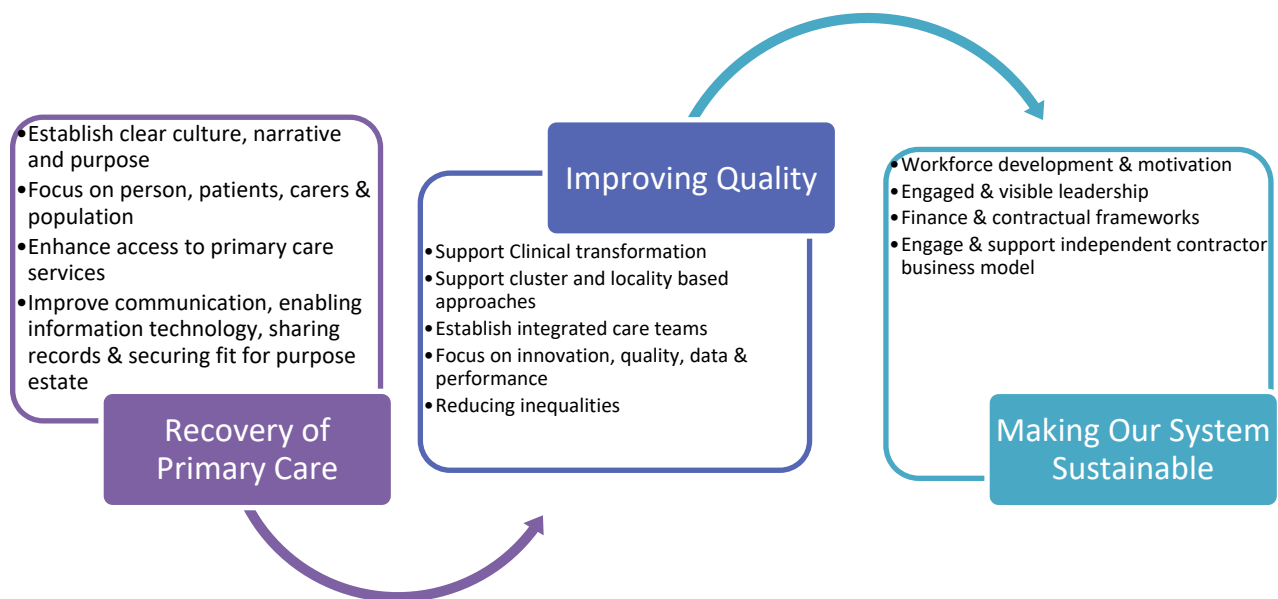


Figure 9: Strategic Focus

Our Priorities

Our Priorities:

1. To recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system;
2. To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;
3. To improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services;
4. To embed and accelerate digital solutions to support recovery and underpin transformation of primary care;
5. To contribute to improving population health and wellbeing and reducing health inequalities.

Our Core Principles

The core principles (figure 10) underpinning the transformation of primary care services will ensure they are person centred and responsive to the needs of individuals. They will ensure services are as inclusive and accessible as possible, informed by clinical evidence and expert advice. Services will be delivered at an appropriate pace to reduce risk and ensure people experience high quality, safe, effective and efficient care. Locality planning and engagement with partners and communities across the system will ensure services are co designed and tailored to local need and any barriers to accessing care and support services are removed. The development of a performance, quality and assurance framework will focus on continuous improvement in delivery and access to primary care services.



Figure 10: Core principles for the strategy

Strategic Alignment

This strategy supports the delivery of local and national strategic priorities together with the nine national health and wellbeing outcomes and six public health priorities (Table 3).

Primary Care Vision	Primary care at the heart of our integrated health and social care system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary and multiagency teams will deliver care in our communities and be involved in the strategic planning of our services				
Primary Care Priorities	Recovery safe, sustainable, high quality services	Workforce development	Quality and capacity of our physical assets	Digital First solutions for recovery and transformation	Improve health & wellbeing & reduce inequalities
Fife HSCP Vision	People of Fife Live Independent and Healthier Lives				
Strategic priorities	Local	Sustainable	Wellbeing	Outcomes	Integration
NHS Fife Vision	Living well, working well and flourishing in Fife				
NHS Fife Priorities	Improve Health and Wellbeing	Improve The Quality Of Health And Care Services	Improve Staff Experience And Wellbeing	Deliver Value And Sustainability	
Plan for Fife Vision	A Fairer Fife				
Plan for Fife Priorities	Opportunities for all	Thriving places	Inclusive growth and jobs	Community led services	
Delivering Value Based Health & Care Vision	To deliver value based health and care; this will achieve the outcomes that matter to people and a more sustainable system				
Value Based Health & Care Aims	Improved Outcomes and Experience	Improved Equity of Access and Transparency	Sustainability & Stewardship		
Nine National Health & Wellbeing Outcomes	People can look after their own health	Live at home or in a homely setting	Positive experience of services	Services improve quality of life	Services mitigate inequalities
	Carers supported to improve health	People using services are safe from harm	Engaged workforce Improving Care	Efficient resource use	
Six Public Health Priorities for Scotland	We live in vibrant, healthy and safe places and communities	We flourish in our early years	We have good mental health	We reduce the use of harm from alcohol, tobacco and other drugs	We have a sustainable, inclusive economy with equality of outcomes for all
Table 3 Strategic Alignment of Vision and Priorities					

Anchor Ambition

Fife HSCP and NHS Fife are large organisations connected to the local communities of Fife. It is recognised that anchor institutions can make positive contributions by investing in and working locally and responsibly with others to:

- Employ people from local communities through fair and equitable employment practices and paying a living wage;
- Use our land and buildings to support local communities and influence health and wellbeing in education, housing and employment;
- Purchase goods and services locally where appropriate to support local businesses.

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

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

Our Enablers

The following enablers are critical to the successful implementation of this strategy (figure 11):

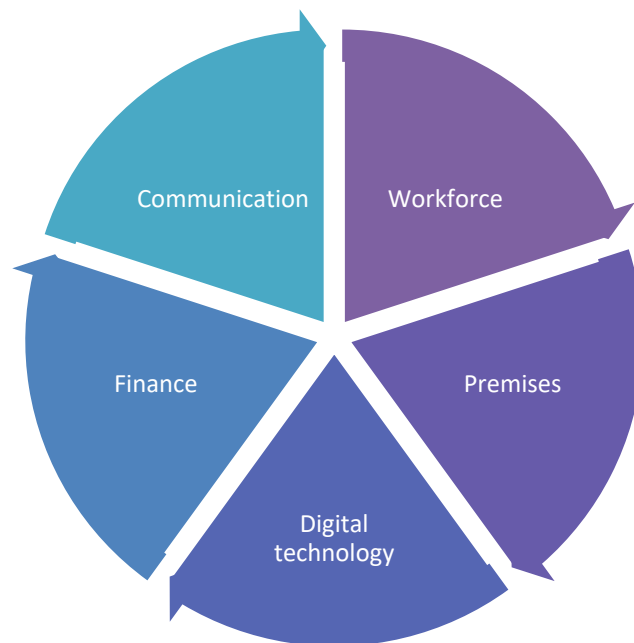


Figure 11 Key enablers

Workforce

A growing and aging population with increasingly complex health conditions needs a primary care workforce with the numbers and the breadth of skills to help people access the healthcare they need. As the front door to many other NHS services, sufficient capacity and capability in primary care is critical for people getting timely access to other parts of the health and social care system.

Development of the workforce capacity and capabilities across all primary care services is critical to ensuring sustainable service provision. Development of initiatives that encourage people to want to live and work in Fife will maximise opportunities for recruitment and retention of all healthcare professionals. Developing careers of choice can be supported, for example, developing clinical and leadership roles for GPs such as the Primary Care Clinical Lead for Cancer and Palliative Care.

Both NHS Fife and Fife HSCP workforce plans are aligned to the five pillars of the national workforce strategy, to plan, train, employ and nurture their workforce¹⁷.

These principles underpin the development of an integrated primary care workforce with commonality across all independent contractors, managed services and across the wider health and social care system including the third and independent sectors with a focus on recruitment & retention, skill mix, training & development, health and wellbeing, career pathways and succession planning.

Development of the primary care workforce will also ensure locality and cluster based models are aligned with the HSCP's strategic vision and will ensure there is a focused, targeted approach related to the individual needs of communities.

Premises

The National Code of Practice for GP Premises¹⁸ sets out the support for a long-term shift to a model where GPs do not own their premises. In addition, it provides a code of practice where a GP wishes the Board to acquire property or take on some of their responsibilities under an existing lease. To enable this vision, the GP Premises Sustainability Fund was established to allow GPs to access interest-free secured loans. This fund allows partners to release capital and encourages GPs to become partners in practices who own their own premises by reducing the up-front costs of becoming a GP partner. The code describes the planned transition over a 25-year period to a model where GP contractors no longer own their premises.

A review of GP premises has been undertaken to establish an up-to-date baseline of key information to inform future development of primary care premises. The review considered:-

- The appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate.
- The estate requirements to implement the Primary Care Transformation Programme.
- The investment priorities to inform the updated Property & Asset Management Strategy.
- Future housing development and population changes.

The review has highlighted areas for major capital investment as well as a number of short, medium and long term investment priorities. The development of primary care premises is being led by the Director of Property and Asset Management and aims to ensure premises have

¹⁷ [Fife-HSCP-Workforce-Strategy-and-Plan-2022-25.pdf \(fifehealthandsocialcare.org\)](#)

¹⁸ [National Code of Practice for GP premises - gov.scot \(www.gov.scot\)](#)

the capacity to deliver the full range of services supporting the transformation of primary care and improved access to functionally suitable primary and social care premises.

Engagement with partners regarding the Local Development Plan for Fife¹⁹ and place based initiatives will support identification of opportunities for future developments with the aim of designing premises which support delivery of public services in shared buildings with shared facilities.

Digital Technology

Improved use of technology has the potential to extend the range of care primary care can offer and improve the quality and accessibility of services. Although technology offers opportunities consideration needs to be given to issues related to digital exclusion and ensuring greater use of technology does not become a barrier for people.

Triage systems will continue to be developed to ensure that those with the greatest need are prioritised, and that patients are managed by the professional with the most appropriate skills to meet their needs in the right place, at the right time, first time.

The development and spread of models that allow for access and maximise communication technologies, for example, phone, NearMe, e-consult; will be supported to develop a system which reflects modern needs and expectations.

Collaborative working with digital colleagues in NHS Fife and partners across the health and care system will ensure alignment with NHS Fife and Fife HSCP digital strategies to support growth and embed and accelerate digital solutions to support recovery and underpin transformation of primary care.

Further investment in technologies which support self-care and self-management of long-term conditions will be required. In addition, there is a need to support the workforce and the population of Fife to increase their skills, confidence and access to digital options. These will be linked to the completion of the 2023 Digital Maturity Assessment and the HSCP Digital Strategy.

Finance

The remuneration of primary care contractors for their services is subject to national negotiations and agreements as set out in the relevant regulatory frameworks. National negotiations and funding arrangements for primary care service provisions will be critical to sustainability for all contractors and early engagement with Government colleagues will be important to understand any potential impacts and mitigations.

Although contracts and associated payments are determined nationally, there is some, limited opportunity to implement local services to meet population need. Optimising use of available funding by targeting resources, seeking innovative and dynamic approaches and delivering at scale where appropriate will enable local needs to be met and deliver best value.

¹⁹ [Adopted FIFEplan - Keystone \(objective.co.uk\)](https://www.objective.co.uk)

This strategy will contribute to achievement of the measures within the Medium Term Financial Strategy including:

- Ensuring Best Value - ensure best use of and working within the resources available;
- Whole system working - building strong relationships with our partners;
- Prevention and early intervention - supporting people to stay well and remain independent;
- Technology first approach - to enhance self-management and safety;
- Commissioning approach - developing third and independent sectors;
- Transforming models of care - to support people to live longer at home, or a homely setting;
- Prescribing - reduce medicines waste; promote realistic prescribing to make effective contributions to the medicines efficiency programme.

The Primary Care Improvement Fund supports delivery of the Primary Care Improvement Plan. The plan is regularly reviewed and monitored to maximise use of all available resources and track future commitments and is reported through the finance and primary care reports to the relevant committees and Integration Joint Board.

Communication

Localities provide an opportunity for communities and professionals including GPs, primary care teams, secondary care, social care, nurses, allied health professionals, pharmacists and others together with the third and independent sectors, to take an active role in, and provide leadership for, local planning of health and social care service provision.

Improving communication across the interface between primary, secondary and tertiary care services and developing care pathways, shared care initiatives and working collaboratively a strong vision for service delivery can be achieved and delivery of excellent care to improve population health and wellbeing can be maximised.

Strengthening primary care and community-based provision in each locality, and promoting recovery following the COVID-19 pandemic will be underpinned through design and delivery of services and supports that are based on an understanding of what matters to people in terms of their values, outcomes and experiences.

A Fife wide primary care communication plan will promote a greater understanding of primary care services and enable people and communities to access the right care, at the right time and in the right place.

Participation and Engagement

In developing this strategy consideration has been given to the published reports of the Health and Care Experience Survey²⁰, the Health and Sport Committee findings of their inquiry on

²⁰[Health and Care Experience Survey - gov.scot \(www.gov.scot\)](http://www.gov.scot)

what primary care should look like for the next generation²¹ , the consultations supporting the development of the Partnership and NHS Fife strategic plans as well as engaging with a wide range of stakeholders. A summary report of the engagement activity is provided in appendix 2. The Health and Sport Committee report identifies five key areas for development (Figure 12).

Workforce & Ways of Working	Patient Centred Approach	Preventative Focus	Community Wide Approach to Wellbeing	Use of Data and technology
<ul style="list-style-type: none"> •GPs share responsibility with Multi-Disciplinary Team; •Improved information sharing including access/input into records; •Better management of workforce to ensure supply meets demand; •Professional career development 	<ul style="list-style-type: none"> •More flexible appointment systems for working people; •Easy and accessible signposting to other available services; •More personalised relationship with health care professional; •Better triage system to direct service users 	<ul style="list-style-type: none"> •Encourage healthy eating; physical activity •Increase mental health services; wellbeing places in schools and workplaces •More holistic policy approach on health issues e.g. education , urban planning, Infrastructure •Personal responsibility for health; •Social prescribing 	<ul style="list-style-type: none"> •Making better use of community facilities for multifunctional purposes; •Bringing communities together could reduce loneliness and mental health issues; •Minimise costs of access, making initiatives more accessible to people including those in deprived areas 	<ul style="list-style-type: none"> •Desire for change including scheduling appointments; receiving results; corresponding with medical professionals by email; appointments via video; •Shared electronic patient record; •Data ownership; •Greater use of technology to monitor health

Figure 12 Five key areas for development (Scottish Government 2021)

Overall the public and staff have been very passionate about the importance of sustaining and improving primary care and have agreed with the vision, principles, and deliverables for this strategic plan.

Key themes from engagement on the delivery of the primary care strategy relate to access to care, availability of resources particularly staff, communication, information sharing, technological ability and the need for a joined-up approach. These themes are addressed in the delivery plan

Delivery Plan

The overarching delivery plan (table3) sets out our priorities, deliverables and planned outcomes and is supported with a more detailed action plan in Appendix 1.

²¹ [What should Primary Care look like for the next generation? Phase II | Scottish Parliament](#)

Table 3 Overarching Delivery Plan	Strategic Aim: A resilient and thriving primary care at the heart of an integrated health and social care system supporting delivery of excellent, high quality, accessible and sustainable services for the population of Fife					
Priorities	Deliverables		Outcomes			Strategic Focus
Recover and transform services with a renewed focus on what matters to people and ensure a safe, sustainable, high quality health and social care support system	<ul style="list-style-type: none"> • Improve access to a wider range of care in our communities; • Achieve new ways of working, develop local solutions and collaborate across the system to reset and recover services; • Balance day to day activities, effectively manage unmet need and those presenting with greater complexity whilst continuing to recover from the pandemic. 		To have more seamless pathways between primary, secondary care and third and independent sector underpinned by a system and place-based approach with the individual engaged and involved in their care when possible.			R Q S
To work with partners to develop an integrated workforce to support the capacity and capabilities required across all primary care services aligned with NHS Fife and Fife HSCP Workforce Plans;	<ul style="list-style-type: none"> • Expand our primary care workforce and ensure that this is more integrated, and better coordinated; • Develop realistic primary care workforce plan with focus on training, recruitment and retention, career pathways, succession planning and staff health and wellbeing. • Align the principles of workforce planning to support independent contractors where possible 		The right people are employed to support the needs of the local population; Increased control over workload due to increased efficiency, skill mix, education and resourcing;			R S
Commitment to improve the quality and capacity of our physical assets to support the ongoing transformation required to ensure delivery of high quality primary care services.	<ul style="list-style-type: none"> • Develop primary care premises strategic framework • Support creation of whole system Initial Agreement; • Facilitate and promote use of GP sustainability loans leading to the transition of property assets from GP to Board. • Planning, infrastructure, delivery across, individuals, neighbourhood, place and system are supported. 		Development of a sustainable primary care asset base to support the effective provision of primary care services Our physical assets will enable expansion of the multidisciplinary teams to manage demand, create capacity, and support localities to operate at scale			Q S
Embed and accelerate digital solutions to support recovery and underpin transformation of primary care	<ul style="list-style-type: none"> • Digital solutions are created to enhance capacity and support the care delivery models; • The environment is more supportive of digital health innovation to improve and enhance care delivery and support effective collaboration and new ways of working. 		Digital and technology solutions will underpin delivery of care as part of the mix of service provision and support			R S
Primary Care Services contribute to improving population health and wellbeing and reducing health inequalities	<ul style="list-style-type: none"> • Where possible the design, delivery and resourcing of primary care services will recognise the needs of people whose lives are negatively affected by inequalities, isolation and the wider social determinants of health • Address the systematic disadvantage faced by people in deprived areas through provision of needs based care 		Services are co-designed with communities to better meet the needs of people, families and carers Action is taken to mitigate health inequalities through service design and monitoring the impact of the changes made			Q S

Planning and Governance

The planning and governance of primary care services are shared across Fife Integration Joint Board, NHS Fife and Fife HSCP (Figure 14).

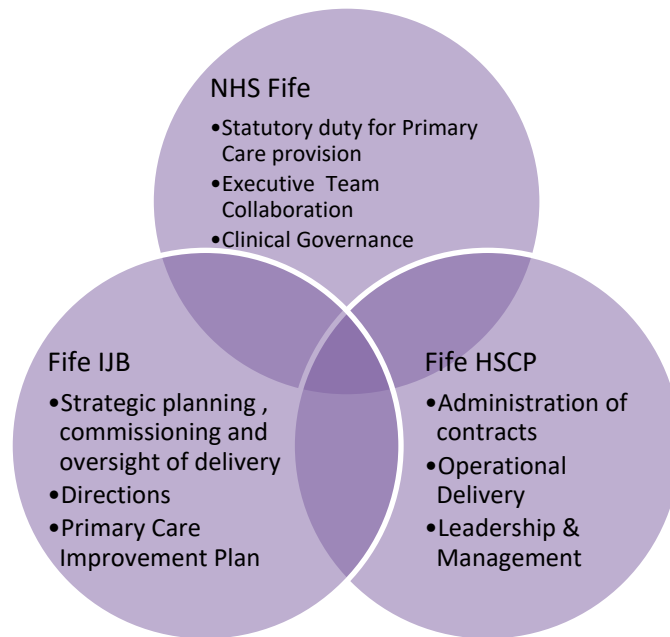


Figure 14 Planning and Governance Responsibilities

The statutory responsibility for the strategic planning, commissioning and oversight of delivery for primary care services lies with Fife Integration Joint Board supported by the Chief Officer / Director of Health and Social Care. NHS Fife retains the statutory duty for primary care provision with the Medical Director having executive responsibility for General Medical, Dental and Ophthalmic Services and the Director of Pharmacy and Medicines having executive responsibility for Community Pharmacy. The Director of Property and Asset Management has executive responsibility for the retained estate and the Director of Public Health ensures executive leadership to improving population health. This systems leadership approach values the individual and collective responsibilities of the Executive Team in support of Primary Care in Fife.

Through the governance structure effective oversight of implementation of the primary care strategy will be assured including identification and effective mitigation and management of risk as the plan evolves and is delivered.

Monitoring and Review

The contracts for general practice, optometry, community pharmacy, and dentistry are negotiated and agreed at a Scotland wide level. It is recognised that national policy developments and agreements may change requirements over the period of the strategy and these will be kept under review.

Progress on implementation of this strategy will be monitored through the Primary Care Strategic Oversight Group to enable responsive decision making and identify any necessary remedial actions, where required, to improve outcomes. Transformation and sustainability initiatives for all four independent primary care contractors together with any critical aspects of governance will be overseen by this group.

The Primary Care Improvement Plan is regularly monitored and reports to the GMS Board, Quality & Communities Committee, IJB and Scottish Government.

There has historically been a lack of reliable and robust data for primary care. The National Monitoring and Evaluation Strategy sets out the overarching national approach and principles which will shape future sustainable policy and service developments for primary care²². To better understand how primary care contributes across the wider health and social care system, to equality of outcome and access, to ensuring our communities thrive, and to delivering public value a national indicator set and outcomes framework is in development.

A performance framework incorporating and building on the national key performance indicators will be established to monitor implementation and evaluate impact of this strategy.

Regular updates on progress will be reported to the Executive Directors Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the third year of implementation, will inform future direction and the development of future strategic plans.

Revision History

Document Title:	Primary Care Strategy		
Document Owner:	Lisa Cooper Head of Primary Preventative Care Services	Document Number:	
Date Approved by IJB:		Revision Number:	
Implementation Date:		Review Date:	
Print Date:	26/06/2023	Author:	

²² [national-monitoring-evaluation-strategy-primary-care-scotland.pdf](#)

Appendix 1: 3 Year Action Plan

To realise our vision, the following plan outlines the actions to support recovery of and improve quality and sustainability primary care services. R=Recovery : Q=Quality: S=Sustainability

Overarching Actions							
Strategic focus			Action	Year 1	Year 2	Year 3	Systems Leadership
R	Q	S	Develop primary care workforce plan aligned with NHS Fife and Fife HSP workforce strategies to ensure both managed service delivery and maximised support to independent contractors	√	√	√	Lead : Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy Critical: Head of Service Primary Preventative Care, HSCP Chief Finance Officer; HSCP Workforce & Organisational Culture Lead; Head of Workforce Planning & Staff Wellbeing NHS Fife; Staff Side Representative
R		S	Develop and implement Fife wide Primary Care communication and engagement plan – right care, right place, right time	√	√	√	Lead: Associate Director Communications NHS Fife; Head of Service Primary Preventative Care Critical: Head of Nursing Primary Preventative Care; Senior Portfolio Lead Primary Care
R	Q	S	Align the primary care strategy to the Fife HSCP performance, quality & assurance framework Develop NHS Contract management and performance framework for Primary Care	√	√	√	Lead: Head of Performance, Planning and Commissioning Critical: Head of Service Primary Preventative Care, Director of Nursing HSCP, Deputy Medical Director HSCP
R	Q	S	Further strengthen leadership and governance arrangements	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
R	Q	S	Assess impact of strategy against HSCP strategic plan and NHS Fife Population Health and Wellbeing Strategy			√	Lead: Head of Service Primary Preventative Care Critical: Head of planning, performance and commissioning HSCP; Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Engage with partners and key stakeholders to influence national direction for primary care and contract reviews	√	√	√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care
	Q	S	Evaluate impact on reducing health inequalities			√	Lead: Head of Service Primary Preventative Care Critical: Director of Nursing HSCP; Deputy Medical Director HSCP; Deputy Director of Pharmacy; Portfolio lead Primary Care

General Medical Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Support general practice in stabilising its position.	√	√	√	Lead: Head of Service Primary Preventative Care ; Deputy Medical Director;	
R	S	Support ongoing development of MDT	√	√	√		
Q	S	Support development of GPs Expert Medical Generalist Role	√	√	√		
R	Q	S	Build on implementation of VTP, CTAC and Pharmacotherapy priorities of the GMS contract	√	√	Critical: Portfolio Lead Primary Care; Head of Nursing Primary Preventative Care; Programme Manager Primary Care Improvement Programme; Clinical Directors Primary Care; Head of Pharmacy – Population Health and Wellbeing; Medical Education Lead; Head of Capital Planning / Project Director; Head of Estates and Facilities; Head of Digital Strategic Delivery; HSCP Communications Officer; LMC.	
R	S	Refresh and implement PCIP 2023/24	√	√			
Q	S	Support CQLs in delivery of cluster functions	√	√	√		
	S	Develop plan for GP training and options for portfolio careers to attract and retain GP workforce	√	√	√		
	S	Increase GP training accredited practices			√		
	S	Explore options to join Rediscover Joy in General Practice programme		√	√		
R	S	Continue to support GP sustainability loans	√	√	√		
R	Q	S	Continue to support minor works to make most of existing premises	√	√		√
Q	S	Develop Primary Care Premises Strategy;	√	√			
Q	S	Develop whole system Initial Agreement		√	√		
Q		Develop performance activity and outcomes data including assessing progress towards addressing health inequalities	√	√	√		
Q	S	Implementation of new GP Practice system (VISION)	√	√			
R	Q	S	Support development and spread of models that allow adoption of technologies	√	√		√
Q	S	Digital Prescribing and Dispensing Pathways Programme			√		
Q		Establish calendar of protected learning time in collaboration with UCSF	√	√	√		
	S	Evaluate the impact of the improvement plans on general practice capacity			√		
Q	S	Review delivery model for GMS learning from MOU implementation		√	√		

Primary Care Dental Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Increase access to NHS dental services.	√	√	√	Lead: Head of Service Primary Preventative Care Consultant in Dental Public Health; Critical: Clinical Director Public Dental Service; HSCP Dental Advisor Primary Care Manager; Business manager Public Dental Service Portfolio Lead Primary Care	
R	S	Consider recruitment and retention options	√	√	√		
R	S	Explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes	√	√	√		
R	S	Review and planning of PDS functions for non-registered and deregistered patients, initially to increase capacity for urgent care	√	√			
	Q	Refine referral pathways between GDS, PDS and secondary care services	√	√	√		
R	Q	S	Review Emergency Dental Service to improve sustainability and access	√	√		
	Q		Continue to recover Oral Health Improvement actions to reduce oral health inequalities	√	√		√
	Q	S	Assess impact of OHIP and refine Annual Delivery plan – targeted approach		√		√
R	S	Assess access to GDS and PDS dentistry – evaluate the impact of dental recovery through a number of indicators including registration and participation rates		√	√		
	Q	S	Consider national contracts revisions and impact on service delivery		√		√
Community Pharmacy Services							
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership	
R	S	Review current process and assure robust arrangements for recovery and progression of new pharmacy applications	√	√		Lead: Head of Service Primary Preventative Care Head of Pharmacy - Population Health and Wellbeing Critical: Lead Pharmacy, Community Pharmacy and Public Health; Primary Care Manager HSCP Locality Planning Manager	
	Q	S	Refresh Community Pharmacy hours of service contractual arrangements	√	√		
	Q		Continue to refresh and encourage public engagement with community pharmacy as a first line of contact for minor illness and self care advice – Right place, right time, first time	√	√		√
	Q	S	Ensure that the annual Pharmaceutical Care Services	√	√		√

		Report is co- designed with localities to meet the needs of local communities				HSCP Participation and Engagement Lead Portfolio Lead Primary Care;
Q	S	Digital Prescribing and Dispensing Pathways Programme			√	
Q		Prepare for all newly qualified pharmacists being independent prescribers from 2026			√	
Q	S	Support contractors to maximise the role of Community Pharmacies as Anchor institutions in their local communities.	√	√	√	
Optometry Services						
Strategic focus		Action	Year 1	Year 2	Year 3	Systems Leadership
Q	S	Develop GP-Optometry Pathway	√	√		Lead: Head of Service Primary Preventative Care
Q	S	Implementation of national community glaucoma service	√	√		Deputy Medical Director
Q		Review uptake of GOS across all localities and develop plan to address inequalities	√	√	√	Critical:
Q	S	Develop standardised approach to delivery of additional services	√	√	√	Secondary Care Ophthalmologist HSCP Optometry Advisor
Q	S	Review demand, access and equality of low vision services		√	√	Primary Care Manager HSCP Clinical Director
Q		Explore opportunities to enhance service delivery including investment in technology and greater collaboration with secondary care	√	√	√	Portfolio Lead Primary Care;
Q	S	Consider national contracts revisions and impact on service delivery		√	√	
Q		Prepare for all newly qualified optometrists being Independent prescribers from 2028			√	

Fife Health
& Social Care
Partnership



Fife Primary Care Strategy 2023-2026

Participation and Engagement Consultation Summary

Fiona Ashton-Jones, Participation & Engagement Officer

Ann Kerr, Participation & Engagement Officer

June 2023

Introduction

The Primary Care Strategy is currently in development as one of the key 9 strategies defined in the HSCP Strategic Plan 2023-2026. The Strategy will focus on recovery, growth, and transformation to ensure Fife has a resilient and thriving primary care at the heart of an integrated health and social care system. The primary care strategy will focus on recovery of primary care, improving quality and making systems sustainable.

Fife Health and Social Care Partnership's Participation and Engagement Team is supporting the development of the Primary Care Strategy 2023-2026 working group through consultation on the Vision, Mission & Deliverables to ensure that they are realistic, achievable and to identify any gaps that need to be addressed.

This consultation summary highlights the feedback from those who responded to this consultation, which was open for a 5-week period from 24th April to 26th May.

Previous Engagement

The following consultation was previously undertaken to help inform the National priorities.

- ✓ Public engagement was undertaken by the Scottish Government HACE Survey 2022. Published May 2021-2022) with over 8,000 responses (27% response rate) received from Fife.
- ✓ 'What Primary Care Looks Like for The Next Generation' survey.
- ✓ Local engagement as part of the HSCP Strategic plan.

Further engagement work as required to ensure that the national priorities and delivery plan met the needs of the public as well as ensuring they can realistically be delivered by the 4 key service providers- GPs and surgery staff, community pharmacy, dentistry and optometry.

Methodology

The consultation was conducted online via an online survey (Microsoft forms) and 3 online events which were open to staff from the NHS, Fife Council, Primary Care, HSCP and Third and Independent Sectors.

A further online survey (Microsoft forms) was sent to nominated public representative forums which included:

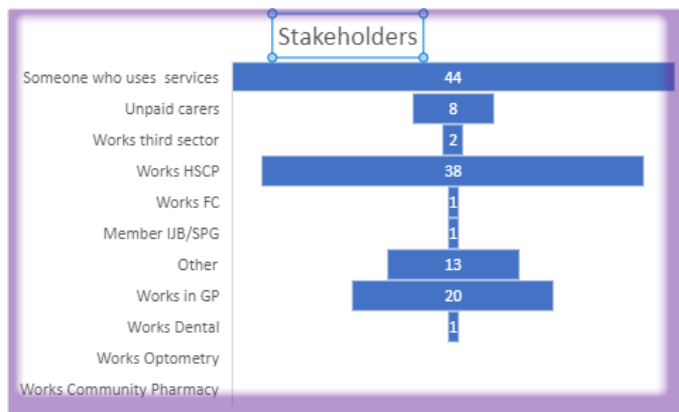
Fife International Forum	FC Peoples Panel	Equalities Forum	IJB Carers representative
	NHS Virtual Group	Fife Carers Centre	IJB Public representative

Consultation Summary

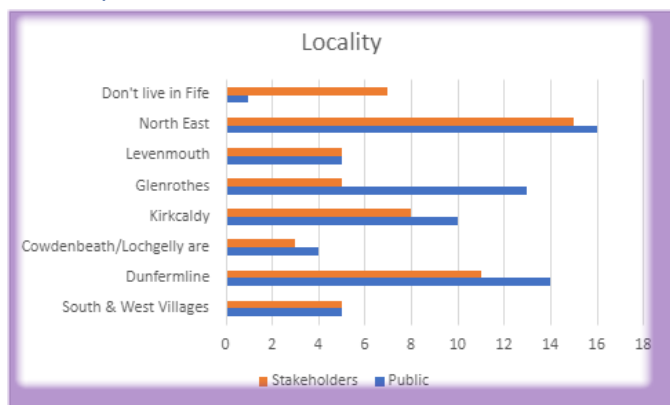
Response Rate

A total of 156 people took part, 128 through the online ms forms consultation and 28 who attended the online events.

- **Staff:** The Microsoft form was completed by 60 staff with a further 28 staff attending one of three online events. The majority of responses were received from Females (70%) with the overall ages being between 35 – 54.
- **Public:** The Microsoft form was completed by 68 members of the public with an equal representation between male and female genders and within the age categories of 45 and above, of which 66% of responders recorded as 65+.



Locality



A representation from across Fife was obtained with the highest responses coming from Dunfermline & North East Fife localities.

Primary Care Vision

78% of public representatives agreed with the vision in comparison to 70% of staffing group with a larger percentage of staff being unsure. A key theme was the feasibility to deliver the vision and whether aspirations were matched by appropriate mechanisms and resources, with funding and work force plans being a primary concern. Minimal comments were received from Dentistry, but the pressure dental services are under was referenced.



There was recognition from the public that they needed to take responsibility for their own health as well as from 'staff' that 'patients needed to be educated and empowered.

'Agree, but infrastructure funding may be needed to achieve the vision'.

'I agree but in reality, this feels highly ambitious given the crisis that the NHS is in and the staff shortages both within primary and community settings'.

Primary Care Principles

The public and staffing groups were in alignment with both having 82% agreeing with the principles.

There was a high level of support for the principles with positive comments recognising the recognition of requirements. There is the appetite to see these delivered with evidence of impact to ensure accessibility of services, expertise, and support for everyone. The key theme from the public were around access to services whilst stakeholders focused on delivery of these in view of work pressures.

'Many people have difficulty finding or contacting the help they need. These principles seem to address this'.

'Local access to information, expertise and support is important. Good information delivered early and with community support helps early interventions and ultimately help support the NHS long term'.

'Principles are sound, my concern is how they will be put into practice'.



Priority One Deliverable

Similar results were received from the public and staff with overall 74% agree with this deliverable. There was also minimal difference between those staff who completed the survey online and those who attended the live events and had the benefit of a presentation. This deliverable had the lowest percentage of those that disagreed however the highest percentage of those that were unsure.



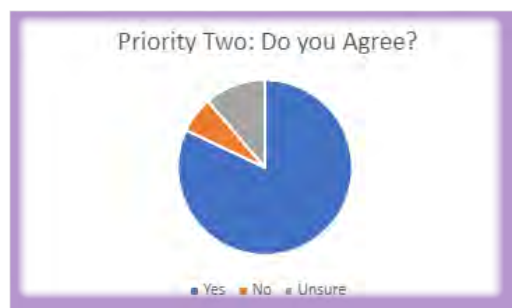
Key comments related to: resources, effective communication, and connectivity between services with the requirement to enhance partnerships, understanding & flexibility across organisational working. Resources were a key theme featured in all categories relating to time, funding, staff & support to enable people to be able to deliver this, to reduce backlogs and deliver a continuity of care. Request for a clear line of vision of where we are now and sight of deliverables as it was felt the 'Devil is in the detail', Comments also surrounded ability for easier access to services and enhanced communication within the public domain of the proposed delivery plan as well as the status of services.

'Invest more in a dual-focus approach - help services to both transform and try new ways of working whilst addressing backlog. This requires clinicians to be given job-planned time and space for new ways of working. It cannot be something fitted into existing work requirements.

'Be open to the idea of providing services out with normal hours so that everyone is able to access the help they need even those that work during normal office hours'

Priority Two Deliverable

87% of the public and 76% of staffing groups agreed with this deliverable with 12% of staff compared to only 3% public disagreeing. This may be due to the operational knowledge by stakeholders as the key theme related to the recruitment and retention of staff with comments surrounding pay, acknowledgement, support, terms & conditions and incentivisation.



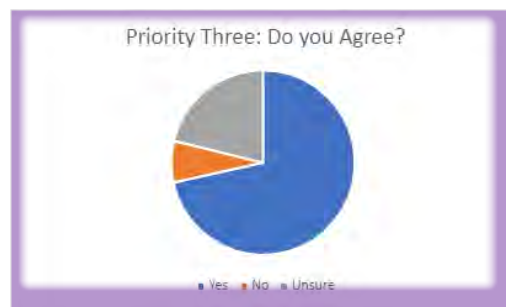
There was recognition that: '*A lot of this is outside of the control of Fife*' and that '*This deliverable should be more specific on what can be achieved*'.

'It's fine thinking the partnership is going to achieve your goals but can the staff cope with these new values and will it have a knock-on effect to the patients'.

Priority Three Deliverable

Overall, 72% agree with this deliverable with a breakdown of 81% from public and just 64% from staffing groups.

Staff commented mainly on the condition of properties, the cost to improve these, funding provision and communication whereas the public's focused on the need for more staff and for budgets to be provided to enhance access to services. There were also some comments that reflected on the definition of 'asset-based approach' and 'neighbourhood'.



'A baseline to be achieved before moving'.

'Facilities need investment. Care needs to be provided in an environment that is fit for purpose, welcoming, feels safe. Run down clinics do not convey a sense of value to people accessing these services.'

'More money needed to recruit and retain staff.'

Priority Four Deliverable

This question regarding digital solutions generated the lowest 'agree' response of only 66%, driven by the public response rate of 55% compared to 78% from staffing groups. Similarly, both 'no' and 'unsure' responses were at 17%. The two main themes emanating from both the public and staff around digital solutions was that only part of going forward should be digital and access to face to face should always be an option. It was felt that there is also a requirement to invest in IT to enable more digital pathways, joined up IT systems and enhanced IT communication between departments so that everyone can share information easily.



'Digital and technology methods are only part of the solution - the major emphasis should be on a people-based delivery mechanism'.

'Ensure any innovation in digital technology used in Primary care is fully integrated across the board and if possible, between boards across Scotland'.

Priority Five Deliverable

The overall percentage of 75% agreed which was boosted by the staffing group at the online events who voted 90% in agreement to this deliverable around Primary Care contributing to improving health and wellbeing and reducing inequalities. Most people agreed with the need to reduce inequalities, those unsure were needing more information such as the 'how'. Comments went back to access and the importance of local services. Partnership working was also a theme with the suggestion of patient hubs, wellness spaces and health education. Co-design was mentioned in the outcome and several comments were unsure this could really be achieved.



'Work with other agencies: have patient hubs where they can access computer and help e.g. wells'

‘Develop systems to actively identify where inequalities exist (similar to the GIRFEC model) and then use this to plan care and support.’

Conclusion and Key Themes

The public and staff have been very passionate about the importance of getting primary care right. Overall, the public and staffing groups have agreed with the proposed vision, principles, and deliverables with the key themes on delivery relating to access to care, availability of resources particularly staff, communication through information sharing, to patients and technological ability and the need for a joined-up approach. There have been many comments around funding, lack of staff and difficulty in accessing services but there is an appetite to understand the delivery plans and how they will achieve the proposed deliverables.

The Partnership has received a significant number of positive comments during this consultation, complementing the vision with positive messages

‘It appears to show an awareness of the needs of the users whilst mindful of the challenges facing providers at present’.

Fife Health and Social Care Partnership would like to thank everyone who has responded to this consultation for their time, and for sharing their views on the draft of the Primary Care Strategy 2023 – 2026.

Equality Impact Assessment Brief Impact Assessment (Form 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full EQIA
Consideration of the impacts using evidence / public or patient feedback etc is necessary

Title: Fife Primary Care Strategy 2023 – 2026 – Stage 1 EQIA

Question 1: Lead Assessor’s contact details

Name:	Lisa Cooper	Tel. No:	
Job Title:	Head of Primary and Preventative Care	Ext:	
Department:	Fife HSCP, Primary and Preventative Care	Email:	Lisa.cooper@nhs.scot

Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name:	Primary and Preventative Care Team, NHS Fife
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Question 3: What is the scope for this EQIA? (Please x)

NHS	X	NHS Fife Acute		NHS Fife Corporate	
HSCP	X	Service specific		Discipline specific	

Question 4:

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project, or program.

<p>Aim</p>	<p>The Fife Primary Care Strategy 2023 – 2026 describes how the Fife Health and Social Care Partnership aims to continually improve all Primary Care Services across Fife to;</p> <ul style="list-style-type: none"> • Provide high-quality care for the population it serves • Prioritise those at highest risk • Support those with long-term conditions to self-manage these conditions as well as possible • Play a significant role in longer-term prevention and early intervention/detection of disease and harm.
<p>Purpose</p>	<p>The Fife Primary Care Strategy 2023 – 2026 focuses on the recovery of primary care (post COVID-19 Pandemic), improving quality and making services more sustainable to achieve the strategic ambition to have a resilient and thriving primary care at the heart of an integrated health and social care system. This system will support the delivery of excellent, high quality, accessible and sustainable services for the population of Fife, by;</p> <p>Recovery of Primary Care</p> <ul style="list-style-type: none"> • Establishing a clear culture, narrative, and purpose • Focusing on person, patients, carers, and population • Enhancing access to Primary Care Services • Improving communication, enabling information technology, sharing records, and securing fit for purpose estates <p>Improving Quality</p> <ul style="list-style-type: none"> • Supporting Clinical Transformation • Supporting Cluster and locality-based approaches • Establishing integrated care teams • Focusing on innovation, quality, data, and performance • Reducing inequalities <p>Making Our System Sustainable</p> <ul style="list-style-type: none"> • Workforce development and motivation • Having Engaged and visible leadership • Delivering Finance and contractual frameworks • Engaging and supporting the independent contractor business model <p>This strategy recognises the importance of self-care and self-management. Most of the time, people use their own personal and community assets to manage their health and wellbeing and achieve the outcomes that matter to them. Primary care professionals enhance this by providing accessible health care and support to individuals and families in the community, when it is needed, at whatever stage of life.</p> <p>Strong primary care systems are positively associated with better health outcomes and a good primary care system will provide high-quality care for the population it serves, prioritise those at highest risk, support those with long-term conditions to self-manage these conditions as well as possible and play a significant role in longer-term prevention and early detection of disease and harm.</p> <p>The scope of this strategy includes General Medical Services, Primary Care Dental Services (General Dental Services and the Public Dental Service), Community Pharmacy Services and Community Optometry Services (High Street Opticians).</p> <p>Development of this primary care strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide services that are safe and accessible and reflect the needs and demands of the population. The strategy focuses on recovery, quality, and sustainability to improve outcomes for individuals, local communities and to reduce health inequalities.</p>

Question 5:

Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

It is worth noting that a participation and engagement consultation took place during the development of the strategy. This included staff from across NHS Fife, Fife Council, Primary Care, FHSCP and Third and Independent Sectors along with the Public.

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights			
<p>Age - children and young people, adults, older age</p>	<p>A review of the population across Fife is included in the Strategy to ensure that it is inclusive, consideration has been given to the population along with the growth of the over 65 population and how this is projected to increase which will create additional demands for health and social care services moving forward;</p>			
Population Demographic;				
		2020	2043	
0-15		64,152	53,544	-17%
16-64		231,809	209,218	-10%
65+		78,169	101,424	+30%
<p>The population within Fife in 2020 was 374,000 people and it is predicted to be 364,164 people. The Strategy reflects the aims to reduce the barriers to Health and Social Care for all ages across Fife.</p> <p>The participation and engagement consultation gained feedback on the following areas: Communication, Workforce, Premises, Technology and Finance. The demographic of those who provided feedback is:</p> <ul style="list-style-type: none"> • 156 people took part either online or face to face. • 88 staff provided feedback - 70% of these were female and the overall ages were between 35 and 54. • 68 members of public provided feedback with equal representation from male and female. Ages ranged from 45 and above with 66% of responders being 65+. 				
<p>The Strategy should have a positive impact for all age groups across NHS Fife as it will be delivering transformation to improve services in a safe, sustainable manner and of a high quality.</p>				

<p>Disability - mental health, neurological, physical, deaf, hard of hearing</p>	<p>The Strategy considers the ageing population, as detailed above, along with the demand for unpaid care and how this will place greater pressure on public resources (Primary Care – health and social care). The aims within the Strategy should have a positive impact on patients with Disabilities as;</p> <p>The Strategy considers how Communication will be developed for the population of Fife around Primary Care Services and recognises that patients/residents need to be involved in the development of services to help shape and inform improvements.</p> <p>One of the Priorities within the Strategy is Premises and how these need to be reviewed with locality and accessibility considered to ensure they support the ongoing transformation required to delivery high quality primary care services to the whole population of Fife.</p> <p>It also recognises the need to deliver services within a shared facility, to prevent patients having to attend multiple appointments and locations. When reviewing premises consideration should be given around accessibility of these premises. All developments relating to premises will have an EQIA completed to assess the impact on an individual basis.</p> <p>A key priority within the Strategy is Digital Developments to support services being more widely accessible to people who cannot access services via the usual channels (eg: telephoning for an appointment, etc). The Strategy also recognises the issues around digital exclusion, and that work will need to be taken forward to ensure that this does not become a barrier for people. Each development will have an EQIA completed to ensure inclusivity for all patients.</p>
<p>Race - black and ethnic people including Gypsy Travellers, racism by cast</p>	<p>The Strategy should not directly impact based on race alone. It considers the need to be inclusive of all communities and how they will access services.</p> <p>The Strategy does note that services should be accessible for everyone and that a communication plan will be developed to ensure inclusivity. This approach should have a positive impact across all communities within Fife.</p> <p>Within the Strategy recognition will be given that there may be the requirement to have focused initiatives for those individuals within our community who do not traditionally engage with Primary and Preventative Care Services.</p>

Sex - women and men	The Strategy does not distinguish between genders as it considers the whole population across Fife. It recognises that access to services for those people at highest risk needs to be a priority for all.
Sexual Orientation - lesbian, gay, transgender, or bisexual	The Strategy should not directly impact based on sexual orientation alone. It considers the need to be inclusive of all communities and how they will access services.
Religion and Belief or Spiritual Care	The Strategy should not directly impact based on religion and belief or spiritual care alone. It considers the need to be inclusive of all communities and how they will access services.
Gender Reassignment – transitioning pre and post transition regardless of Gender Recognition Certificate	The Strategy should not directly impact based on gender reassignment alone. It considers the need to be inclusive of all communities and how they will access services.
Pregnancy and Maternity – including breastfeeding	The Strategy will pro-actively improve Primary Care Services and in doing so, support pregnancy and maternity. This includes ensuring that our services are breastfeeding friendly.
Marriage and Civil Partnership	The Strategy should not directly impact based on marriage and civil partnership alone. It considers the need to be inclusive of all communities and how they will access services.

Question 6:

If necessary- please include in brief evidence or relevant information, local or national, that have influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence /data that support's your assessment can be inserted into the box below.

Please enter evidence/data links:

- Participation and Engagement Consultation included below



Primary Care
Strategy Consultation

Question 7:

Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?

(Please tick)

Yes	X	No	
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If yes, **who** was involved and **how** were they involved?

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Who did you ask? When and how? Did you refer to feedback, comment, or complaints etc?

The consultation was conducted online via an online survey (Microsoft forms) and 3 online events which were open to staff from the NHS, Fife Council, Primary Care, HSCP and Third and Independent Sectors.

A further online survey (Microsoft forms) was sent to nominated public representative forums which included:

Fife International Forum	FC Peoples Panel	Equalities Forum	IJB Carers representative
	NHS Virtual Group	Fife Carers Centre	IJB Public representative

Question 8:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment, and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
Eliminate discrimination	As described above, the Strategy intends to develop Primary Care Services through transformation and change to improve access for patients by delivering improvement to reduce inequalities. The nature of the Strategy will eliminate discrimination across the population of NHS Fife. Any areas of discrimination identified during the planning and delivery stages – these will form essential elements of the work to be taken forward.
Advance equality of opportunity	The Strategy will provide opportunities to deliver equitable services across Fife. Advance equality of opportunity will be delivered by reducing the gaps between communities and by providing all communities with the same access to Primary Care Services.

Foster good relations	Whilst delivering the Strategy work will take place to communicate with different community groups and by doing this it is hoped that good relationships will be established and provide opportunities for sustainable services to be implemented.
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Question 9:

If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion, and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Question 10:

Has your brief assessment been able to demonstrate the following and why?

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

Explain decision
Option 1 No action
Option 1: No major change (where no impact or potential for improvement is found, no action is required)
Not applicable
Option 2 Adjust
Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
The Strategy will delivery positive change across Fife for staff, patients, and the public overall. When implemented the Strategy will improve access to Services and reduce the risks associated with health inequalities and long-term conditions.
Option 3

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Not applicable

Option 4

Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

All large-scale developments, change, planning, policy, building, etc must have an EQIA

Not applicable


If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example, you can conduct stage 2 and then embed actions into task logs, action plans of subgroups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

To be completed by Lead Assessor

Name	Lisa Cooper
Email	Lisa.cooper@nhs.scot
Telephone (ext)	
Signature	
Date	14 June 2023

To be completed by Equality and Human Rights Lead officer – for quality control purposes

Name	
Email	
Telephone (ext)	
Signature	
Date	

Return to Equality and Human Rights Lead Officer at
Fife.EqualityandHumanRights@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Implementation of the Promise National Strategy
Responsible Executive:	Nicky Connor, Director of HSCP
Report Author:	Heather Bett, Children's Services Senior Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue
- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Promise represents the outcomes of the Independent Care Review into looked after young people's experiences in Scotland. It advises what organisations need to do to ensure they fulfil their roles as corporate parents and provide the best experiences possible for those children and young people who are now or have been looked after at some point in their lives.

The Review sets out a vision that is underpinned by a strong focus on systems leadership, a public health approach to understanding the issues faced by the people of Fife, and an improved ability to hear the voice of families and design services around them.

This report provides an update to the Public Health and Wellbeing Committee on The Promise and the contribution being made through health services to support delivery of the ambitions for these children, young people and families. This is also well aligned to the Director of Public Health's Annual Report.

2.2 Background

- i. Scotland has an ambition ‘to be the best place in the world to grow up’ so that children are ‘loved, safe, and respected and realise their full potential’.

In 2016 the Scottish Government promised care experienced young people that Scotland would do better and come together and love its most vulnerable children and young people and give them the childhood they deserved. To inform how this could be achieved, an Independent Care Review heard voices from children, young people, and families who knew the care systems best - those who had experienced it.

The Independent Care Review sought out and listened to the voices of care experienced young people and their families for 3 years to develop a plan for Scotland on what needed to change. Between February 2017 and February 2020, 5,500 voices were heard. It was identified that care experienced children and young people:-

- did not feel loved
- were not respected
- were not kept safe
- and that the care system is not working

In 2020, The Scottish Government committed to The Promise and to make it achievable by 2030. A three phase approach has been developed with the phase covered by Plan 2021- 2024 was developed with these key priorities to ensure Scotland keeps its Promise:-

- The right to a childhood
- Whole family support
- Supporting the workforce
- Planning
- Building capacity

- ii. The Promise is built on 5 Foundations:-

Voice	Adults must ensure that children are listened to and are included in decisions which affect their lives
Family	If children feel safe and loved living with their family, they should stay there and support should be provided which is tailored to meet the needs
Care	When children cannot stay with the adults in their family, they will stay with their brothers and sisters in a home where they feel safe and loved and which they can call home for as long as they want and need it to be.
People	Relationships are important and adults must ensure children are able to stay close to, and be in contact with, the people they choose to. Children should be supported to make new relationships as they grow. Adult must also be supported to ensure they can do their best for their children
Scaffolding	There must be help and support for children and families whenever they need it

iii. There is evidence that

- Children and young people with Care Experience are over 7 times more likely to be excluded from school (Scottish Government 2020).
- 14% of people with Care Experience leave school with a Higher level qualification, compared to 62% of their peers (Scottish Government 2019/20).
- 43% of people with Care Experience leave school in S4 or before – compared with only 11% of non-care experienced pupils (Scottish Government 2019/20).
- 6% of young people with Care Experience leave school for university compared with 49% of the Scottish general population (Scottish Government 2019/20) 9 months after leaving school.
- 22% of school leavers were classed as unemployed, compared to 7% of their non-care experienced peers.

The care experienced population is more than

- twice as likely to have experienced homelessness and
- to have no educational qualifications; almost twice as likely to have poor health
- to have no internet at home
- over one and a half times likely to have financial difficulties and
- to experience severe multiple disadvantage (homelessness, substance abuse, poor mental health, offending).

iv. Corporate parent is the term used in Scotland to refer to organisations who have a legal duty to respond to and support the care and protect needs of all children and young people who are looked after by the Council. The Children and Young People (Scotland) Act 2014 defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers".

It states that:-

“Corporate parenting refers to an organisation’s performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which their physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood. In other words, corporate parenting is about certain organisations listening to the needs, fears and wishes of children and young people, and being proactive and determined in their collective efforts to meet them “

The term Care Experienced refers to anyone who has been or is currently in care or from a looked-after background at any stage in their life, no matter how short, including adopted children. This care may have been provided in a one of many settings including in residential care, foster care, kinship care, or being looked-after at home with social work involvement.

v. Data for period 9th March 2023 until 5th April 2023 identifies Fife has 165 children looked after at home for the period, the highest number over the last year.

For the same period, data indicates Fife has 578 children who are looked after away from home for the period, a decrease from the same period last year where the figures peaked at 633 children being looked after away from home.

- vi. The Fife Corporate Parenting Board is a multiagency partnership group that oversees the development of the Corporate Parenting Strategy and seeks assurance from all partners that there are sufficient resources to meet the requirement of the strategy. It ensures that the rights and needs of children and young people are central to community planning and policy development. The Director of Health and Social Care partnership is the Executive Lead for Corporate parenting and is a member of the Corporate Parent Board.
- vii. Within the Health & Social Care Partnership /NHS Fife, the Child Health Management Team works together to ensure that the aspirations of the Promise are taken forward across children services. It has established an operational Short Life Working Group which group reports through the Child Health Management Team to Primary & Preventative Care Quality Matters Assurance Group and to the Acute Clinical Governance Group.
- viii. The Promise Scotland, a national organization established by Scottish Ministers in 2021, to support organizations to change to meet the aspirations of the promise, has developed a mapping tool to help collate what is working well and what needs to be changed. The working group within Fife Children's Services is co-ordinating the output of the mapping tool and will develop an action plan.

2.3 Assessment

Within The Promise there are specific references to expectations of health services.

- uphold children's right to the highest attainable standard of health and wellbeing;
- Stable, nurturing, loving relationships are fundamental to children's health and wellbeing and must be prioritised;
- timely access to mental health support before crisis point, so that children can avoid hospitalisation;
- timely, trauma informed and thoughtful support therapies act as a cushion to all those that require it regardless of diagnosis;
- Young adults with care experience, parents and carers and must be able to access mental health support at all stages of their lives;
- support a broad understanding of the importance of the early years of parenting that does not stigmatise;
- Parents with learning disabilities must be given the right support, working with their assets to build on their capabilities as parents;
- Secure care settings must uphold children's rights to access to all they need to achieve the highest possible standard of health;
- There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities;
- Supporting the workforce to care must be at the heart of Scotland's service planning

A previous paper considered by the Public Health and Wellbeing Committee considered the United Nations Convention on the Rights of the Child and the responsibility to ensure these rights were met. Articles 20 and 25 set out rights for young people who can't live with their own family. As Corporate parents there is an requirement to ensure these rights are met as the incorporation bill will make it unlawful of public bodies to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights

Whilst the mapping exercise will evidence the operational work that is being delivered within the organization, there should be focus on how these expectations are linked to the Strategic priorities of NHS Fife / HSCP such as the Population Health and Wellbeing strategy as well as the transformational and enabling strategies within the HSCP partnership Strategic Plan. By linking with these strategies, the wider, whole systems approach to public health and the social, economic and environmental impact on the health of our children and families will be considered and influenced.

The Promise states that "There must be strong leadership across all of Scotland's workforce that models and supports the values and principles of the broader workforce. Scotland must not place the responsibility of values and care on those with the lowest reward and least agency. Values based leadership must exist at all levels and in all settings."

The organization should be clear about its strategic intent for Care experienced people and how it will work to improve outcomes. There is a requirement to articulate a Vision, Values, Purpose that can generate commitment and inspire children & families, workforce, stakeholders and partners. There is a need to genuinely hear the voice of children and their families and use those voices to drive the service they receive.

In order to achieve this, a Corporate parent oversight group will be established which will develop a framework for the organization which would meet the aims set out above.

This group will consist of representatives from across the NHS Fife and Health & Social Care Partnership, from a range of adult services as well as those who work with children. It will also include representatives from Human Resources, communications and participation and engagement.

This approach should ensure that we engage in meaningful listening with staff and stakeholders so that the voice of the child can impact on what is done and how it is done.

By developing its strategic intent and monitoring and reporting on performance, NHS Fife / HSCP can be assured that it will work towards the aspirations of the Promise.

2.3.1 Quality / Patient Care

Appendix 3 gives operational examples of the work being delivered across NHS Fife / HSCP, however given the emphasis on mental health and early parenting examples for CAMHS and Maternity Services and highlighted below

Within The Children & Adolescent Mental Health Service (CAMHS):-

Fife Children & Adolescent Mental Health Service (CAMHS) has a well established provision for children and young people who are both care experienced and have mental health difficulties. These services deliver within a trauma informed framework and as such operate a lower threshold than core CAMHS services in recognition of the

higher incidence of mental ill-health for young people in the care experienced community. Existing services within CAMHS include:-

Springfield Project is a multi-agency, specialist therapeutic service for children and young people who are Looked After & Accommodated in Fife Council foster / residential placements. Services include direct assessment and therapeutic intervention, alongside support and training for the care network, with the aim of building a shared understanding of the impact of trauma and agreeing subsequent supports to enable the child's recovery and developmental progress. Building positive, trusting relationships with others and particularly their primary carers, from which to grow and flourish, is a key aim for every child referred.

The Beeches Project was established to tackle an inequality of access to therapeutic services for Looked After and Accommodated Infants, children and young people who are Looked After and Accommodated in non-local authority, purchased foster / residential placements, in Fife. The service provides a therapeutic provision aligned to the Springfield project offering direct assessment, intervention and support to wider networks focusing on trauma, recovery and developmental progress.

The CAMHS Kinship Service is a newly developed multi-disciplinary and multi-agency team which offers assessment and treatment to children and young people in Kinship Care alongside support and training to their carers to promote good attachments and recovery from trauma. The team works closely with the Local Authority Kinship Care Team in promoting kinship family's resilience through support in developing trauma informed parenting, assessment and direct work for infants, children and young people.

Alongside the specific CAMHS teams, the service has introduced a specific role of a CAMHS Senior Nurse for Transitions. Transition between services based on clinical need or age is recognised as a significant stressor in young people's lives and can be indicative of future care and engagement. This post facilitates improved transitions for young people moving from CAMHS support into the full range of adult service provision and enables a transfer of care reflective of the level of need rather than dictated by specific age.

In addition to the transitions role, Fife CAMHS and Adult Mental Health Services have jointly established a Senior Mental Health Nurse within the Young Peoples Social Work team. This 1 year initial pilot has been developed to provide specialist mental health assessment, intervention, liaison and signposting for young people aged 16 - 26 who are transitioning through the care system.

Within The Maternity Services:-

Maternity Care Assistants support families and young parents in pregnancy and immediate postnatal period with preparation for birth of baby (bathing, feeding, safe sleep, bonding & attachment, etc). These sessions are offered on a one-to-one basis allowing information shared to be relevant to the experience and needs of the parents-to-be to and also allowing them to ask questions without fear or judgement.

Maternity services support the rights of mothers to breastfeed and would advocate for newborn babies to have access to breast milk and breastfeeding as often as possible even if a new baby is removed from parental responsibility at birth.

Maternity referral to perinatal Mental Health Support for young mothers who may require this if they are affected by poor mental health due to child trauma/ACE's.

Community-based support is offered from an experienced midwifery team who support more vulnerable women and their partners during pregnancy. Midwifery staff provide pregnancy & parenthood advice and support and help parents prepare for

baby's birthday and initial postnatal care. Antenatal education and preparation for parenthood is tailored to the additional needs of parents and provision with addictions from the VIP team a specialist service within maternity services in Fife.

All maternity staff complete regular trauma- informed training as part of their role.

2.3.2 Workforce

Trauma-informed organisational change / Leadership

Fife has a long established trauma steering group which has been reconfigured to address the trauma-informed organisational change agenda more effectively, following the appointment of the three Fife Trauma Champions representing NHS Fife, Fife Council and Fife HSCP. Workshops focused on compassionate leadership (Compassionate, Connected and Effective teams) are open to leaders and managers across the public and third sectors in Fife

Training in Trauma-informed Practice

NES Opening Doors animation (introductory information regarding trauma) has been added to the Mandatory training set for NHS Fife / H & SC Partnership. This will be part of induction training and, alongside existing Trauma informed e-learning (available across Fife Council and NHS), will help embed a trauma informed knowledge base across the workforce

Who Cares? Scotland is a national independent membership organisation for care experienced people whose mission is to secure a lifetime of equality, respect, and love for care experienced people in Scotland.

It is proposed that NHS Fife / Health & Social Care Partnership work with Who Cares? Scotland to understand the principles and embed the concept of Corporate Parenting, share good practice from across the sector; and reflect on how to achieve The Promise.

This would include a three-level approach to understanding the role of the Corporate Parent exploring:-

- What is care experience and what do Care Experienced people say about their lives?
- What is Corporate Parenting and how can it be broken down into a more tangible, meaningful concept?
- What can NHS Fife / Health & Social Care Partnership do to ensure the ambitions of The Promise are kept?
- What could a child and human rights-based approach mean for NHS Fife?

This awareness raising will support the oversight group to establish the strategic intent of the organisation.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment / Management

In line with UNCRC, children have the right to access to healthcare and the support they may need. There is a risk that care experienced children may not have health needs met by NHS Fife / Health & Social Care Partnership.

There is a risk that care experienced people could go to court to enforce their rights.

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

Addressing unmet health needs should reduce health inequalities affecting this group

An impact assessment has not yet been completed because this paper is for briefing at this stage. A CRWIA should be completed for those changes which may affect children.

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

A 7 Minute Briefing has been distributed to Child Health Management Team, highlighting the requirement for services to demonstrate existing practice in line with the priorities of the Promise plan 21- 24,

2.3.8 Route to the Meeting

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

- SLT (Assurance) 12th June 2023.
- EDG 22nd June 2023

2.4 Recommendation

- **Assurance** – that NHS Fife are well engaged in the multi-agency work being progressed to deliver the ambitions of The Promise with examples being provided of this good work within NHS Fife. There are plans to further strengthen education around roles as Corporate Parents following a development session with the Executive Directors Group. There is strong connectivity between the work outlined in this paper and the Director of Public Health Annual Report.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Publication – Caring for our Children and Young People: An update on Scotland's Corporate Parenting 2018 – 2021
- Appendix 2 – The Promise expectations in relation to Health Services
- Appendix 3 – Examples of Good Practice within the Health Service

Report Contact

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Publication: Caring for our Children and Young People: An update on Scotland's Corporate Parenting 2018 – 2021

Alert

It is the duty of every corporate parent to be alert to matters which, or which might, adversely affect the wellbeing of children and young people

- Focus on training and awareness raising
- Responsibility to focus on mental health
- Establishing groups and collaborations
- Being alert via services for children and young people
- Using data and evidence

Assess

It is the duty of every corporate parent to assess the needs of those children and young people for services and support it provides.

- Providing specialist health assessments
- Role of universal services
- Mental health
- Using data to inform services
- Collaborating to assess

Promoting

It is the duty of every corporate parent to promote the interests of those children and young people.

- Responding to views and experiences
- Providing additional services, support and advocacy
- Employment and employability
- Promoting interests through collaboration
- Disseminating information

Opportunities

It is the duty of every corporate parent to seek to provide those children and young people with opportunities to participate in activities designed to promote their wellbeing.

- Opportunities to be heard, and to participate in service development
- Social, recreational and leisure opportunities
- Collaborating to enhance opportunities
- Employment and employability

Access

It is the duty of every corporate parent to take such action as it considers appropriate to help those children and young people to:

- Access opportunities
- Make use of services and access support, which it provides
- Specialist services and extended criteria
- Fast-track services
- Mental health services
- Awareness raising

Improve

It is the duty of every corporate parent to take such other action as it considers appropriate for the purposes of improving the way in which it exercises its functions in relation to those children and young people.

- Internal reporting and monitoring processes
- Participating in joint corporate parenting processes
- Sharing information and collaborating

The Promise Expectations in relation to Health Services

- Scotland must uphold its children's right to the highest attainable standard of health and wellbeing;
- Stable, nurturing, loving relationships are fundamental to children's health and wellbeing and must be prioritised;
- Nurturing and supporting families to stay together will take far more than what Scotland currently provides;
- Scotland must ensure that there is timely access to mental health support before crisis point, so that children can avoid hospitalisation;
- Scotland must ensure that timely, trauma informed and thoughtful support therapies act as a cushion to all those that require it regardless of diagnosis;
- Young adults with care experience, parents and carers and must be able to access mental health support at all stages of their lives;
- Scotland must support a broad understanding of the importance of the early years of parenting that does not stigmatise;
- Parents with learning disabilities must be given the right support, working with their assets to build on their capabilities as parents;
- Secure care settings must uphold children's rights to access to all they need to achieve the highest possible standard of health;
- There must be significant, ongoing and persistent commitment to ending poverty and mitigating its impacts for Scotland's children, families and communities;
- Supporting the workforce to care must be at the heart of Scotland's service planning.

Further examples of Good Practice within the Health Service

<p>School Nursing</p>	<p>The School Nursing has made links with residential homes and will undertake participation and engagement with the children & young people to establish what service provision they would like from the School Nursing Service.</p> <p>Undertake health needs assessments where recommendations and plan are developed and agreed in partnership with children, young people, and families before sharing with other professionals.</p> <p>Looked after child Health Needs Assessments discuss how the child or young person would like to maintain relationships that are important to them and the response is reflected in the health summary returned to Social Work Staff. Where appropriate, parents are invited to attend the Looked After Child Health Needs Assessment.</p> <p>Scaffold learning about health during the assessment via health promotion messages and also link children & young people with appropriate professionals to support identified unaddressed health needs.</p> <p>Use clear communication to understand what is being said: staff are skilled in altering language style to support comprehension and engagement with children & young people and families, e.g. no jargon, pace of speech, recognition of the level of understanding between a child and young person to adapt descriptions, recognition of resilience and strengths and what children & young people and families are doing well</p> <p>Care experienced children & young people are prioritised, which is a part of our national pathway and also identified on our School Nursing Service referral forms submitted by partner agencies.</p> <p>The School Nursing Service contributes to data collection to allow for the evidence of services delivery against government timescales.</p>
<p>Speech and Language</p>	<p>Speech & Language Therapists consider the complex needs of care experienced children and adults in order to make sure support is offered at the right time, in the right way by the right person. Good conversations mean the child's voice is heard and acted upon and families encouraged to co-produce a solution that will allow access to the curriculum and potential realised.</p> <p>Speech & Language Therapy Teams will ensure timely and personalised transition to new local team when, e.g. care experienced children move home or when a child is placed into care.</p> <p>Extensive sharing of universal messages and targeted strategies with health and education colleagues ensures they have confidence when supporting those closest to the care experienced population</p> <p>Every effort is made to work with children & young people and their families as part of a team around the child to ensure the right level of support in the least intrusive but most effective way</p> <p>Speech and Language Therapy is offered locally and flexibly, e.g. in clinic, in educational setting, at home or remotely via Near Me or Teams. Parents, carers and / or therapy partners are involved in all sessions as appropriate. Speech and Language Therapy links with the team around the child and can signpost and support families to access additional support or make onward</p>

	<p>referrals. Speech and Language Therapists know the importance of developing trusted relationships being key to non judgemental, holistic care.</p>
Occupational Therapy	<p>Occupational Therapy supports young people with additional support needs and their families with transition. The focus being person centred in terms of goals, aspirations, interests and ability. Opportunities and options are limited in Fife post pandemic for young people with complex disabilities.</p> <p>Occupational Therapists promote barrier free environments (physical, social, emotional, behavioural & cognitive) for inclusion and access for all.</p> <p>Occupational Therapists support whole family wellbeing when working with children and young people with additional support needs. For example accessing community life and activities, supporting carer's physical and mental health in their caring role.</p>
Children & Young Peoples Community Nursing Service	<p>Children and young people with complex or additional health needs who attend one of Fife's additional support needs schools have input and support of a dedicated on site nursing service to ensure their ongoing health needs are met whilst in school. Nursing support is also delivered to mainstream schools in the form of health needs skills training to enable Education staff to meet pupils' health needs in school. The service also support carers in the provision of care outwith school and contributes to ongoing Looked After Child reviews and Child Plan Meetings to ensure their health needs pose no barriers to engagement in school. Children and young people with additional support needs are supported by Occupational Therapists where they need environmental adaptations, specialist equipment (including technology enabled care) and or strategies to maximise their participation and engagement with school life / activities. Occupational therapists promote barrier free environments (physical, social, emotional, behavioural & cognitive) for inclusion and access for all.</p>
Health Visiting/ Family Nurse Partnership	<p>Getting It Right For Every Child (GIRFEC) Assessment completed with the aim to place the child at the heart of decision making. Working holistically with the child, young person and / or family to improve wellbeing and advocate preventative work and early intervention with the aim to narrow the gap in outcomes between Looked After Children and other children supporting them to build loving nurturing relationships.</p> <p>Risk assessment completed by Health Visitor and Family Nurses. Child protection is everyone's business. Workforce training embedded. Robust structures of supervision and case review. Accessibility to child protection advisor for case discussion. Implementation of Graded Care Profile 2.</p> <p>Trauma informed practice training sessions readily available via TURAS Platform. Health Visitors and other health professionals trained to deliver a trauma informed approach when working with children and families as a means of reducing the negative impact on trauma experiences and supporting improved mental and physical health outcomes.</p> <p>Delivery of the Universal Health Visiting Pathway, these principles apply to all families that Health Visitors work with utilising the GIRFEC SHANARRI Wellbeing Assessment from managing risks and needs to empowering and supporting families to find their own solutions. Health Visitors recognise its core, intensive family support based on relationships between families and the Health Visitor / Family Nurse.</p>

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

This is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

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. We will transition to the 2023/24 ADP in due course.

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July. New targets will be devised for 2023/24.

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

Measure	Update	Target	Current Status
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving
Immunisation: 6-in-1	Quarterly	95%	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 and the Executive Summary narratives.

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Public Health & Wellbeing extract of the February IPQR will be available for discussion at the meeting on 03 July.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 22 June and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the PHW Committee for:

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

3 List of appendices

Appendix 1 – IPQR

Report Contact

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Planning and Performance Manager

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Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

Produced in June 2023

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

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

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Assessment**
Summary assessment for indicators of continual focus.
- d. 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), relevant to indicators are incorporated accordingly. Currently based on those within ADP2022/23 with transition to ADP2023/24 in due course.

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
20 June 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	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	13	5	0	0		

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key	
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 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Bench marking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Mar-23	43	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Mar-23	27.6%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	Apr-23	7.58	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Apr-23	1.42	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Apr-23	0.96	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Apr-23	13.5	○	▲	▲	● QE Dec-22
	C Diff - HAI/HCAI	6.5	Month	Apr-23	20.2	○	▼	▼	● QE Dec-22
	ECB - HAI/HCAI	33.0	Month	Apr-23	30.4	○	▼	▼	● QE Dec-22
	S1 Complaints Closed in Month on Time	80%	Month	Apr-23	55.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Apr-23	21.7%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Apr-23	13.2%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	▶	▶	●
	4-Hour Emergency Access (A&E)	95%	Month	May-23	74.4%	○	▲	▼	● Apr-23
	4-Hour Emergency Access (ED)	82.5%	Month	May-23	66.1%	○	▲	▼	● Apr-23
	Patient TTG % <= 12 Weeks	100%	Month	Apr-23	44.6%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-23	50.0%	●	▼	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-23	50.1%	●	▼	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Apr-23	97.9%	○	▲	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Apr-23	84.4%	○	▲	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	May-23	84.8%	●	▶	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	May-23	8.0%	●	▲	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-23	4.4%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022
Finance	Revenue Resource Limit Performance	(£10.8m)	Month	May-23	(£7.9m)	●	—	—	●
	Capital Resource Limit Performance	£9.1m	Month	May-23	£0.298m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Apr-23	6.18%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	May-23	39.8%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jan-23	246	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Apr-23	67.7%	○	▼	▼	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Apr-23	70.5%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.5%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-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. Assessment

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

Target Current

Smoking Cessation

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

394
(Jan)

246
(Jan)

There were an additional 14 successful quits in January 2023, matching the reported numbers in December 2022 but representing a continued fall against the target with a cumulative total thus far of 246 for 2022/23. Data from previous years typically shows increased numbers in January following a lull in December but this has not been the case for 2022/23.

Achievement against trajectory to January is 62.4% (down from 65.5% in December). National figures for FY 2022/23 were published recently, and these showed that the NHS Fife quit rate against trajectory at the end of Q2 (60.2%) was slightly lower than the Scottish average (61.8%).

For all quit attempts, the quit success rate in specialist services continues to be significantly higher than for other services.

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.

The Stop Smoking Service is delivering 17 community-based clinics and 10 GP based clinics across Fife: All clinics are face to face with a specialist Stop Smoking Advisor. 3 of the community clinics have been established at Fife College sites after the Student Wellbeing festival in March. Work is ongoing to target the service provision to our most vulnerable communities in SIMD 1 & 2 areas. Team attended community events in these areas and have been able to offer brief interventions and advice. We continue to use the mobile unit to raise visibility of the service, awareness of support available and connect to our communities weekly, successful use has been at food bank/food larder provision. Providing accessible support for people impacted by the cost-of-living increases.

Following our attendance at the Health Promotion Workplace conference, we were invited to attend a Nursing Home in West Fife, this request was made by the residents and staff looking for support to stop smoking. Our attendance gave an onsite opportunity for residents, visitors, and staff to visit the mobile unit to discuss support needs, undertake a carbon monoxide test and enrol in the service. One new advisor joined the team in April, all new advisors are undertaking their specialist training to complete the Smoking Cessation Competency Framework; we have one further vacancy for the specialist and maternity service: Two advisors are on maternity leave, these factors impact and reduce service capacity.

Working with community pharmacy (CP) champions, we have undertaken site visits at 86 CP to re-establish links post pandemic. Due to pressures in CP this has given us the opportunity to capture an accurate picture of how their service provision is working within their busy environments and when they experience staffing issues. Further work will be undertaken throughout the next quarter to support CP: issues have been raised that there is a drop in Quit Your Way Pharmacy service as priority is given to specialist prescribing, compliance dispensing systems and supporting increased footfall from the Right Care, Right Place campaign.

CAMHS Waiting Times

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

90%

67.7%

Monthly performance saw a steep drop from the high of 91.1% reported in March 2023 to 67.7% in April 2023, taking it to below the average for the past 24-months (74%). The data is becoming more variable than in the past, routinely rising above and then dropping below the average.

For the fifth month running, no young people are having to wait for more than 35 weeks for treatment. The percentage of those waiting for more than 18 weeks has risen slightly from 83.2% in March 2023 to 85.3% in April 2023 and is notably higher than the 44.7% seen in April 2022.

The number of referrals received has dropped from 319 in March to 187 in April which mirrors a similar drop in referrals seen at the same time last year. In contrast to last year however, the waiting list continues to increase steadily.

The next quarterly publication of health board comparison figures will be made available in June for reporting the following month.

Reduction in RTT % (activity at front of the waiting list) was as a result of the commencement of evening clinics (activity against longest waits) which have been established to mitigate the reduced staffing capacity due to current vacancies and to hold the position where no one is waiting over 36 weeks. Recruitment to fill posts is underway with

all posts at interview stage. RTT will continue to fluctuate dependent on ratio of urgent presentations to work against longest waits. Easter Holidays during April resulted in referral rate dropping and DNA rate increasing. Performance specifically related to longest waits has followed the predicted trajectory reported to Scottish Government which will see an incremental increase in waiting list until September 2023 followed by a gradual reduction through to March 2024 when RTT% will be achieved, dependent on demand following previous pattern and successful recruitment & retention of staff.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	70.5%
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Monthly performance dipped again in April 2022 to 70.5% which is only slightly higher than the low seen in Feb 22 (69.6%). The overall waiting list has risen slightly (2576 in April 23) but has remained relatively steady over the past 12 months ranging between 2300-2700. The number of those waiting over 52 weeks continues to reduce, but the numbers waiting between 19 to 52 weeks has increased.

The number of referrals received dropped to 748 and this mirrors a similar drop seen last year between March and April.

The next quarterly publication of health board comparison figures will be made available in June for reporting the following month.

The specific Psychology Services where waiting times remain an issue continue to progress service developments to better meet demand. During April, the Adult Mental Health (AMH) Psychology Service began a pilot of a group programme (Survive and Thrive) for people who have experienced interpersonal trauma. If successful, this will be rolled out across Fife. The Psychology Service has invested in training a number of psychologists from different clinical services in the specific therapy Eye Movement Desensitisation Therapy (EMDR), which has a good evidence base for treating complex trauma. External group supervision is supporting the implementation of this training. Both of these developments are relevant to treating people on the current waiting list and to maintaining improved performance in the future. The service continues active recruitment although national workforce pressures still pose a challenge. Access to enough suitable clinic accommodation also remains a challenge.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.1%
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The latest published data (for quarter ending December) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 95.1%, above target, however this hasn't been achieved in consecutive quarters since between June 2019 and September 2020. PCV uptake also exceeded 95% with MenB slightly below, Rotavirus uptake was lowest at 12 months of age at 92.7%.

Uptake at 12 months for 6-in-1 in NHS Fife was slightly lower than national average and ranked 7th out of 11 mainland NHS Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	86.3%
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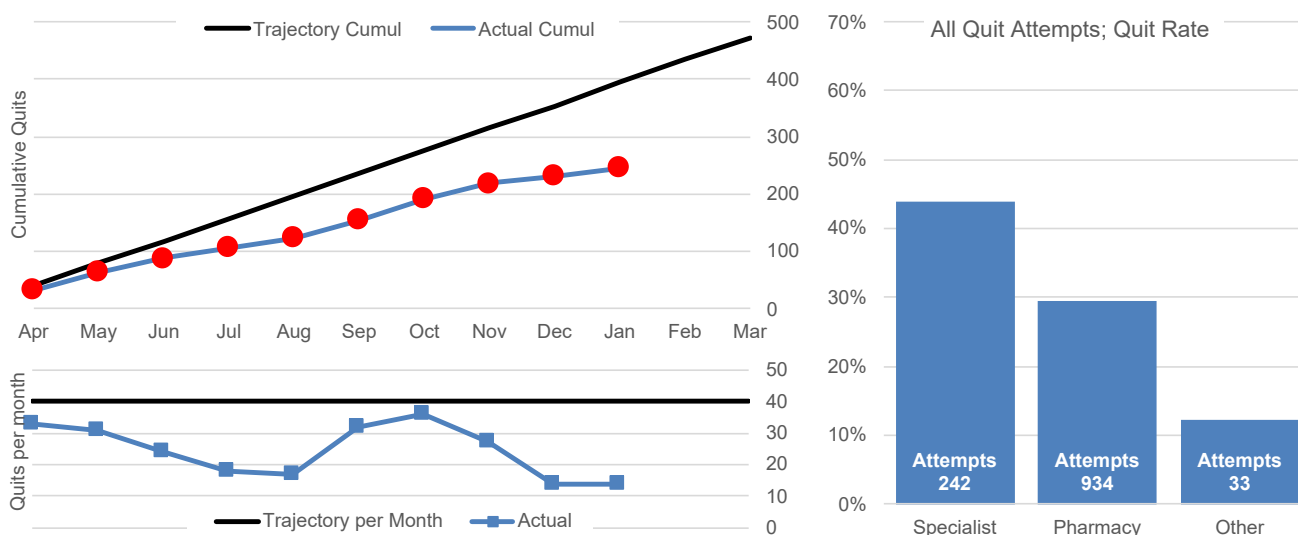
The latest published data (for quarter ending December) shows that NHS Fife uptake for MMR2 at 5 years of age had decreased to 86.3%, was 88.4% quarter previous. Lowest uptake achieved since March 2019 with peak uptake of 91.1% in September 2021. MMR1 and Hib/MenC uptake exceeded 95% with 4-in-1 uptake similar to MMR2.

Uptake at 5 years for MMR2 in NHS Fife was lowest of all mainland NHS Boards, one of three achieving less than 90%, highest uptake was 95.5%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

d. 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 246
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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	33	31	24	18	17	32	36	27	14	14		
	Actual Cumul	33	64	88	106	123	155	191	218	232	246		
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
Scotland	Achieved	82.5%	81.0%	74.6%	67.1%	62.4%	65.7%	69.2%	69.2%	65.5%	62.4%		
	Achieved			62.9%									

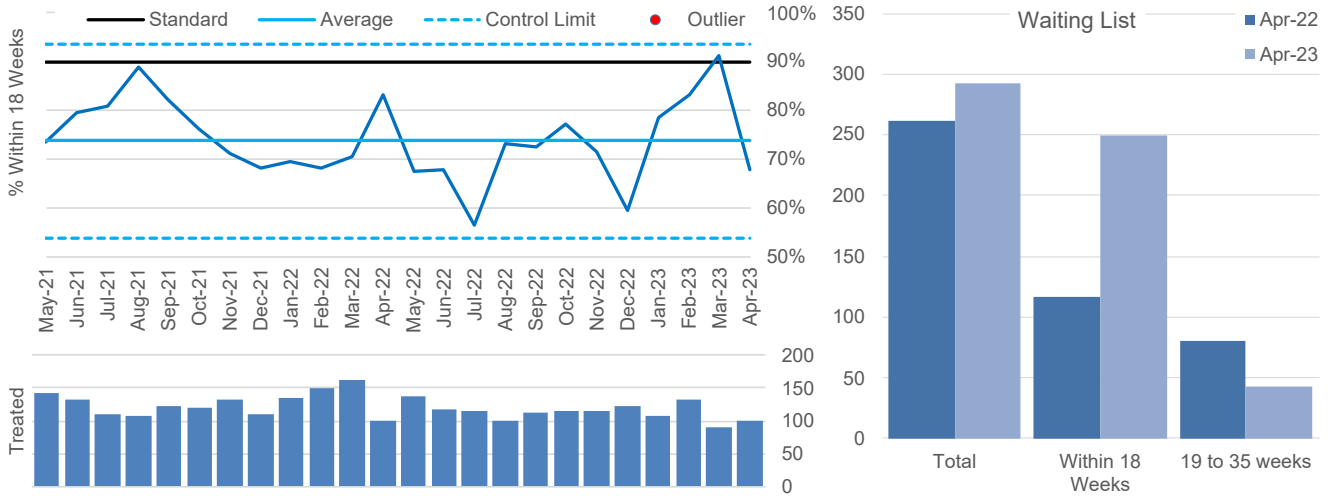
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Apr-23 Complete
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 Complete
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	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 Complete
	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
67.7%

Local Performance



National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%
Scotland	66.7%	67.4%	67.4%	66.4%	69.3%	69.0%	67.4%	75.6%	0.0%	0.0%	0.0%	0.0%

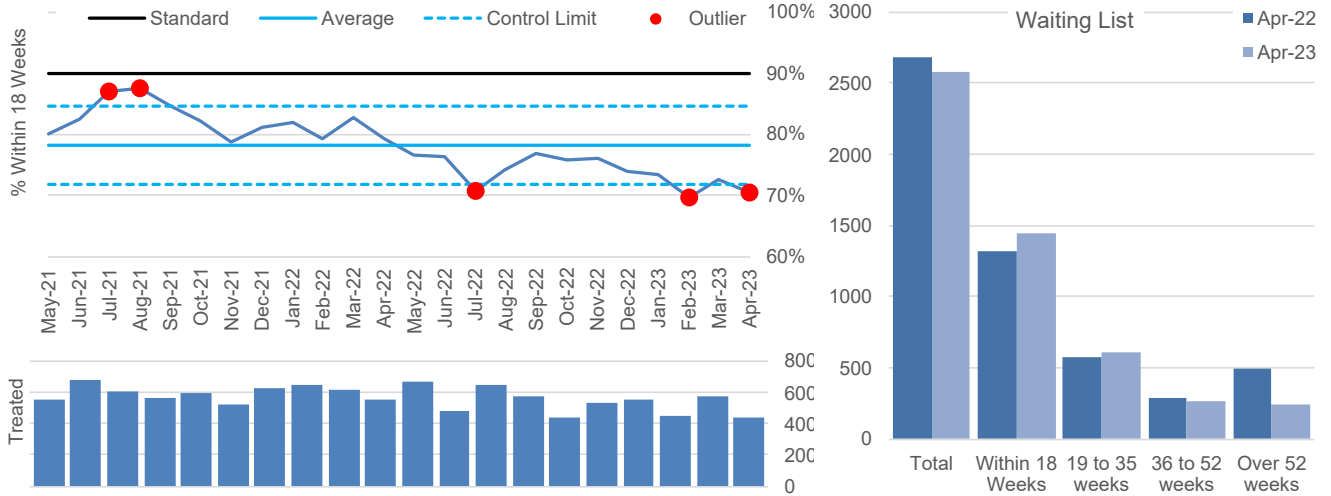
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Aug-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Aug-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Aug-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
70.5%

Local Performance



National Benchmarking

	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%
Scotland	80.9%	82.3%	79.2%	81.6%	81.2%	80.8%	80.5%	82.3%	0.0%	0.0%	0.0%	0.0%

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-24 At Risk
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 Complete
	Recruit new staff as per Psychological Therapies Recovery Plan	Oct-23 At risk
	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-24 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Completed

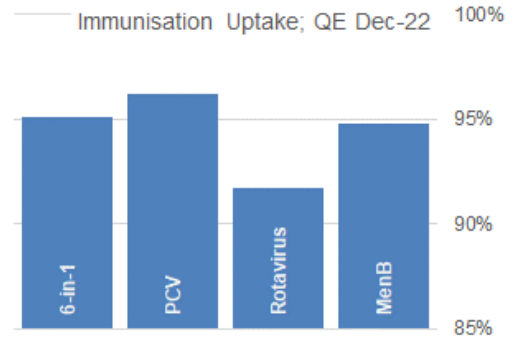
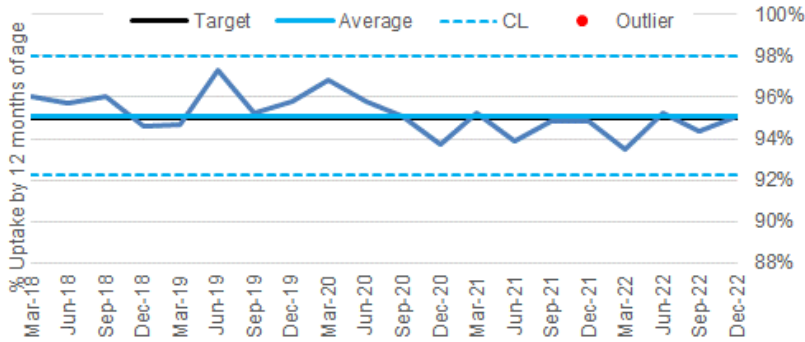
PUBLIC HEALTH AND WELLBEING

Child Immunisation: 6-in-1

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

Performance
95.1%

Local Performance



National Benchmarking

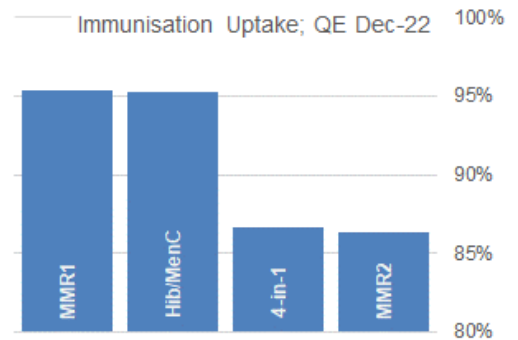
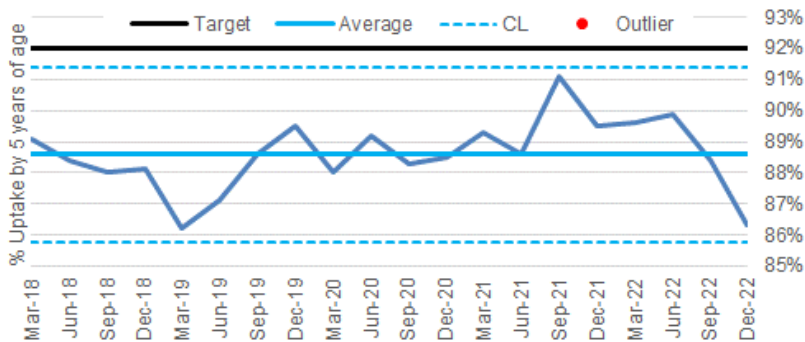
Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%

Child Immunisation: MMR2

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

Performance
86.3%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%

Key Deliverable

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

End Date

Apr-23
Complete

Key Milestones

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

Apr-23
Complete

MMR2 uptake at age 5 years for Fife population

Apr-23
Complete

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Director of Public Health Annual Report 2023
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author:	Dr Lorna Watson, Deputy Director of Public Health, Child Health Commissioner, NHS Fife

1 Purpose

- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Director of Public Health annual report provides a mechanism to present the key issues relating to health and wellbeing for local areas and enable more targeted local responses to be developed. This year's report is focussed on 'Children and Young people in Fife- the Building Blocks for Health.'

2.2 Background

The Report has two sections- a text section, with chapters and topic specific summaries, and a data supplement. Once formatted, these will have hyperlinks to connect text and additional data tables for specific topics.

Participation of children and young people was planned as part of the process of development, and will follow once complete. The Fife Children and Young People's Health and Wellbeing Survey took place in Fife schools in March 2023, and results are not yet available. A formal launch event in September is planned in conjunction with Fife Council Education and Children's Services.

The Report highlights the importance of the UNCRC and children's rights across all services, not just children's services; The Promise to care experienced children and young people; inequalities in health outcomes and in health behaviours; the social determinants of health, including poverty, housing, diet, exercise and mental health; and the early impact of the pandemic.

2.3 Assessment

UNCRC and The Promise

The expected incorporation of the UNCRC this year is a landmark in children's rights and in recognising the impact of decisions for ALL services, which may impact on children directly or indirectly. Similarly, implementing the recommendations in The Promise to care experienced children and young people requires a fundamental rethink in how public services are delivered to this group to improve outcomes.

Population

The Report shows that the number of under 18s in Fife is currently declining, with 71,746 estimated in 2021, 19% of the population in 2021. Children aged aged 0-4 contributes most to this reduction. The proportion of children recorded as having additional support needs in Fife has increased, and meeting the needs of those with Disability and Neurodiversity is central to realising children's rights.

Maternal health and births

The birth rate in Fife declining, in a similar pattern to Scotland, with 3157 births in 2021. Maternal and reproductive health impacts on maternity outcomes and child health outcomes in the longer term, particularly with respect to smoking, obesity, alcohol use. There are marked inequalities in health behaviours such as smoking and breastfeeding between areas of most and least deprivation. Smoking in pregnancy at maternity booking in Scotland is among the highest in Europe, and Fife has one of the highest rates in Scotland, although these are declining over the whole of the country.

Child poverty

Rates in Fife have risen recently from 17% in 2020 to 23% in 21/22 before housing costs. This rate varies across Fife from 11% to 35.9%, and many of the health indicators in the report show variation with deprivation and poverty.

Fife action on child poverty is reported annually, focussing on six priority group which comprise 90% of families with child poverty: *lone parents, families affected by disability, mothers under 25, children under one, more than 3 children and ethnicity*. Actions for the NHS include income maximisation and Anchor institution ambitions around employment, for example.

Other aspects relevant to health include housing, with 390 children living in households in temporary accommodation in Fife at 31st March 2022, and according to the Trussell Trust in Fife 5,506 foodbank parcels were given out to children in 2021/22, a reduction on the previous year.

Child development and wellbeing

Preventive and mitigating action around adversity in childhood (ACEs) and trauma informed approaches are important protective interventions that can strengthen the impact of services. Prevention of factors associated with abuse and neglect, including domestic abuse, and appropriate responses when this is identified is crucial for child wellbeing.

The Heckman curve demonstrates the cost effectiveness of interventions in early life is highlighted to demonstrate the known importance of investment early in the life course, tying in with the science of child development. Bonding, social connection and environment shape long term future physical and mental health and wellbeing.

Mental health and wellbeing in children and young people has been a concern before the pandemic, but this has been exacerbated by withdrawal of usual activities and support at that time. In Fife the Our Minds Matter Framework aims to implement the vision of supports available from universal to specialist level.

Alcohol and drug related admissions or young people in Fife are higher than the rate in Scotland, an indicator of serious harm. Children and young people also experience significant harms through child protection, loss of a parent to drug deaths, as well as risk to their own health in the short and long term, including foetal exposure. Actions relate to universal preventive measures tackling poverty, housing, education and employment, as well as specialist services to support those with greater or more complex needs.

Service aspects

Across health and partnership agencies, universal and targeted approaches are in place and are being developed further. Examples of good practice include perinatal mental health, the Family Nurse partnership, and the new Whole Family Wellbeing Fund. Positive areas for promoting wellbeing include access to green space, the contribution of the third sector and Youth Work.

The Fife Children and Young Peoples' Health Survey took place in Fife schools in March 2023, and results will be available later in the year. This will help describe the views of children and young people themselves about their health and inform service planning across agencies.

2.3.1 Quality / Patient Care

The Report highlights many areas of good practice in NHS Fife, Fife Health and Social Care Partnership, and partnership working more broadly. It also highlights areas for concern which may impact on future care needs as a result of the impact of poverty and adversity on the development of children and young people.

2.3.2 Workforce

The Report notes the importance of staff and staffing, and attracting, valuing and retaining staff working with children at all levels and in all levels, in line with the Population Health and Wellbeing Strategy 2023-2028.

2.3.3 Financial

There are no direct financial impacts as a result of this report however, the report highlights the very real benefits of early intervention and longer-term cost effectiveness and savings from preventive work in early years.

2.3.4 Risk Assessment / Management

There are no direct risks associated with the report, however there are emerging concerns about some of the building blocks for health in the early years due to the pandemic and

which pose a risk to current and future wellbeing of children and young people. Risks are managed within specific managed services.

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

The Report seeks to promote the UNCRC and children's rights, and highlights inequalities in health relating to poverty and deprivation. It also highlights disability and neurodiversity, aspects of sexual and reproductive health affecting girls and women, refugee and asylum seeking children and young people, and LGBT aspects relating to health. Work to address child poverty links to Anchor Institution ambitions, including employment, procurement and income maximisation. A Stage 1 Equality Assessment demonstrated positive impacts and no further action required.

2.3.6 Climate Emergency & Sustainability Impact

The report highlights the impact of Climate on children and young people, and is being produced electronically, rather than on paper.

2.3.7 Communication, involvement, engagement and consultation

A working group has met to produce the report over the last six months, including members from public health, Children's Services within Fife HSCP, and Health Promotion. Relevant staff members were identified to draft sections within their areas of expertise. There were regular meetings with Fife Council Education staff, and the Child Health Management Team in HSCP has been kept updated of progress. Engagement with young people in third sector organisations was planned and will be included once complete.

2.3.8 Route to the Meeting

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

- Public Health Senior Leadership Team 13 June 2023.
- Executive Directors Group 22 June 2023.

2.4 Recommendation

- **Discussion** – For examining and considering the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, DPH Report 2023 – Master V5
- Appendix No. 2, Information Supplement 150623

Report Contact

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DPH Report 2023
Children and Young People in Fife- the building
blocks for health

Draft Master V5

23.06.2023

Introduction

Public health can be defined as *‘what we as a society do collectively to assure the conditions in which people can be healthy’*. It therefore must be concerned with broad aspects of our lives and environment, and the obligation to address inequality for those who face most challenges in realising their potential to participate in society.

This year I have chosen to focus the Annual Report on children and young people. Clearly there are major health issues and pressures for all age groups, and these were covered more fully in last year’s report. These broader issues will be reviewed again in two years time. Childhood has a large influence on our health as adults. There are messages within this report relevant for everyone, as actions impacting on children and families benefit the wider adult population, and vice versa.

It is timely to consider children and young people for four reasons:

- the United Nations Convention on the Rights of the Child (UNCRC) which is expected to become incorporated into law in Scotland this year,
- Scotland’s Promise to care experienced young people ‘You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept.**’
- the strong and developing evidence base about the importance of attachment and social connectedness for babies, children and young people, the effect of adversity on early brain development, and the economic case for investing early in the life course,
- the impact of COVID-19 and associated measures on children and young people, and the impacts, some ongoing, of the associated withdrawal of usual activities, services and supports, followed by the cost of living crisis

It is impossible to cover every aspect of child health and care services in this report, and the data supplement provides further detail where this is available. We have made efforts to ensure the voices of children and young people are captured in the report, and this work will be included once complete.

I would like to thank all the dedicated health and social care staff and carers, as well as those in Education, partner agencies and the third sector for their work with children and families in Fife. There are key messages and recommendations to consider to give the next generation the most positive start possible.

Feedback on the report is welcome and will be used to help plan for future years. [see link in website]

Dr Joy Tomlinson, Director of Public Health

[Preface - The Future of the Public's Health in the 21st Century - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8711111/)
https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf
[Tackling Inequalities Trauma and Adversity across the Lifespan \(improvementservice.org.uk\)](https://www.improvementservice.org.uk/)
[Home - The Promise](#)

Key Recommendations

The science of connection shows that nurture in early life is crucial for brain development and for lifelong health and wellbeing, and investment in early years has the greatest economic impact on human development.

The UNCRC should help ensure the issues and concerns affecting children and young people are considered in all decision making, and that different groups of children and young people are given a chance to be heard to improve their health and life chances.

Tackling child poverty through increasing incomes, reducing costs and maximising benefits can make a huge difference to children and families, and the focus should be on the six priority groups as described in *Best Start Bright Futures*.

Connection is needed throughout childhood, and support for families in the community, access to good quality childcare, neighbourhood and community events and support in schools can support positive mental wellbeing. Access to more specialist support is important where needed.

Implementing *The Promise* is a major challenge and may require a culture change in how care experienced children are regarded and supported.

Youth work and third sector work plays a central role in supporting children and families and providing positive activities for young people.

Policy and action relating to health behaviours such as smoking, obesity, diet, alcohol and drugs need to take more account of the damaging reproductive effects and impact on children.

Addressing structural issues such as housing and environment will help create positive places for families now and for the next generation.

Across a range of services, staff and the relationships they build are crucial to give the best support to families. Valuing, attracting and retaining staff working with pregnant women, children and families is important at all levels, from social carers and support staff through to expert professionals.

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General

Population

Why is this important?

Understanding changes in the number of children and young people under the age of 18 and their characteristics is essential to help in planning services for children and families.

Background/data

At June 2021 an estimated 71,746 children aged under 18 lived in Fife. Within this age group (0-17) there were more males (51%) than females (49%). Of these children 17,300 (24%) were pre-school aged, 29,350 (41%) were aged 5-11 years and 25,096 (35%) were aged 12-17 years (1).

Children aged 0-17 years account for 19.1% of the total population of Fife, a little above the national average of 18.7%. Within Fife, Dunfermline HSCP locality has the largest proportion of the total population aged under 18 at 20.9% and North East Fife the lowest at 15.6%. In the last 10 years the number of children aged 0-17 years estimated to be living in Fife fell by 1.8%, compared to the population aged 18 and over which grew by 3.2%. The largest fall has been seen in children aged 0-4 (24%) and then in children aged 5-11 (7%) which will in part be due to declining birth rates.

The most recent (2018 based) population projections available for Fife estimate that by mid-2028 the total population of Fife, compared to 2018, will be a similar size with a 0.1% decrease in the total population and by 2043 will be 2.1% smaller. In comparison the population aged under 18 is estimated to be 6% smaller in 2028 compared to 2018 and 16% smaller by 2043 (2). Scotland's population is still projected to age with the number of people aged 65 and over estimated to grow by nearly a third by mid-2045 whilst the number of children in Scotland is projected to fall by nearly a fifth (3).

At the 2011 Census the under 16 population of Fife was predominantly of white ethnicity (96.9%), with 1.7% Asian ethnicity and 1.4% of children being from other minority ethnic groups (4). The 2022 Fife Council pupil census reported that 5.7% of Fife school pupils were from a minority ethnic group (5). The findings from the 2022 Census will provide us with a greater insight into the diversity of our child population in Fife.

Summary- The proportion of children and young people as part of the overall population in Fife is currently reducing in line with the patterns seen across Scotland.

Find out more-

1. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>
2. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections>
3. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based>
4. <https://www.scotlandscensus.gov.uk/search-the-census#/search-by>
5. <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

UNCRC – United Nations Convention on the Rights of the Child

Why is this important?

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. While aspects of the Bill were challenged by the UK government, work is progressing and it is expected that new legislation will be passed in 2023.

Background/ data

The UK signed up to the United UNCRC which came into force in January 1992 and is the global gold standard for children's rights. The 54 UNCRC articles set out the multi-factorial rights that all children are entitled to. The articles are wide-ranging and cover a number of areas including health, education, leisure and play, social security, child labour, children in care and juvenile justice. The new law may make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights. An example is article 27: *Every child has the right to a good enough standard of living to meet their physical and social needs including a proper house, food and clothing.*

Modifiable factors/Local actions

Realising rights is a theme in the Fife Children's Services Plan, which covers partnership organisations in Fife. Organisations including NHS Fife are preparing to ensure processes and actions are compatible with the UNCRC. This affects services delivered to the wider population, and not just those aimed directly at children and young people. Senior leaders are engaged in understanding the implications of the UNCRC and working on undertaking Children's Rights Impact assessments by public bodies where appropriate. Work is ongoing to better listen to the voice of infants, children and young people as well as families to improve services and better meet their needs.

Summary- Rights based approaches should change existing services to better realise all rights, including the right to health of the most disadvantaged children and young people.

Find out more-

[United Nations Convention on the Rights of the Child implementation: introductory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/06/20230620-uncrc-implementation-introductory-guidance.pdf)

[socrr23_final.pdf \(togetherscotland.org.uk\)](https://togetherscotland.org.uk/resources/2023/06/20230620-uncrc-implementation-introductory-guidance.pdf)

[UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://cypcs.org.uk/uncrc-articles/)

Factors affecting Child Development

Why is this important?

Understanding the importance of early child development and the impact of life circumstance is constantly evolving. Attachment theory highlights the importance of a child's emotional bond with their primary caregiver. Disruption to or loss of this bond and accumulation of early adversity can affect a child emotionally and psychologically into adulthood, and can have an impact on their future relationships, social and health outcomes.

Background/ data

In international comparisons, the UK does not do particularly well on measures of child health, and inequalities in health in later life. The Heckman curve (figure 1, next page) shows the economic benefits of investing early in the life course. This is drawn from evidence of economics across numerous countries and is compatible with scientific evidence of the critical windows for development in early childhood, starting with pregnancy. Quality of relationships with family, peers and community are important at any point in childhood, and can be strained in times of family or community stress or disruption. Supporting child development can have a lifelong impact.

Modifiable factors/Local actions

Investment in family support and anti-child poverty measures can help support positive development in the critical early years. Prevention of adversity impacts on longer term outcomes for the next generation, for example measures to reduce domestic abuse, parental addiction and mental health issues in the adult population directly benefits children. Maternal, perinatal and infant mental health is particularly important to promote positive bonding at the start of life. In Fife in addition to universal services there is tiered specialist support where needed from the Community Perinatal Mental Health team, Infant Mental Health team, and the Maternity and Neonatal Psychological Intervention team. Child development and attachment informed policy and practice is particularly important in family, childcare and education arenas.

Summary - The rapidity of early brain development and sensitivity to quality of nurture means that early life has a profound effect on the future life course.

Find out more-

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://heckmanequation.org/resource/the-heckman-curve/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

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<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>



Return on Investment

Economic impact of investing in early childhood learning.

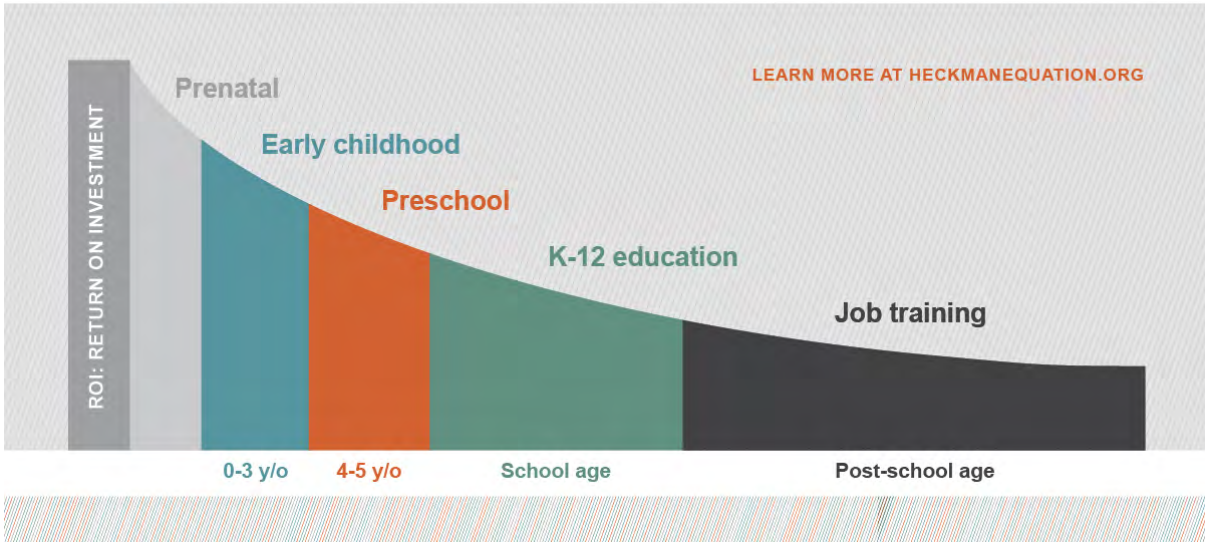


Figure 1 Source: <https://heckmanequation.org/resource/the-heckman-curve/>

ACE Exposure and Trauma

Why is this important?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” In 1998 a landmark study by Felitti and colleagues was published demonstrating a link between cumulative exposure to ACEs with long term outcomes for adults including mental and physical health and leading causes of death.

Background/ data

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACEs. Childhood trauma can affect individuals’ wellbeing across the lifespan, impacting on physical health, mental health and relationships. Being ‘Trauma Informed’ means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience.

Modifiable factors/Local actions

Since 2016, NHS Education for Scotland (NES) has developed training to promote trauma informed practice, to support children and young people who have experienced trauma or ACEs. NHS Fife has developed 4 half day trauma informed modules on: Why trauma matters, · Psychological Impact of trauma, · Relationships and Recovery, · Compassion Fatigue and Self care.

These have been adopted and promoted via NES and are being delivered locally to a wide range of multiagency staff, including Family Support Service, social work staff, education staff and school nursing. There is also an enhanced module for staff working directly with children and young people who have experienced trauma. These modules have been delivered to staff working in CAMHS, child psychology and the DAPL school counselling service.

Trauma informed practice is also relevant for many adult services, and more broadly, consideration of prevention of ACEs is relevant in wider policy on inequalities including for example, criminal justice.

Summary- To improve outcomes for those who have experienced trauma, we need a trauma informed workforce who can understand their needs and respond appropriately.

Find out more-

[Understanding trauma and adversity | Resources | YoungMinds](https://doi.org/10.1016/S0749-3797(98)00017-8)
[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
https://know.fife.scot/data/assets/pdf_file/0027/177507/ACEs-in-Fife-Exposure-and-Outcomes-Profile-Oct-2018.pdf
[National Trauma Training Programme - Home \(transformingpsychologicaltrauma.scot\)](http://transformingpsychologicaltrauma.scot)
[Home \(beaconhouse.org.uk\)](http://beaconhouse.org.uk)
[UKTC \(uktraumacouncil.org\)](http://uktraumacouncil.org)
<https://www.gov.scot/publications/understanding-childhood-adversity-resilience-crime/pages/2/>

COVID-19 Impact on Children and Young People

Why is this important?

While direct health effects of Covid had less impact on children than adults, the associated lockdown measures had a profound effect on usual socialisation, support, learning and activities, and services, adversely affecting aspects of child development.

Background/ data

School closures, lockdown measures and withdrawal of services to essential levels impacted the whole population, with particular effect on children and young people as usual activities, milestones and events had to be cancelled or curtailed. With adults under stress, this impacts on quality and quantity of interactions with children vital for language and development. The level of screen use in children increased significantly due to loss of usual activities.

While some families reported positives of having parents at home and less travel, many found the experience difficult, and women were disproportionately affected due to caring roles. At pre-school reviews, higher proportions of children have had developmental concerns post pandemic, 18.7% at 27-30 month review in 2021, compared to 14.6% prior to the pandemic for Scotland. Literacy and numeracy data lower for Scotland in 2020/1 indicated an impact on learning. Parent-reported lower mental health and wellbeing scores in younger children were lower in 2020, and survey data indicated that families affected by disability had particular loss of services during the pandemic, with reduction in respite and social support. Children at risk of overweight or obesity increased in 2020/1. Demand and waiting times for many types of care were affected by the pandemic.

Modifiable factors/Local actions

Focus on connectedness and wellbeing of families, neighbourhoods and communities, as there may be a longer term cohort effect where supportive networks take time to re-establish.

Ensure services for families affected by disability, mental health issues and poverty are strengthened going forward to mitigate the impacts on disadvantaged groups.

Summary- The pandemic and associated measures have had a major impact on children and young people, particularly those already in situations of disadvantage

Find out more-

https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

Family Life

Why is this important?

The family is the basic building block of society, and the expectations and structures around it change over time. This has implications for connectedness, and support in times of adversity, whether social, financial, physical or mental health related.

Background/data

In the Growing Up in Scotland study, 27.3% of 14 year olds had at least one parent who lived elsewhere. Over half 57.5% saw this parent once a week or more, whilst 15.1% said they never saw this parent. Disabled young people were more likely to say they have at least one parent who lived elsewhere 35.2%, compared with 25.9% of non-disabled young people. In the Households in Scotland report in 2017 there was an increase in single adult households, and a reduction to 23% of households comprising adults and children, less than one in four households. 5% of households had a single parent, 13% a small family, 5% a large family, an increase in the proportion with single parents over time.

There have also been significant changes to working patterns of parents in the UK, for example with more non standard working hours, particularly for lower paid workers. Some aspects such as unpredictable work schedules have been linked to lower parental wellbeing, however there is evidence to suggest access to flexible working patterns and the four day working week may reduce stress within families. The use of formal childcare has increased over time, however, availability and cost can limit options for families.

Modifiable factors/Local actions

Promote policies which support families with children, in particular families with disabled children, and encourage community support for families through intergenerational support, third sector, and volunteering, which also supports connectedness and positive wellbeing.

Promote a child and family focus in design of homes, work, communities and services, with accessible provision of high quality childcare.

The Workplace Team, Health Promotion Service in Fife actively promote a range of initiatives to Fife workplaces to encourage good and fair work, including family friendly policies, flexible working and intergenerational working, and promotion of the Healthy Working Lives programme in Fife.

Summary - Promoting connected communities with the needs of children and families in mind will help the next generation flourish.

Find out more-

[https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/Chapter 2 - The Composition and Characteristics of Households in Scotland \(www.gov.scot\)](https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/Chapter%20-%20The%20Composition%20and%20Characteristics%20of%20Households%20in%20Scotland%20(www.gov.scot)/files/statistics/old/he-05-table5.pdf)
<https://www.nrscotland.gov.uk/files/statistics/old/he-05-table5.pdf>
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2021>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8651235/>
<https://www.weforum.org/agenda/2023/03/surprising-benefits-four-day-week/10.1080/13668803.2022.2077173>
<https://workingfamilies.org.uk/wp-content/uploads/2022/11/Working-Families-Benchmark-Report>
<https://www.nhsfife.org/workplace>

UNCRC Article 9 – I have a right to live with a family who cares for me

Disability and Neurodiversity

Why is this important?

Difference is part of what makes us human, and also how we care for less able members of our society defines how we view ourselves as a civilised society. People with disability can face a number of barriers to inclusion and preventable adverse health outcomes.

Background/ data

The rate of pupils in Fife assessed or declared as having a disability is 26.2/1000 pupils. Disability may relate to physical or learning ability or both, and may overlap with some chronic physical or mental health conditions, and sensory impairments. Disabilities may be classed as mild, moderate, severe, and in some cases, complex or exceptional where there are a number of conditions, or a mix of physical and learning disability leading to a need for complex care. The social model of disability recognises that people can be disabled by barriers in society such as absence of a wheelchair ramp, and is focussed on assets rather than impairments or deficits. The bio-psychosocial model incorporates the biomedical model with other perspectives and underpins person-centred care.

A learning disability is generally defined by lower intellectual ability, significant impairment of social or adaptive functioning, and onset in childhood. Some neurodevelopmental disorders may be associated with learning disability, including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Neurodiversity is a broader term relating to differences in brain processing, which is more variably defined and often includes ASD, ADHD, dyscalculia, dyslexia and dyspraxia. It is estimated around one in seven people in the UK is neurodivergent. Additional support needs is the term used in schools for children who require any additions to the educational provision that is usually provided, which can be due to the conditions above.

This variation has important implications across the life course, in how to realise all rights and advance equality of opportunity, provide reasonable adjustments and inclusion in all aspects of society, including access to work, leisure and culture. As with adults, a higher proportion of disabled children live in areas of deprivation, and they are less likely to go to a positive destination after leaving school. Disabled people and their carers have had a particularly difficult time during the covid pandemic. Unpaid carers have a vital role and there is a need to recognise, value and raise awareness of carers and their rights and whole family wellbeing.

The UN report on the implementation of the UNCRC in the UK highlights disability as a particular area for action. Stigma, fear of harassment and hate crime are prevalent and there are basic accessibility challenges for homes, public buildings and spaces. Rates of mental health issues are higher in disabled children and adults, and there can be barriers to accessing high quality health care.

Modifiable factors/Local actions

There should be increased recognition of the role of disability and caring roles in understanding and addressing health inequalities, and preventable premature mortality in Scotland.

There is work ongoing in health and education in Fife to improve access to support, advice and assessment to meet individual needs in relation to and reduce impact of neurodevelopmental disorders. Allied health professionals have an important role in advising and supporting families.

There is unmet need to support families caring for children with learning disabilities and the most complex mental health needs, with access to respite and multi-agency intensive support to prevent family breakdown or the need for alternative placements.

Transition from child to adult services for those with disability can be difficult to navigate, and is crucial to achieve the best long term outcomes. Key principles include person-centred planning, with planning starting early and continuing up to the age of 25.

Summary- A core value of the UNCRC is non discrimination, and responding to the experience of families and children is central to addressing barriers for those with disability or neurodiversity to realise their potential into adult life.

Find out more-

[Scotland's Wellbeing: national outcomes for disabled people - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-outcomes-for-disabled-people/pages/12/)

[Definition | Background information | Learning disabilities | CKS | NICE](#)

[The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/the-impact-of-disability-on-the-lives-of-young-children-analysis-of-growing-up-in-scotland-data/pages/1/)

[Celebrating neurodiversity in Higher Education | BPS](#)

[What are learning disabilities - report \(slido.ac.uk\)](https://www.slido.ac.uk/reports/what-are-learning-disabilities-report/)

[The biopsychosocial model of illness: a model whose time has come - Derick T Wade, Peter W Halligan, 2017 \(sagepub.com\)](https://www.sagepub.com/en-gb/monograph/book9781446262113)

[UK Disability Survey research report, June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/research-data-and-analysis/publications/uk-disability-survey-research-report-june-2021)

[National carers strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-carers-strategy/pages/1/)

[Findings from LeDeR reviews 2015-2020 | School for Policy Studies | University of Bristol](#)

[Principles-of-Good-Transitions-3.pdf \(arcscotland.org.uk\)](https://www.arcscotland.org.uk/wp-content/uploads/2022/03/Principles-of-Good-Transitions-3.pdf)

<https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/pages/4/>

Voice of Children and Young People

Why is this important?

Participation and engagement with children and young people is being recognised as being both useful and important in planning services to meet their needs.

Background/data

The Fife Children & Young People's Health & Wellbeing Survey was completed in schools in March and April 2023. The survey has been designed so that children and young people can tell us about their experiences and contains questions on a wide range of topics including: Physical Activity, Health, Emotional Wellbeing, Eating Habits and Social Media Use.

Gathering this information, at this time, was especially important to help to form an accurate picture of children and young people's wellbeing after the pandemic and to help to plan to support their recovery.

The results from the survey, available in Summer 2023, will help us to understand the wellbeing and needs of children and young people in Fife which will inform the work that partnership organisations are doing to improve services for children and families.

Modifiable factors/Local actions

In preparing this report, views were sought from Youth 1st and Fife Young Carers. These are not yet ready but it is hoped will be the basis for a Children and Young People's version of this report later in the year.

Summary- Information from larger scale surveys but also targeted work with specific groups of young people in Fife will help with designing appropriate services to meet their needs.

Early Years and Building Blocks for Health

Child Poverty and Cost of Living

Why is this important?

Child poverty affects opportunities for health, learning and development from pregnancy onwards, which can have lifelong consequences. The Child Poverty (Scotland) Act 2017 places duties on public authorities to take action to reduce and mitigate child poverty. The current cost of living crisis has made it more difficult for many families.

Background/ data

Almost one in four children in Fife live in poverty before housing costs. There are six child poverty priority groups which cover 90% of families with children in poverty: *lone parents, families affected by disability, children under 1 year, mothers under 25 years, ethnicity, families with >3 children*. The Policy document Best Start Bright Futures describes three drivers- income from employment, cost of living, income from benefits.

Poverty rates are also higher in some parts of Fife than others, generally following patterns of deprivation. Poverty can be linked to increased family stress, and reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

Modifiable factors/Local actions

Fife has published several Local Child Poverty Action Reports as required by the Act. The report for 2023 will be part of the overall Tackling Poverty and Preventing Crisis report. Key areas for action are targeting the priority groups, and greater co-production with those affected. Further actions include:

- Income maximisation, with the successful MoneyTalks offer of referral for welfare checks in maternity and health visiting, and the Boosting Budgets programme in Education, and possible expansion of these.
- Reducing additional costs of the school day, and working to improve access to childcare
- Anchor Institution actions, to ensure employment is accessible to priority groups where possible, and procurement can benefit local communities
- Ensuring voice of those with lived experience is part of planning and feedback
- Support action to explore better access to child maintenance payments and tackle young parent poverty

Summary- Poverty is a stressor which can be highly detrimental to all aspects of child and family wellbeing, and public services can take both preventive and mitigating action, in line with UNCRC articles 26 and 27.

Find out more-

<https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/>

<https://our.fife.scot/plan4fife/tackling-poverty-and-preventing-crisis/tackling-poverty-listing/tackling-child-poverty>

https://our.fife.scot/_data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf

<https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

<https://cpag.org.uk/scotland/child-poverty>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports>

*UNCRC Article 26 – My family should get the money they need to help bring me up
UNCRC Article 27 – I have the right to have a proper house, food and clothing*

Births, Maternal Health

Why is this important?

Potentially modifiable factors affecting a mother's health before and during pregnancy can have a major impact on the mother and baby's wellbeing and some complications associated with pregnancy and childbirth. Some factors can influence the child's health in the longer term.

Background/data

In Fife the birth rate is declining, in a similar pattern to Scotland, with 3157 births in 2021. Age at first birth is increasing, which has positive aspects, however fertility reduces with age and after age 35, the rate of pregnancy complications, and chance of some genetic conditions in the baby increase.

In Fife around 5% of singleton births have low birth weight, similar to the rate in Scotland. Low birth weight is caused by intrauterine growth restriction, prematurity or both. As well as immediate health care needs, it contributes to a range of longer term health outcomes. There are evidence based actions which can reduce the chance of low birth weight, these include: reducing smoking and reducing exposure to environmental tobacco smoke, alcohol, and illicit drug use. Low body mass index, and anaemia are also risk factors so a healthy diet before and during pregnancy is important. Other factors include younger and older ages during pregnancy, time between births, infections including those which are sexually transmitted and exposure to domestic violence.

In Fife in 2021 there were 11 stillbirths, and the rate is similar to Scotland. Stillbirths may have an identified cause but many are unexplained. There are also risk factors for stillbirth include smoking, obesity, poor nutrition, drug and alcohol use. One area of concern is that the percentage of women classified as overweight or obese at maternity booking in Scotland has been gradually rising. In Fife the rate is 60.4%, above the Scottish average.

Fife has one of the highest rates of current smokers at maternity booking in Scotland. In 2021/22 this was 16.7% women self-reporting as current smokers, compared to 11.8% for Scotland. Women who live in areas most affected by deprivation have the highest proportion of current smokers. Smoking is also associated with a wide range of harms including: increased risk of miscarriage, some congenital defects and learning difficulties, including attention deficit hyperactivity disorder. It may also cause genetic damage to be passed to the next generation.. Smoking in the home is a significant risk factor for sudden infant death, as well as respiratory problems in children.

There are well understood risks during pregnancy from alcohol. Drinking alcohol during pregnancy increases the chance of fetal alcohol spectrum disorder (FASD) which is the commonest cause of non-genetic learning disability in the Western world. Importantly, damage may occur before a woman is aware of the pregnancy. It can be difficult to diagnose and symptoms include: difficulty processing information, memory and attention deficits, cognitive and behavioural problems. Early identification and support can improve outcomes.

Maternal deaths are fortunately now rare, however the Confidential Enquiries into Maternal Deaths 2022 showed stark inequalities with women from some ethnic backgrounds and women experiencing greater levels of deprivation more likely to be affected.

Modifiable factors/Local actions

Some actions that improve the health of the whole population such as increasing smoke-free environments will also directly benefit mothers and children. However, delivery of high quality reproductive health care throughout a woman's life is also important for positive health outcomes for mothers and babies. While much is delivered in primary care, the ACORN project in Sexual Health Fife is an example of good practice which is designed to enhance access for women facing particular challenges who may not otherwise access services.

Maternity services in Fife provide person-centred care, with specific projects for some women, including the VIP project for those with alcohol and substance misuse problems, Family Nurse Partnership for younger first-time mothers, Family Health Midwives for those with complex challenges, and support for women with obesity in pregnancy. Translation services in maternity care are particularly important due to higher risks associated with some ethnicities. Areas for development include:

- Preconception health advice for all women, but especially for women with pre-existing conditions such as heart disease;
- Increasing access to reproductive health options such as long acting reversible contraception to women, including following birth
- Reducing rates of smoking and obesity in the population, and exploring ways of increasing smoking quit rates in pregnancy including incentives;
- Supporting population health measures to reduce exposure to alcohol, including in pregnancy
- A stronger focus on preconception and child health in general health policy

Summary- Improving preconception and maternal health will help reduce inequalities and improve outcomes for mothers and babies in Fife.

Find out more-

[Maternal and fetal risk factors for stillbirth: population based study | The BMJ](#)
[Fetal alcohol spectrum disorders : a guide for healthcare professionals \(exlibrisgroup.com\)](#)
[Low birth weight \(who.int\)](#)
[Reducing low birth weight: prioritizing action to address modifiable risk factors | Journal of Public Health | Oxford Academic \(oup.com\)](#)
[Tobacco use in pregnancy | ASH Scotland](#)
[Smoking, Pregnancy and Fertility - ASH](#)
[Financial incentives for smoking cessation in pregnancy: randomised controlled trial | The BMJ](#)
[MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)
[Women's health plan - gov.scot \(www.gov.scot\)](#)

Infant Feeding

Why is this important?

Breastfeeding provides the best start to life as breastmilk contains hundreds of components that cannot be artificially replicated including viral fragments, antibodies and immunoglobulins, hormones, stem cells, complex sugars and essential fats (1). In addition to nutrition and immunity, the closeness of breastfeeding helps develop the infant microbiome and builds a strong bond between the mother and infant. This relationship can aid brain development and potentially influence life-long learning, development and social interactions.

Background/ data

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7 % in 2012 to 41.9 % in 2022 (2). There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get the help they need to succeed.

Additionally, all maternity, neonatal and health visiting services across Scotland are accredited as “Baby Friendly” – a global initiative jointly developed between WHO and UNICEF to provide standards of care to improve breastfeeding support (3).

Modifiable factors/Local actions

NHS Fife community successfully became “Baby Friendly” in 2014 and successfully reaccredited in January 2023 with outstanding results. The next steps to embed standards in practice include ensuring strong leadership, fostering a culture for staff learning and feedback, ensure a robust monitoring system to ensure standards remain consistently met to a high standard and developing innovations to improve services (4). This includes access breastfeeding support and advice from midwives, health visitors (or family nurses), breastfeeding support team or one of the infant feeding advisors (5).

Families can also get help with costs through Best Start grants and Best Start foods to help make sure infants and young children have access to food.(6)

Summary- Actions to promote and support breastfeeding where possible remains an important health outcome, while sensitively supporting all families regardless of feeding methods.

Find out more-

[Infant feeding statistics - Financial year 2021 to 2022 - Infant feeding statistics - Publications - Public Health Scotland](#)

[Learn more about the UNICEF UK Baby Friendly Initiative](#)

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

[Breastfeeding support | NHS Fife](#)

[Best Start Grant and Best Start Foods - mygov.scot](#)

Health Visiting Pathway, Family Nurse Partnership (FNP)

Why is this important?

Universal services in pregnancy and from birth into the early years are essential to ensure early intervention and prevention and identify those requiring additional or intensive support. Midwives, health visitors and family nurses are the core staff groups involved in pregnancy and following birth health visitors and family nurses are the key staff.

Background/ data

The Universal Health Visiting Pathway provides a core programme of 11 home visits to all new families, covering the first year to preschool, building relationships, providing support and including the Named Person function.

Development checks are captured in the Child Health Surveillance Programme national information system. In 2021/22 in Fife there was a fall in the proportion of eligible children reviewed at both 13-15 month review and 27-30 month review, to 83% and 90%. The percentage with developmental concerns at both reviews increased, to 18% and 19% respectively. This increase was noted across Scotland and further work is underway to investigate further.

The FNP programme is now available to all first time mothers aged 20 and under. This is a recent expansion from 19 and under and provides regular intensive home visits and support in pregnancy until the age of two according to an evidence based framework. This has been shown to improve a range of maternal and child outcomes.

Modifiable factors/Local actions

Full implementation of the Health Visiting pathway has been challenging due to staffing pressures in the last four years. A workforce strategy is in place covering recruitment, training and supervision which will bring long term stability to teams and support full delivery of the pathway.

Further consideration will be needed to meet the stretch aim to have the FNP programme offered to those aged 21 and under, and 25 and under for care experienced young people.

Summary – Universal and additional support is essential to support families in the early years adapt to the changes and potential challenges in the early years

Find out more-

[Early child development statistics - Scotland 2020 to 2021 - Early child development - Publications - Public Health Scotland](#)
<https://www.gov.scot/policies/maternal-and-child-health/family-nurse-partnership/>
[Perinatal and early years - Mental health - gov.scot \(www.gov.scot\)](#)
[Perinatal mental health - ScotPHO](#)
<https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-2-role-named-person/>

Play, Physical Activity

Why is this important?

Movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Play is well documented for its benefits at all life stages from infancy to older adults. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health.

Background/ data

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day. In 2021 the Scottish Health Survey reported that 71% of children (aged 2-15 years) had achieved this recommendation which included activity at school. This is an increase from 69% in 2019. However more boys than girls meet the recommendation.

Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skill mastery. This then can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age will help to increase activity levels, create good habits and improve life chances into adulthood.

Modifiable factors/Local actions

The ability to swim and ride a bike by the time a child leaves primary school are two 'life skills' measures Fife Council is working hard to impact, through provision of activity and interventions to tackle the barriers to participation.

Fife Sport and Physical Activity Strategy is a Fife wide commitment to improving opportunities for people of all ages, abilities, and localities in Fife to participate in sports and physical activities. Working in partnership with stakeholders Fife Council Active Communities is committed to increase the variety and availability of activities from walking in the community, community classes for children, young people and adults, and supporting clubs and groups who are working to intentionally change people's lives through sport, including those with disabilities.

Additional funding will increase the ability to create and improve access to activity across Fife. Reducing barriers to activity' costs, facilities and perceptions continues to challenge all initiative and projects. Understanding the needs of our communities, individuals and families assists with planning programmes, taking into account any impact from covid in changing how people play, participate and exercise.

Summary- Play and physical activity is essential for healthy development in children and contributes to lifelong physical and mental health and wellbeing

Find out more-

[Active Fife - leisure hub](#)

[Physical activity overview - Physical activity - Health topics - Public Health Scotland](#)

Housing

Why is this important?

Housing has a vital role to play in promoting child development by providing a safe and secure place for children to grow, play and learn in a homely and nurturing environment.

Background/data

In 2021 the Scottish Government set out its vision for the Housing Sector in its 'Housing to 2040' Strategy (1). This was in the context of an emphasis on preventing homelessness. Homelessness Prevention Duties on all public bodies are widely expected to form part of a forthcoming Housing Bill (2). Pressure on housing services continues to be affected by the impact of the COVID-19 pandemic. In Fife the number of homeless applications and households in temporary accommodation remains higher than pre-pandemic (3).

Scottish Government data 2020-2021 (3) shows within Scotland Fife has amongst the highest number of homeless households. Homeless households with children spend on average longer in temporary accommodation than those without. The Draft Fife Local Housing Strategy 2022-2027 (4) states that 22% of homeless households in Fife are single parents and 24% of homeless assessments include dependent children.

Modifiable factors/Local actions

Housing and homelessness issues are entwined with other aspects of inequality such as employment and poverty. The Fife's Local Housing Strategy (4) includes actions to address the housing needs of populations where children and young people may be most at risk. This includes those experiencing domestic abuse or with no recourse to public funds, care experienced young people, children in temporary accommodation, and closer working with child health and maternity services.

In Fife the Rapid Rehousing Transition Programme (RRTP) Board will work with the Centre for Homeless Impact to develop a local framework in line with the SHARE tool that aims to achieve the following: 'Scotland will be a society in which homelessness is prevented whenever possible or otherwise will be rare, brief and non-recurring' (5). The RRTP will also establish a multiagency Homelessness Prevention Task Force.

Summary- Housing provision and the prevention of homelessness need to take account of children's rights based approaches in line with the UNCRC.

Find out more-

<https://www.gov.scot/publications/housing-2040-2/documents/>
<https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation-analysis-consultation-responses-final-report/>
<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/06/homelessness-scotland-2020-2021/documents/homelessness-scotland-2020-21/homelessness-scotland-2020-21/govscot%3Adocument/homelessness-scotland-2020-21.pdf>
<https://www.fife.gov.uk/kb/docs/articles/housing/local-housing-strategy>
<https://www.homelessnessimpact.org/share-tool>
<https://www.scotpho.org.uk/wider-determinants/homelessness/key-points/>
https://scotland.shelter.org.uk/housing_policy/homelessness_in_scotland

Greenspace and Wellbeing Economy

Why is this important?

Greenspace Scotland (1) outlines research demonstrating how greenspace can give children the best start in life and act as an outdoor classroom. Greenspace provides places for children to play and promotes their social, emotional, intellectual and physical development. Wellbeing and sustainability can be seen as a children's rights issue due to the impact on future generations. (2)

Background/ data –

The Place and Well-being Collaborative have recently developed a set of Place and Well-being outcomes for Scotland (3). This work reflects the well acknowledged important effect the kind of the place in which we live, work and play has on our health and well-being. Issues of place are entwined with sustainability and the nature of economic development. Scotland is part of the OECD Wellbeing Economy Governments Group exploring wellbeing and economics, and meeting UN Sustainable development goals. (3)

Modifiable factors/Local actions

Targets and indicators for place and well-being are being developed at national level and will inform further development of actions covered in Fife strategies on Transport, the Climate Emergency, Sustainability and Greenspace. (4,5)

Fife has been part of a Scottish Government pilot programme supporting local areas to build capacity for community wealth building, now embedded as part of the Plan for Fife Recovery and Renewal review. Other collaborative projects in Fife are in progress which will contribute to the joint priorities of community wealth building and developing a green and sustainable environment. These include: establishing a Green Health Partnership, the River Leven Programme and the work of partner organisations to develop their role as Anchor institutions.

Summary- The priorities of place-making, community wealth building, and sustainability are shared by partners across Fife and is evident already in work to address these areas. The rights, voices and best interests of children and families should be taken into account in these initiatives.

Find out more-

1. <https://www.greenspacescotland.org.uk/Pages/Category/greenspace-delivers>
2. <https://childreninscotland.org.uk/economy-must-be-redesigned-to-focus-on-wellbeing-and-environmental-sustainability/>
3. <https://www.gov.scot/groups/wellbeing-economy-governments-wego/>
4. <https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes>
5. <https://www.fife.gov.uk/kb/docs/articles/roads,-travel-and-parking/local-transport-strategy>
6. <https://www.nhsfife.org/about-us/sustainability/sustainability-and-environmental-reporting/>

Climate

Why is this important?

The climate crisis is particularly relevant for children and young people, as they will be exposed to it for longer, and so will benefit most from harm reduction. This includes improving air quality and averting ecological changes such as extreme weather events.

Background/ data

NHS Scotland published its Climate Emergency and Sustainability Strategy¹ last year, which sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals. This acknowledges how we need to change the ways we work to avert and deal with the consequences of climate change, and the need for a change in our culture to support this.

It is important that changes in response do not exacerbate inequality and follow the principles of a 'just transition'², taking account of the effect on different groups and generations. The impact of climate change can be hardest on those who are already worse off. This affects children and young people in particular because altering where they live or their health can affect their opportunities for the rest of their life. They are also most affected by anxiety about ecological issues and so addressing the climate crisis may help improve mental wellbeing.

Modifiable factors/Local actions

Organisations and communities in Fife can work to address climate change through:

- listening to and involving children and young people in solutions, to promote a sense of positive agency locally for sustainability while accepting some levers lie at global level
- changing the ways that large organisations work through Anchor Institution principles
- helping all staff and communities to understand and respond to sustainability
- sharing resources, for example looking into how green space in NHS sites can be used by other groups and organisations
- working with local partners such as the Green Health Partnership and Fife Conference of the Partners.

Find out more-

[NHS Scotland climate emergency and sustainability strategy: 2022-2026 - gov.scot \(www.gov.scot\)](#)
[Mission and Goals | International Institute for Sustainable Development \(iisd.org\)](#)
[The NHS as an anchor institution \(health.org.uk\)](#)
[https://doi.org/10.1016/S2542-5196\(21\)00278-3](https://doi.org/10.1016/S2542-5196(21)00278-3)
<https://www.penumbra.org.uk/climateanxietyandyoungpeople/>

The Promise & Adversity

The Promise and Care Experienced Children and Young People

Why is this important?

In 2020 Scotland made a promise to care experienced children and young people: You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept**.

Background/data

The Independent Care Review (ICR) (2020) listened to 5,500 care experienced infants, children, young people and families who shared their experiences. The ICR identified that many did not feel loved, safe or respected. The conclusions and recommendations from the ICR shaped The Promise Action Plan (2021-2024). Longer term outcomes for those who are care experienced have been shown to be adverse compared to other groups, including health and educational outcomes. Those who have been in looked after can also experience stigma as a result.

Becoming looked after involves a formal supervision order following a Children's Panel Hearing and reasons include lack of parental supervision or exposure to harm. Children can be looked after at home, in kinship care, fostering, or in residential accommodation. Fife currently has 165 children looked after at home from period 9th March 2023 until 5 April 2023. Fife currently has 578 children looked after away from home from period 9th March 2023 until 5 April 2023, a decrease from 633 in the same period last year.

Modifiable factors/Local actions

The Promise is an identified priority area within Fife Children's Services Plan (2021-23) and there is a commitment from Fife's Children's Services Partnership to collectively deliver the Promise to improve the experiences and outcomes of: those who experience care, those who may be described as on the 'edge of care', and those who have a requirement for additional services to support them to live safely at home.

Currently, there is a mapping activity being undertaken across all sectors in Fife for partner agencies to identify how they are meeting the priorities highlighted within the Promise which will inform gaps that need addressed, including support into young adulthood. A recently established working group within Fife Children's Services will explore means to increase awareness of the Promise and build capability across the workforce in social work, health, education and other agencies to embed the Promise into everyday practice.

Summary- The Promise is hugely important, in aspiring for more child-centred and systemic support for children, young people and families when they encounter services, leading to better experiences and long term outcomes.

Find out more-

<https://thepromise.scot/what-is-the-promise/independent-care-review>
[Fife-CS-Plan-2021-23-v2.pdf](#)
[Fife-CS-Plan-2021-23-v2.pdf](#)
<https://doi.org/10.23889/ijpds.v7i3.2020>

Domestic Abuse

Why is this important?

The Domestic Abuse Scotland Act (2018) outlines that domestic abuse has a significant impact on babies, children and young people. This may be through direct experience, witnessing abuse to a parent or family member, or being present in a family environment where domestic abuse is taking place.

Background/ data

During 2021-22, 782 children in Fife were discussed at MARAC - an indicator of the number of children living within high-risk domestic abuse settings. 461 children were supported by Fife Women's Aid. 57 children and 41 mothers were supported by CEDAR Plus, a programme which helps recovery.

Fife has a slightly higher rate of reported domestic abuse incidents than Scotland as a whole, with the gap increasing in the last few years. Data may be an underestimate due to the impact of Covid restrictions during this reporting period and the hidden nature of domestic abuse.

Modifiable factors/Local actions

Actions and supports are outlined in the Fife Violence Against Women Action Plan (2020-22):

- Free telephone support line for children; Children and Young People Counselling; Join the Dots programme providing one-to one support, family support and Primary and Teen groupwork support. (Fife Women's Aid)
- CEDAR Groupwork (Children Experiencing Domestic Abuse Recovery) for 4 to 16-year-olds and their mothers; EYDAR Groupwork (Early Years Domestic Abuse Recovery) for mothers with children 0-4 years (Family Support Service, Fife Council)
- Safe & Together training is mandatory for Children & Families staff, focussing on keeping children safe with the non-offending parent within a domestic abuse situation.

Summary- Domestic abuse can cause a variety of social, emotional and educational disadvantages, including attachment issues, therefore preventive work and adequate support services are necessary to support children and young peoples' development into adulthood.

Find out more-

[CEDAR Plus \(domestic abuse\) | Fife Council](#)
[Services for Children & Young People - Fife Women's Aid \(fifewomensaid.org.uk\)](#)
[Fife Violence Against Women Partnership | Fife Council](#)
[Scotland's Programme for Government Commits to Safe & Together Model - Safe & Together Institute \(safeandtogetherinstitute.com\)](#)

Neglect, Child Protection

Why is this important?

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses and has major long term health consequences. Other forms of maltreatment include physical, emotional and sexual abuse.

Background/ data

Neglect can occur both pre- and post-natally. It may involve failing to: provide adequate food, clothing, or shelter; protect the child from physical/emotional harm or danger; respond to essential emotional needs; seek consistent access to appropriate medical care; and ensure the child receives an education. This can co-exist with other difficulties such as domestic abuse, parental substance use, parental mental health problems.

42% of children in Scotland who were on a Child Protection Plan or on the Child Protection Register had an indication that neglect was a concern (Scottish Government 2021) Neglect was identified as a common concern in most Initial Case Reviews in Scotland (Care Inspectorate, 2021). In July 2022 the rate of Child Protection Registrations in Fife was 2.1/1000, similar to that for Scotland, relating to 136 children, a reduction since 2021. There is increasing evidence of a causal link between child abuse and neglect, with later poor health and premature death.

Modifiable factors/Local actions

Fife has strong multi-agency working led by the Child Protection Committee with a focus on continuous improvement and keeping children safe. A supportive and early intervention approach to families in distress is important. NHS Fife is also implementing the Graded Care Profile 2 (GCP2), a tool that improves assessing the quality of care being given and in identifying when a child is at risk of harm/neglect for core staff teams.

While many factors play a part, poverty has an association with levels of child abuse and neglect in contributing to family stress, therefore anti-poverty measures may reduce levels of neglect.

Summary- Measures to support families to prevent neglect and abuse, early identification, support and intervention, will have lifelong consequences for health outcomes and future costs to society in terms of crisis or late intervention and care.

Find out more-

[Getting it right for every child \(GIRFEC\) - Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014 - gov.scot \(www.gov.scot\)](#)
[Child Protection | Care Inspectorate Hub](#)
[Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](#)
https://www.fife.gov.uk/_data/assets/pdf_file/0021/401565/CPC-Annual-Report-2020-21-FINAL-Academic-year.pdf
<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>
[The serious health consequences of abuse and neglect in early life | The BMJ](#)

UNCRC Article 39 – I have the right to get help if I have been hurt, neglected or badly treated

Young Carers

Why is this important?

The Carers (Scotland) Act 2016 gives rights to carers including young carers, who can face hidden social, emotional and educational disadvantages as a result of caring for a family member with a long-term health issue or disability.

Background/ data

In 2021 in Scotland 2% of children aged 4-15 years old reported providing any regular help or care for any sick, disabled, or frail person, this was a decrease from the 4% reported in 2019 when the full Scottish Health Survey was carried out. For young people aged 16-24 years old, 9% reported carrying out regular help, an increase from 7% in 2019, and in Fife would relate to around 3,500 young people. The number of carers reported in formal surveys may still be an underestimate, and in a Fife Education survey in 2018 over six thousand children and young people in school identified themselves as a young carer.

Young carers are more likely to be female and more likely to live in areas of deprivation, and are twice as likely to report a mental health problem including stress, anxiety and depression. A higher level of physical health issues has also been described. Their caring role may limit social activities and contribute to social isolation; however, there can also be benefits in the caring role.

Modifiable factors/Local actions

The 'Getting it Right for Young Carers in Fife' strategy (currently being updated) reflects the partnership work of all Children's Services, working together to support young carers in Fife. There is a variety of support available for Young Carers in Fife involving a range of services. Fife Young Carers enable young carers to meet regularly in supportive social groups across Fife. They also provide direct support to schools to help raise awareness of the issues Young Carers face, and to support the Young Carers Champions identified in each school.

From consultation with young carers the following areas have been identified as important:

- Further awareness raising in schools and support to access help
- Support to access activities and opportunities in the communities
- Support with transitions into adulthood
- Support with mental health, especially during school holidays

Summary- Providing support for young carers is important to realise their potential and reduce health inequalities

Find out more-

[Young-Carers-Guide-2018_V4.pdf \(fifehealthandsocialcare.org\)](#)

<https://www.fifyoungcarers.co.uk>

[Young carers: review of research and data - gov.scot \(www.gov.scot\)](#)

[National Strategic Education Project | Carers Trust Scotland](#)

Refugee and Asylum Seeking Children and Young People

Why is this important?

It is a human right to be able to seek asylum in another country. Children and young people usually come as part of a family unit, but unaccompanied young people are a particularly vulnerable group.

Background/ data

Fife's Resettlement Core Group oversees approaches to support urgent resettlement and displacement programmes. Close partnership working has been crucial and health responses vital in meeting urgent needs and pathways to early integration. The response has evolved significantly in the last three years, and countries of origin include Syria, Afghanistan and Ukraine, under a variety of different programmes. This is a dynamic community and young people have been supported in the Afghan bridging hotel, the Homes for Ukraine sponsorship scheme, the Super Sponsorship scheme and Welcome Accommodation (hotels) providing interim sanctuary.

There can be significant social, physical and mental health needs, and there may be barriers in terms of language, culture, finance, and stigma which can impact on access to health and other services. Many families may have experienced psychological trauma as part of their journey.

Key health aspects for children include age appropriate health care, which includes prevention, such as ensuring immunisations are up to date, and access to relevant health services such as primary care and maternity care. Integration into education and the wider community can positively support ongoing child development.

Modifiable factors/Local actions

There are challenges in some services to meet the needs of this group for example, with finding suitable longer term housing options for some families, as young people and families in temporary accommodation may not be able to benefit from normal family life and opportunities a settled home provides, and uncertainty for the future can affect wider wellbeing.

Summary – Support for children, families and young people who are refugees or asylum seekers to access healthcare and other services is essential to meet their needs.

Find out more-

[Refugees and asylum seekers - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH](#)

Living Well

Food and Diet

Why is this important?

A healthy diet brings a wide range of benefits for physical and mental health. Poor diet and nutrition is a major 'downstream' cause of ill-health, chronic disease, and premature death in Scotland. A healthier diet with a higher proportion of fruit and vegetables can substantially reduce the risk of many chronic diseases including the two leading causes of death in Scotland - coronary heart disease and cancer.

Background/ data

In Fife, in Primary 1 measurement, 77.3% of children have a healthy weight. Children in Scotland report eating on average 3 portions of fruit and vegetables per day, compared to the recommended 5 or more portions. Children tend to consume foods and drinks that are high in fat and/or sugar more often than adults, and those in more deprived areas are more likely to eat no portions of fruit and vegetables than other areas. There is a difference in prevalence of obesity in the most deprived areas of Fife compared to least deprived. In Scotland 7% of families with children are food insecure, and foodbank use is significant with over 5,506 parcels given out to children specifically in 2021/22 in Fife.

Modifiable factors/Local actions

Multiple factors influence our diet including knowledge, skills, affordability, accessibility, marketing and energy density of food. To improve the diet of Fifers we need to build capacity and resilience within individuals, families and the communities in which they live, and tackle food insecurity. This includes:

- The Child Healthy Weight Programme in Fife, Fife Loves Life, supports positive family friendly lifestyle changes, including eating well and physical activity.
- Early years funding has been secured for training the trainer HENRY Core Training, in partnership with NHS Lothian and Fife Council Early Years Education. The HENRY approach is designed to build the skills of practitioners to provide effective support for families and children in achieving a long-term healthy lifestyle.
- Fife Food Champions are a network of trained individuals who have a remit for food in their job/volunteer profile. They are trained to enable them to deliver key messages around eating well and cooking workshops in communities.
- The Food4Fife Partnership is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help address health, environmental and economic challenges by creating a sustainable food culture for a healthy Fife via a strategy and action plan.

Summary- Children, young people and families need to be supported in the early years and beyond to establish lifelong healthy eating habits, and in the longer term reduce health inequalities in avoidable diseases and complications.

Find out more-

[Fife's Food Strategy Consultation - Food from Fife](#)
[Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland](#)
[Healthy weight - Diet and healthy weight - Health topics - Public Health Scotland](#)
[https://www.henry.org.uk/sites/default/files/2017-12/3.Preventing child obesity-a long-term evaluation of the HENRY approach \(2013\).pdf](https://www.henry.org.uk/sites/default/files/2017-12/3.Preventing%20child%20obesity-a%20long-term%20evaluation%20of%20the%20HENRY%20approach%20(2013).pdf)

UNCRC Article 24 – I have the right to good quality health care, to clean water and good food

Smoking and Children and Young People

Why is this important?

Health Inequalities are apparent from an early age, and are exacerbated by avoidable harms such as smoking. Smoking is more prevalent in the most deprived areas in Fife. The younger the age of uptake of smoking, the greater the harm is likely to be; early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

Background / Data

Cigarette smoking during childhood and adolescence causes significant health problems among young people including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung function. Longer term smoking leads to many health risks including lung disease, oral and lung cancer and circulatory problems.

Smoking prevalence increases significantly between the ages of 13 and 15 years and continues to rise steadily into early adulthood. In Fife, these rates are higher than the national average: 2% of 13 year olds and 8% of 15 year olds smoke in Fife, and 17% of 13 year olds and 41% of 15 year olds believe that it is 'ok' to experiment with tobacco, a key risk factor for future tobacco dependence. Babies, children and pregnant mothers are particularly vulnerable to the effects of second hand smoke within enclosed spaces such as the home environment, and in Scotland the rate of child exposure to smoking in the home has fallen significantly over the last 10 years.

E-cigarette use or vaping was also higher in Fife than Scotland, with 41% of 15 years olds reporting trying this. While less harmful than smoking, adverse effects may include addiction and exposure to chemicals in the e-liquids.

Modifiable factors/Local actions

Local actions look to promote a culture where young people are not tempted to experiment with smoking, encourage each other to avoid smoking and have an active voice in health policy and practice by:

- raising awareness of the impact of smoking on children and young people, peer influences and tobacco industry tactics through school based and further education programmes
- developing smoke free environments for children and young people through our Smoke Free Homes programme and promote smoke free school gates and play parks.
- working with partners to identify ways in which they can contribute to the tobacco prevention and early intervention agenda with the aim of supporting Fife to achieve the aspirational goal of a Smokefree generation by 2034.

Summary- Tobacco control measures are a key part of reducing health inequalities and cancer prevention. The aim is to cultivate an environment where all children and young people view non-smoking as the social norm.

Find out more-

[Tobacco prevention and protection | NHS Fife](#)

[Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 \(www.gov.scot\)](#)

[Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) - gov.scot \(www.gov.scot\)](#)

UNCRC Article 24 – I have the right to good quality health care, to clean water and good food

Mental Health and Wellbeing

Why is this important?

Overall, the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in over half (62.5%), with a peak/median age at onset of 14.5/18 years across all mental disorders. While many childhood problems will resolve, prevention and early intervention in children and young people in the community is therefore of major importance for the entire life course.

The Scottish Government's Community Mental Health & Wellbeing Supports & Services Framework (CMHWSSF) states that every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing. Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This support will be available in the form of easily accessible support close to their home, education or community

Background/ data

Children's emotional and mental health and wellbeing is just as important as physical health. Risk factors for mental disorders are not fully understood, however genetic factors play a part, and childhood adversity or abuse is recognised as associated with increased likelihood of some conditions in later life. Family, peer and school relationships are crucial in emotional wellbeing, and disability, physical health conditions and the experience of discrimination are associated with an increased likelihood of mental health disorders. Some evidence suggests that prenatal and maternal health can also be relevant.

The prevalence of poor mental health and emotional wellbeing across Scotland's children and young people has incrementally increased over the past five years, with services supporting children and young people experiencing year on year increases in presentation and complexity.

Between April and June 2021, 7522 Fife young people took part in the SHINE mental health survey, key themes from the data indicates that in Fife young people are struggling with self-confidence, loneliness, poor body image and maintaining positive peer relationships. Levels of wellbeing in girls in secondary school age are of particular concern, and this has been noted nationally for some time.

Specialist referral data indicates that many young people who are referred to CAMHS do not meet the criteria for their service, and therefore alternative support in the community may be more appropriate.

CAMHS

In addition to the objectives set out in the CMHWSS Framework, the Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification articulates the role and function of CAMHS services across the country and how it should link with wider service providers in order to achieve these objectives.

Key aims within this are the Scottish Government's CAMHS 18 week Referral to Treatment Target (RTT), reduction in waiting times, the recruitment, retention and development of a skilled workforce, and the provision of high quality, evidence-based care that is informed by the views, experiences and rights of children, young people and parents/carers.

Within Fife approximately 3000 children per year are referred to Fife CAMHS with a spectrum of mental health issues ranging from short term emotional difficulties through to severe mental illness that requires intensive intervention and occasionally inpatient care.

Modifiable factors/Local actions

The Community MHWB Framework was implemented across Fife in 2021 with the aim of enhancing and extending community supports and services that target mental wellbeing and emotional distress. It supports an approach based on prevention and early intervention, enhancing provisions of additional (targeted) supports for young people aged 5-24 (up to 26 if care experienced), and their families to support their mental health and wellbeing, reducing the need for intensive interventions from specialist services.

Fife CAMHS carried out a gap analysis of the current provision mapped against the National Specification and from this has been working to an agreed improvement plan. Improvements have focussed upon:

- Increasing the provision of early intervention and promoting meaningful signposting to the range of mental health supports available across the community.
- Reducing waiting times and ensuring timely access: Waiting list has reduced from 482 in Dec 2021 to 203 in Dec 2022 with only 15 children waiting more than 18 weeks compared to 165 in Dec 2021.
- Enhancing services that provide intensive and unscheduled care: CAMHS Intensive Treatment Service (ITS) and Urgent Response Teams (CURT) have both increased in staffing capacity between 50-80%.
- Developing and enhancing services that support the most vulnerable children in our communities: Development of a CAMHS Kinship Team, expanding CAMHS Looked after Children's services and introducing a Transitions specialist to support young people as they move between support providers.

Summary- Supporting positive relationships in families and the community is essential for emotional wellbeing. Every child and young person in Fife should be able to access help with their mental health and emotional wellbeing, when they need it and from people with the right knowledge and skills to support them.

Find out more-

[Mental health - CAMHS services in NHS Fife | NHS Fife](#)
[Young People Looking for Support - Worried About Someone's Mental Health? | Fife Council](#)
https://www.fife.gov.uk/_data/assets/pdf_file/0026/193382/Our-Minds-Matter-Framework.pdf
<https://doi.org/10.1038/s41380-021-01161-7>
<https://doi.org/10.1002/wps.20894>
<https://www.gov.scot/publications/factors-affecting-childrens-mental-health-wellbeing-findings-realigning-childrens-services-wellbeing-surveys-2015-2017/pages/6/>
<https://wakelet.com/wake/uandrJazimikLPbzVlpGeX>
<https://wakelet.com/wake/hsMfBQBdo5-VsAWzJ0OjK>

Impact of Alcohol and Drugs

Why is this important?

In young people alcohol and drug use can cause serious harms such as poisoning and overdose, poor mental health and wellbeing, as well as contribute to accidents and behaviours. Substance misuse within the family can also seriously affect children and young people's wellbeing and health, and contribute to trauma which can have life long implications.

Background/ data

Evidence shows that use of substances like alcohol and drugs in our youth can influence our life long habits, with early substance use associated with longer term misuse, which cuts short lives.

Total alcohol consumption amongst young people has been declining but hazardous and harmful drinking is highest in the 16-24 age group. Children and young people's drinking behaviours are influenced by the availability and marketing of alcohol in their communities and social networks, and unhealthy social norms around alcohol in society.

Drug use is generally more common among younger people than older age groups, decreasing with age. Estimates of problem drug use involving opioids and benzodiazepines from 2015/16 indicate that problem drug use is less common in young people compared to people 25 and over, but we know that problematic drug use is associated with early drug use initiation.

In Fife we have a high alcohol related admission rate for 11-25 year olds with 252 admissions in the previous 2 years, an indicator of serious harm from alcohol affecting some of our young people.

In Fife admissions due to drug use in young people have been increasing, and are higher than Scotland overall, with 144 admissions in the last 2 years. An increasing number of people aged 18-25 are sadly dying of a drug related death in Fife.

Family drug and alcohol misuse can significantly affect children and young people before birth. Just over 1 in 30 people in Scotland are estimated to be affected by fetal alcohol spectrum disorder caused by alcohol exposure in pregnancy.

Growing up with a parent with substance misuse problems can contribute to distressing childhood trauma. For example 97 children in Fife were subject of child protection case conferences due to parental drug or alcohol misuse in 2020 and many more young lives have been affected by a drug-related death of a parent.

Modifiable factors/Local actions

Factors which increase the risk of harms from drug and alcohol misuse for young people are complex and interrelated. Socioeconomic factors are thought to influence higher risk of alcohol and drug related harms in the longer term, through more exposure to risk factors for drug misuse and less to protective factors like education, secure housing, employment and recovery support. This contributes to inequalities in harms associated with drugs and alcohol. Experience of adversity in childhood and family and peer relationships (including parental substance misuse) are thought to be important. At an individual level early age at initiation, poor mental health and motivation for substance misuse are associated with higher rates of harm.

Positive interventions:

- **A range of interventions to support children and young people are available in Fife** – including services for children affected by parental substance use service; Youth friendly drug/alcohol support and information service for **young** people under 25 and kinship care investment.
- **Our minds matter mental health framework** – providing early intervention and prevention to support mental health resilience and support including peer to peer mentoring and crisis support for early signs.
- **Joint commissioning for whole families approach to substance misuse** – this work aims to increasing coverage for Fife families of proactive support and care.

Areas for action:

- **Structural determinants of substance misuse** – local policies should seek to undo, prevent and mitigate against the circumstances which increase the risk of alcohol and drug misuse including poverty, education, employment and housing.
- **Whole system prevention and early intervention** – need for system wide prevention and early intervention including universal and targeted education, early years support for women- and families with complex needs and substance use; and removing stigma and shame associated with drug use.
- **Trauma informed support** - for complex drug and alcohol misuse in children and young people (including appropriate and stable housing with support/ residential support).

Summary- Alcohol and drug misuse causes much direct and indirect harm to children and young people and policies must take account of these effects on inequalities and the next generation.

Find out more-

[Publications | FifeADP](#)

[Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

[Prevalence of Problem Drug Use in Scotland \(isdscotland.org\)](#)

[Developments in Fetal Alcohol Spectrum Disorders – a UK perspective \(shaap.org.uk\)](#)

[ScotPHO profiles \(shinyapps.io\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

Sexual Health/Child Sexual Exploitation

Why is this important?

Action to promote healthy relationships, prevention of unintended pregnancies, sexually transmitted infections and transmission of blood borne viruses is important to address health inequalities. There is a disproportionate impact of these public health challenges for children and young people especially girls. Healthy relationships also lay the foundations for the parents and families of the future.

Background/ data

Whilst teenage pregnancy rates (births, stillbirths and abortions) among under 18s in Fife have been falling in line with national trends, Fife rates are higher than the Scottish average, and are significantly higher in the most deprived areas. Early sexual activity is often regretted, particularly by girls and pregnancies are more likely to end in termination. The rate of intimate partner violence is reported to be high in teenage relationships, and rates of diagnosed sexually transmitted infections are highest in people aged under 25.

Modifiable factors/Local actions

There is a renewed focus following the pandemic to work across agencies to promote positive relationships and sexual health and wellbeing, recognising the additional challenges faced by underserved groups, such as care experienced young people, those with mental health or addiction issues, and diversity including LGBT young people.

The national educational resource on Relationships, Sexual Health and Parenting was launched in 2019. Work is underway to increase capacity and confidence of practitioners to develop and deliver age appropriate learning session using the tools included in the resource pack. This links to aspects of staying safe, including online, to prevent and address child sexual exploitation.

Access to high quality information for young people, their parents and carers, as well as appropriate support and health services is important, based on understanding of the experiences and pressures faced by young people today.

Summary- Supporting good outcomes for young people in relationships and sexual health and wellbeing will need a renewed focus on tackling inequity affecting young people in underserved localities and groups

Find out more-

[Reset and Rebuild - sexual health and blood borne virus services: recovery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/documents/sexual_health_and_blood_borne_virus_services_recovery_plan.htm)

[Pregnancy and Parenthood in Young People Strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/documents/pregnancy_and_parenthood_in_young_people_strategy.htm)

[Pregnancy and parenthood in young people: second progress report - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/documents/pregnancy_and_parenthood_in_young_people_second_progress_report.htm)

[Relationships and sexual health - Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/documents/relationships_and_sexual_health_health_and_wellbeing_census_scotland_2021_2022.htm)

[The FSRH Hatfield Vision - Faculty of Sexual and Reproductive Healthcare](https://www.gov.scot/resources/consultations-petitions/html/documents/fsrh_hatfield_vision.htm)

Digital Environment

Why is this important?

Digital technology has transformed our society in the last twenty years, including work, leisure, culture, social interactions and networks. The long term effects on development of children and young people, both positive and negative, are not yet fully understood.

Background/data

There are many positive impacts from digital technology including, communication, learning and accessibility. Lack of access to devices or reliable internet, or literacy to interact with the digital world can result in exclusion from the benefits including education and service provision.

The more negative aspects, especially from overuse, can include isolation and displacement of more active, social activities which are known to be positive for health; not being able to switch off; sleep disturbance; bullying; exploitation; gambling; concerns around data security and privacy; exposure to violence in video games. There is particular evidence around concerning levels of children being exposed to pornography, often depicting violence against women and girls, which could influence actual sexual behaviour and practices.

The possibility of harm may be reduced by adults setting a good example, setting boundaries and keeping open communication with young people about screen use. Adults excessively distracted by phones could also reduce positive quality interactions with infants, children and young people.

Survey data from Ofcom indicates that in 2022 66% of children aged 3-17 in Scotland own a mobile phone, 96% use video streaming platforms, 65% use social media and 32% had seen something worrying or nasty online(4).

Modifiable factors/Local actions

Positive actions include:

- Listening to the views and experiences of young people, ensuring accessibility of digital information and use of technology to support those with additional needs, promoting intergenerational learning where young people can share skills with older adults.
- Supporting parents and carers with information about managing screen use and avoiding harms across relevant settings.
- Positive use of digital platforms for health such as the Fife Health and Social Care Partnership Shout text service, for mental health and wellbeing.
- Support regulation at national level to reduce children and young people being exposed to harmful material

Summary- The digital environment has many benefits but protection of children from harm and promoting wellbeing applies just as in the physical environment.

Find out more-

<https://www.childrenscommissioner.gov.uk/resource/pornography-and-harmful-sexual-behaviour/>
<https://www.childrenssociety.org.uk/information/professionals/resources/young-peoples-digital-lives-and-well-being>
[https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30029-7/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30029-7/fulltext)

Services and Support

Immunisation

Why is this important?

Delivery of effective immunisation programmes is an NHS Scotland priority. They aim both to protect the individual and to prevent the spread of disease within the wider population. Immunisation is a global health success story, saving millions of lives every year. Vaccines are critical to the prevention and control of many communicable diseases and therefore underpin global health security.

Background/ data

The World Health Organisation (WHO) target is for 95% coverage of the childhood vaccination programme. Uptake at 12 months of the 6-in-1 infant vaccine, 3 doses offered at age 8, 12 & 16 weeks, was 94.6% in Fife in 2022 and 95.7% in Scotland. Uptake has declined in Fife over the last 10 years and at 12 months there are differences in uptake of the 6-in-1 vaccine between those in the most deprived SIMD quintile: 91.3% compared with the least deprived 97.7%. By 5 years of age, uptake of first dose MMR, offered just after 1 year, is above 95% in Fife. However, second dose MMR, offered around 3 years 4 months is 88% compared to 90.5% for Scotland, below the WHO target. Inequalities are even wider in the teenage programme. For example, in Fife in the 2021/22 school year uptake at S3 of the teenage booster protecting against tetanus, diphtheria, and polio was 55.1% for the most deprived quintile and 81.8% for the least deprived.

Modifiable factors/Local actions

The Fife Immunisation Strategic Framework 2021-24 sets out a vision for “A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course”. It identifies four strategic priorities and key actions for each of these. This includes the development of a comprehensive equality impact assessment and inclusion action plan. Quality Improvement project work focussed on specific parts of the programme is in progress, e.g. pre-school MMR uptake. A strategic review of the delivery and outreach model for the children’s programme is also being undertaken.

Summary - Ensuring high and equitable vaccine uptake rates throughout childhood and teenage years is essential for protecting the population of Fife against Vaccine Preventable Disease.

Find out more-

<https://www.nhsfife.org/services/all-services/immunisation/>
<https://www.nhsinform.scot/healthy-living/immunisation>
<https://www.publichealthscotland.scot/our-areas-of-work/immunisations/>
<https://www.who.int/health-topics/vaccines-and-immunization>

Pregnancy & Newborn Screening Programmes

Why is this important?

As well as clinical tests during pregnancy, there are a number of national screening programmes covering tests offered to women and their babies to potentially identify health conditions early.

Background/ data

Pregnancy screening covers:

- Infectious diseases (Hepatitis B, syphilis and HIV);
- Haemoglobinopathies (sickle cell and thalassaemia);
- Down's syndrome, Edwards' syndrome and Patau's syndrome.

The Newborn Bloodspot test is carried out at about five days old which can identify babies who may have rare but serious conditions including Phenylketonuria; Congenital Hypothyroidism; Cystic Fibrosis; Sickle Cell Disorder and others. Newborn screening also covers Universal Newborn Hearing Screening which is carried out in hospital or at outpatients in the first month.

Modifiable factors/Local actions

Each screening test has an associated pathway with further tests and access to clinical services where relevant, and each part needs to communicate smoothly across the whole. Monitoring data is very complex for these programmes as a range of professionals are involved. Screening information is held on a number of different clinical systems. National and local work is aimed at improving this.

Summary- Pregnancy and newborn screening covers a diverse range of health conditions and gives the opportunity for early identification and intervention as appropriate.

Find out more-

<https://www.pnsd.scot.nhs.uk/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/pregnancy-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/newborn-blood-spot-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/universal-newborn-hearing-screening/>

Dental

Why is this important?

Good dental health in childhood is critical to a child's overall health and wellbeing, and to their school readiness. Children experiencing toothache may experience pain, infections, and sleepless nights and may find eating and socialising difficult. They risk missing school as a result of toothache or needing treatment. Poor dental health is linked through common risk factors including diet to a number of other health conditions, including obesity, diabetes and cardiovascular disease, and is almost entirely preventable.

Background/data

As of 30th September 2022, 86.6% of Fife's children were registered with an NHS dentist, compared with 87.5% in 2021 (1). The proportion of children seeing an NHS dentist for examination or treatment within the two preceding years was 66% as of 30th September 2022, compared with 66.8% in 2021 (1). There is a growing inequality gap in attendance between the most and least deprived children, from a gap of 15.2% in 2021 to 18.1% in 2022.

In Fife, the estimated rate of children with no obvious decay experience was 70.9% in 2022, down from 73.1% in 2020 (2). The estimated rate of children experiencing severe decay or abscess was 11.7%, up from 3.4% in 2020; this compares to an increase for Scotland from 6.65% to 9.7% in 2022. The increase can be partly attributed to the impact of 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). In 2022, 743 children in Fife received dental treatment under general anaesthetic, down from 920 in 2019.

Modifiable factor/local actions

Local priorities align with national policies aimed at increasing registration and participation, preventing disease and reducing inequalities.

Scotland's national oral health improvement programme for children, Childsmile, has largely remobilised following the pandemic. NHS Fife has continued to distribute toothbrushing packs to 163 nurseries and 135 schools in Fife. Application of fluoride varnish has partially resumed and should reach pre-pandemic activity levels around Easter 2023.

Summary- Given the preventable nature of most dental disease, we should emphasise prevention at every possible opportunity across health and social care to improve health and reduce persisting inequalities.

Find out more-

[Publications - Public Health Scotland](#)
[National Dental Inspection Programme \(NDIP\) 2022 \(scottishdental.org\)](#)
[Childsmile – Improving the oral health of children in Scotland \(nhs.scot\)](#)
[www.gov.scot](#)
[Oral health improvement plan: a short guide - gov.scot \(www.gov.scot\)](#)

Child Death Reviews

Why is this important?

In 2014 the Scottish Government published the findings of the *Child Death Review Working Group*. Scotland had a higher mortality rate for the under 18s than any other Western European country. It is estimated that around a quarter of the deaths recorded could be prevented.

Background/data

A national system has now been set up to review and learn from all child deaths, similar to that operating in England for some time. The Fife Children & Young People Deaths Review Commissioning Group was set up in October 2021. The commissioning group's core membership is multi-disciplinary and multi-agency. This collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement, both locally and nationally, from every child or young person's death in Scotland. Within scope are all deaths of children and young people up to their 18th Birthday and also those up to their 26th Birthday if they continue to receive aftercare or continuing care at the time of their death.

Substantive funding provided by NHS Fife led to the establishment of a dedicated Child Death Review Team, and this has allowed reviews of all board area child deaths in 2022. Family support following bereavement and inclusion of families is part of the process. In 2022, 19 deaths were reviewed, of which 9 were expected deaths, under the categories of prematurity with associated complications, and genetic or life-limiting illness including teenage cancer. However, 10 of the 19 deaths were unexpected.

Modifiable factors/Local actions

There has been a significant amount of work developing the team and processes in Fife. Further actions include:

- Engaging families to the full capacity outlined in the national requirements
- Ongoing work to share learning about the process across all partner agencies and linking with other processes for review of deaths from specific causes
- Contributing to the system of national data collection and opportunities for national learning

Summary- Child death reviews can identify areas of good practice and learning for the future to identify opportunities for prevention.

Find out more-

<https://www.gov.scot/publications/child-death-review-report-scottish-government-child-death-review-working-group/>

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/deaths_of_children_reviews.aspx

<https://www.gov.scot/publications/child-death-reviews-scottish-government-steering-group-report/>

Family Support

Why is this important?

A focus on whole family wellbeing is a key principle in the 'Promise' which confirms families need to have access to adaptable and flexible services to ensure children and young people can live safely at home and in their community. Funding from the Scottish Government for 2022-26 for Whole Family Wellbeing provides an opportunity to redesign and reshape services across the whole system in Fife on a partnership basis. A long term aim of the fund is realigning local investment towards prevention.

Background/ data

The Fife Children's Services Partnership has developed a plan for change using this funding to help develop holistic family support in communities across Fife, which will focus on early support and prevention as well as targeted support to families. The first year is to test out new approaches so families experience services which are accessible, flexible, and adaptable. A key focus is the involvement of families to understand any barriers to access and help inform or 'co-design' services going forward. Plans are based on a self-assessment of family support in Fife at leadership level and views from staff and families are also being sought.

Modifiable factors/Local actions

The plan for action includes developing a number of strands of work including

- A focus on co-production with families led by Fife Voluntary Action
- Local practice development sessions across the children's services partnership workforce
- Enhancing crisis support and early support to pregnant women and mothers with children under 4 years
- Establishing group work opportunities across communities in Fife for parents/care givers

Details of all the work underway are outlined in the link below.

Summary- This funding is supporting early intervention and prevention to change how services work together and support families when they need it.

Find out more-

[Whole Family Wellbeing Funding - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\) https://sway.office.com/zGdmTAXRwEBiUzHa?ref=Link](https://www.gov.scot/resources/consultations/web_publications/whole-family-wellbeing-funding-getting-it-right-for-every-child-girfec/)

Youth Work

Why is this important?

Youth work has a significant impact on improving the life chances of Scotland's young people. The National Youth Work Strategy (2014-2019) developed jointly by Youth Link Scotland, the Scottish Government and Education Scotland, set out to improve a range of outcomes for young people.

Background/data

Youth work is an informal education practice that supports young people's social, emotional, and educational development. Youth work can be adapted across a variety of settings, and typically engages with young people within their local community. Youth work opportunities and learning programmes for young people, and communities are developed based on the guiding principles of:

Personal and social development: Participation and active involvement; Equity, diversity, and inclusion; Partnership with others

The National Youth Work Strategy (2023-2028) currently sits with Scottish Government and is awaiting publication. This builds on the previous strategy, sets out the wider policy context for youth work and, once finalised, will set out key ambitions for the future. Youth Work is a key part of the Fife Community Learning and Development Plan, and there is close working with Local Area Partnerships, Education, Fife College, and other partners including the voluntary sector e.g. Youth 1st, YMCA.

Modifiable factors/Local actions

Across Fife delivery of youth work is focused on 11–21 year olds and includes youth clubs and youth centres, youth cafes, community groups, focused projects, street work, youth action, youth voice and participation groups. Over the year 2021/22 approximately 4000 young people engaged in youth work activity and although this is a reduction since pre-covid, numbers are starting to increase again.

In Fife we have also undertaken a research project that has focused on the impact of covid on young people and youth work. The research was developed using a participative approach and key issues starting to emerge from the research include mental health and wellbeing, relationships, places, and spaces to go, youth voice, money, and security. The research findings when published, coupled with the new national strategy, will support in identifying key youth work priorities and future development of our youth work provision.

Summary - Youth work has a key role in addressing inequalities, developing positive skills and relationships, and improving long term outcomes for young people. It also seeks to promote the voice of young people.

Find out more-

[CLD plan 2021 - Final sept 21.pdf \(fva.org\)](#)

[National Youth Work Strategy \(2023-2028\) | YouthLink Scotland](#)

Third Sector Role

Why is this important?

It is important to have independent autonomous organisations to support children and young people in Fife so they have opportunities to thrive no matter what their circumstances. A multi-agency mixed market of service providers gives families a choice of where to go. Third sector services specialise in early intervention and prevention services reducing the number of families that need to access statutory services, through to focussed intensive support services.

Background/ data

Fife has many hundreds of voluntary sector organisations delivering services to children, young people and families across every community. The sector delivers a broad range of services from very targeted, complex, rights-based services through to universal support services.

Children and young people are supported through a wide range of needs such as reducing isolation, improving social skills, supporting mental health and wellbeing, supporting them through trauma, substance misuse and domestic abuse and being part of the team around the child once they become Looked After (LAC).

The availability of collated data in the voluntary sector is a challenge – with some public sector bodies collating output and outcome data for the services they fund, but many voluntary sector services are funded and sustained through other routes.

Modifiable factors/Local actions

Local organisations work very well with their colleagues in the sector and within their localities to ensure children and young people are supported and receive the best possible outcomes. Funding pressures and increasing demand, as well as more complex issues, has created pressure across the system and across sectors, with the need to focus resources on key priorities whilst maintaining critical early intervention and prevention services.

Strategic commissioning work in recent years is helping to realign commissioned services to local priorities. Going forward, work is being done on embedding The Promise and GIRFEC, capturing and valuing the contribution the sector makes to the outcomes of children and families, and building sustainability and resilience in funding.

Summary- The third/voluntary sector plays a significant and growing role in supporting children and families, helping to build resilience and improving outcomes.

Find out more-

https://www.fva.org/childrens_services_forum.asp

End

Acknowledgements

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

One hundred years ago

Annual reports on the health of the public were produced by County Medical Officers of Health, appointed under the provisions of the 1897 Public Health (Scotland). Boundaries in Fife have changed relatively little over time, and Fife Council Medical Officer of Health Reports are available online.

In 1920 the total population was 113,177 and there were 3138 births, high following the end of the First World War. There were 253 deaths of children under age one, an infant mortality rate of 80.62/1000, noted to be the lowest recorded at the time. Causes of deaths were:

- Congenital debility, prematurity, malformation 42%,
- Diarrhoea, enteritis 12%,
- Bronchitis, pneumonia and whooping cough are among the next most common causes.

Unsafe storage of cow's milk before refrigeration was noted to be a factor in enteritis, and overcrowding a factor in spread of respiratory infections.

It was noted there were nine health visitors across the county, who could reach only 12-14% of women, and their duties included visiting tuberculosis cases. From 1915-20 there were 84 maternal deaths, including from puerperal sepsis and complications of pregnancy. There is comment on the difficulties of attracting suitably trained midwives.

In 1923 measles and whooping cough were responsible for 52 child deaths in total, nearly all under 5 years of age, including 15 deaths of infants.

In 1930 699 families received grants for additional nourishment, via Welfare Nurses, for expectant and nursing mothers, and young families. Maternity and child welfare centres had been established, and dental clinics for expectant and nursing mothers and preschool children, as well as eye clinics for preschool children. Ultra violet ray treatment was used for a wide range of child health conditions including rickets.

Source:

[Fife Medical Officer of Health Reports/Catalogue Search/Wellcome Collection](#)

Data summary draft 15/06/2023

This document has been produced to accompany the DPH Annual Report 2023 (Children and Young People) and contains information relating to topics in the chapters of the report where information is available.

Information has been presented for Fife where possible and in instances where Fife level data is not available Scotland figures have been used.

The data used in this supplement was the most up to date available at the time of writing (between February and May 2023). More recent data may have become available, and this can be found through the links to the sources of data referenced at the end of each section.

Information relating to the content of the chapters was not sufficient in quantity or available for all the chapters in the report and as such this information supplement only covers certain topics. For ease of reference the sections in this document are numbered to match the chapters in the main report and as such the sections will not run sequentially.

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Population

Demographics

Data relating to the size and age structure of the population in Fife are produced annually by National Records of Scotland (NRS)¹. This section includes figures on the total population of Fife aged under 18 years of age and breakdowns of this number by smaller age groups and sub-Fife geographies. Population projections have not been included as they have not been updated since 2018 and are not estimated to be updated until 2024 following publication of the 2022 Census. Similarly, data on ethnic group will also not be included as the new Census data is not yet available.

Fife under 18 total population

The total number of children aged under 18 in Fife was estimated to be 71,746 in 2021. Figure 1 shows that there are smaller numbers of children in the ages up to and including 5 years in Fife than in older age groups, lowest number in under 1's at 3,102 and greatest in age 10 at 4,486. Figure 2 shows the total number of under 18 population has steadily declined from 73,279 in 2011².

Figure 1: Under 18 population by single year of age; Fife 2021 (Source: NRS)

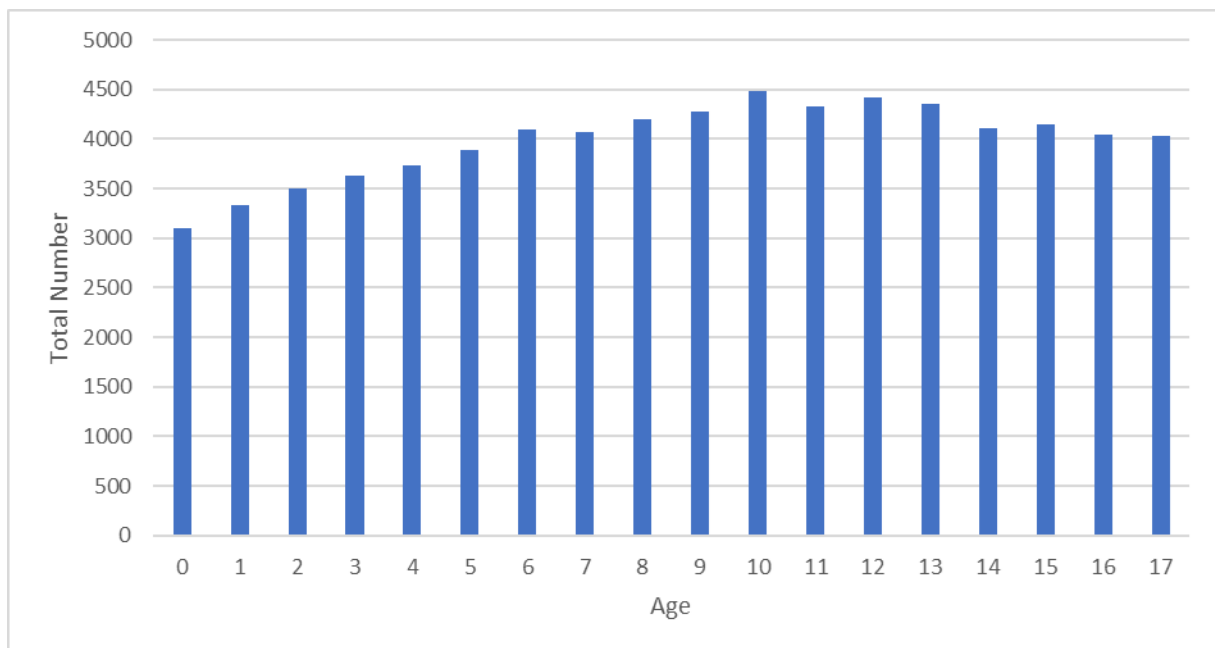
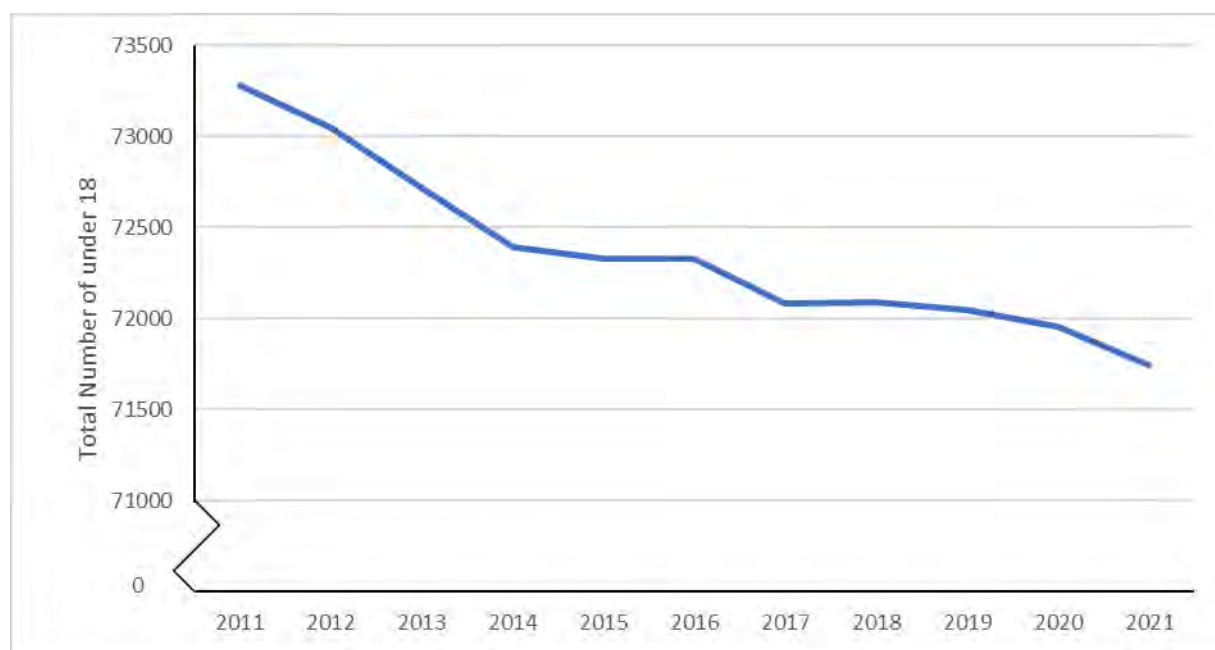


Figure 2: Under 18 population; Fife 2011 to 2021 (Source NRS)



Fife under 18 population by key age groups and sex

In 2021 there were estimated to be a total of 17,300 children aged 0 to 4 years (pre-school) in Fife, 29,350 children aged 5 to 11 years (primary-school aged) and 25,096 12- to 17-year-olds (secondary-school aged).

Primary school aged children were the largest group of children in Fife, accounting for 41% of all children aged under 18 years (Table 1).

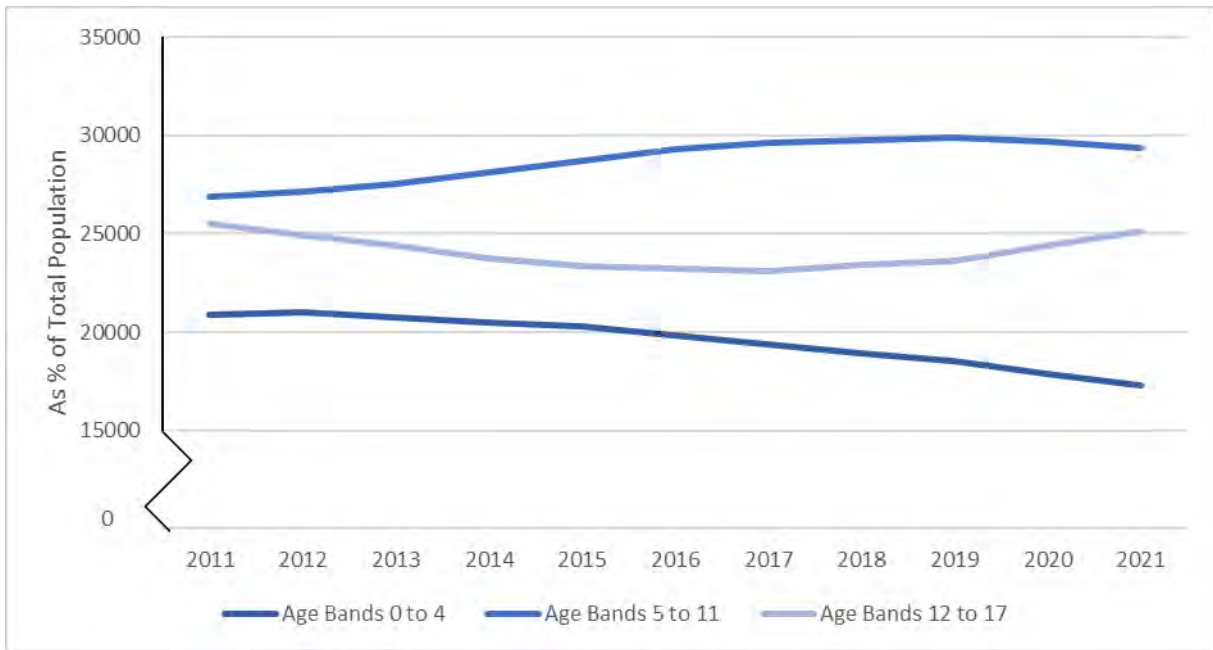
Across all the key age groups there were a slightly lower number and proportion of females compared to males in 2021 (Table1). This is consistent sex ratio at birth for the United Kingdom of 105.4 males to 100 females³.

Table 1: Under 18 population by key age group and sex; Fife 2021 (Source: NRS)

Age Groups	0 to 4		5 to 11		12 to 17		Under 18	
Male	8949	51.7%	15,108	51.5%	12,799	51.0%	36,856	51.4%
Female	8351	48.3%	14,242	48.5%	12,297	49.0%	34,890	48.6%
Total	17,300		29,350		25,096		71,746	
% Of under 18 Total	24%		41%		35%			

Since 2011 there has been a steady decline in the proportion of the population on Fife who are pre-school aged, from 20,867 to 17,300 in 2021(Figure 3). For school age children this has been variable with primary school aged children showing an increase from 26,885 in 2011 to 29,866 in 2019, before declining to 29,350 by 2021. For high school aged children there was a dip from 25,527 in 2011 to 23,075 in 2017 and then a rise in numbers to 25,096 in 2021.

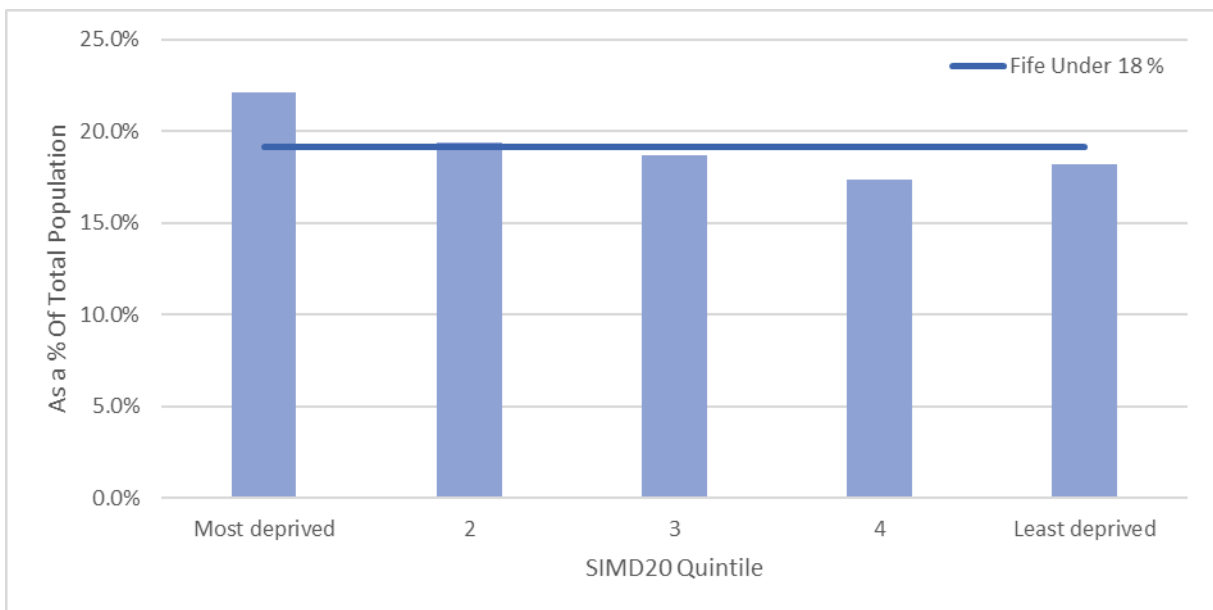
Figure 3: Key age groups in under 18 population; Fife 2011 to 2021 (Source NRS)



Fife under 18 population by SIMD quintile

The under 18 population is greatest in the most deprived areas of Fife. The largest proportion of the population aged under 18 is in SIMD20 Quintile 1 at 22.1% (16,364). The least deprived areas of Fife have a lower under 18 population, 17.4% quintile 4 (13,224) and 18.3% quintile 5 (13,675). The percentage of under 18 population for Fife is 19.1% (71,746)

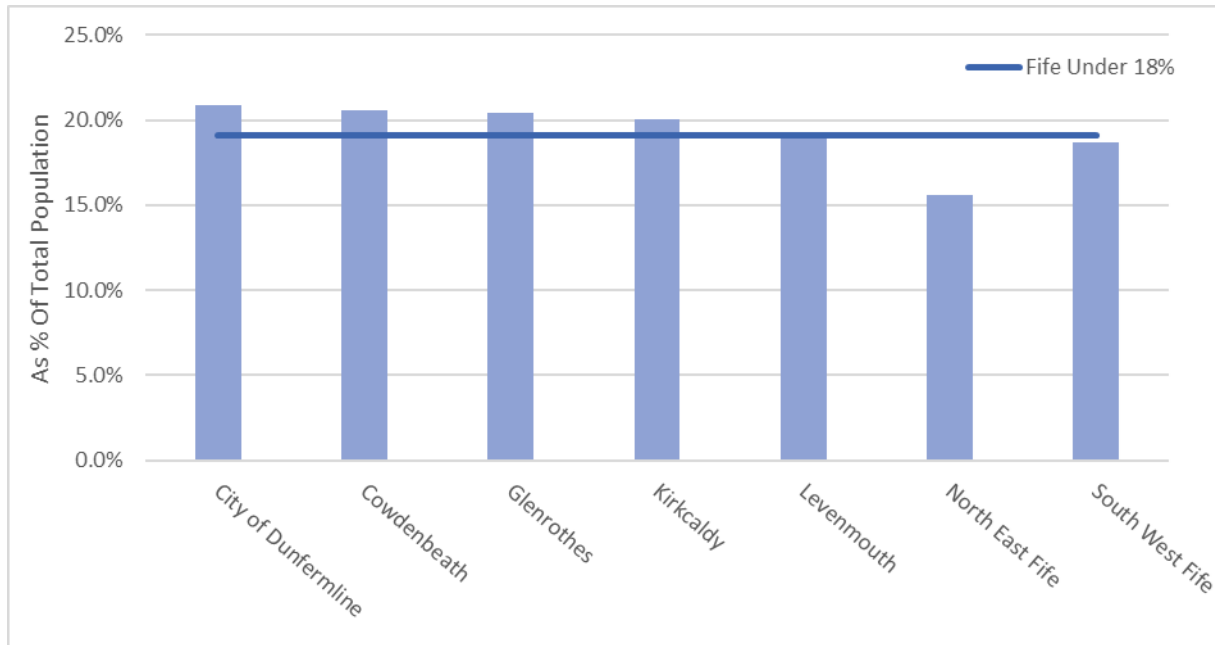
Figure 4: Under 18 population as a % of total population by SIMD20 Quintile; Fife 2021 (Source NRS/Public Health)



Fife under 18 population by localities

The under 18 population is similar at around 20% for most of the localities which follows the Fife average of 19.1%, however North East Fife is significantly lower at 15.6%. Dunfermline locality has the largest proportion of population aged under 18 at 20.9%.

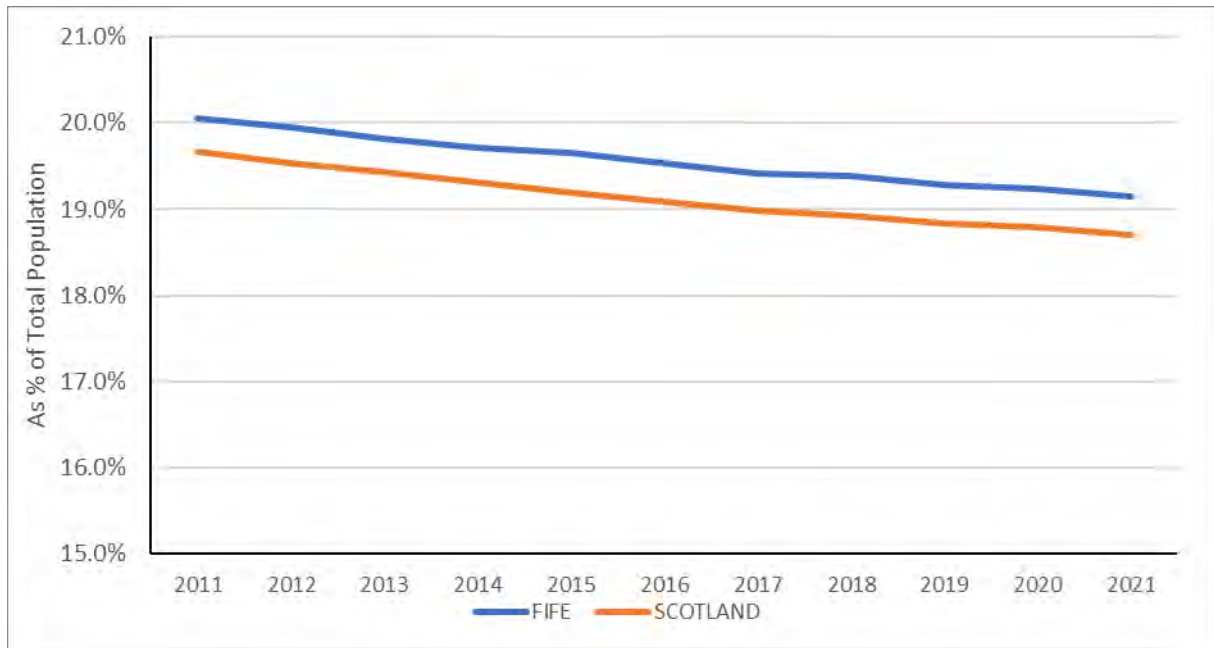
Figure 5: Population size as % by localities (Source:NRS)



Under 18 population Fife compared to Scotland

The under 18 population as percentage of total population for both Fife and Scotland has gradually fallen from 20.1% for Fife and 19.7% for Scotland in 2011 to 19.1% for Fife and 18.7% for Scotland in 2021, with Fife showing a consistent trend of having a slightly larger proportion of its population under 18 (Figure 6).

Figure 6: Under 18 population as % of total population Fife vs Scotland (Source: NRS)



Technical information

The annual mid-year population estimates are based on the 2011 Census and are updated each year with elements of population change to produce an estimated figure of the population of Fife.

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>

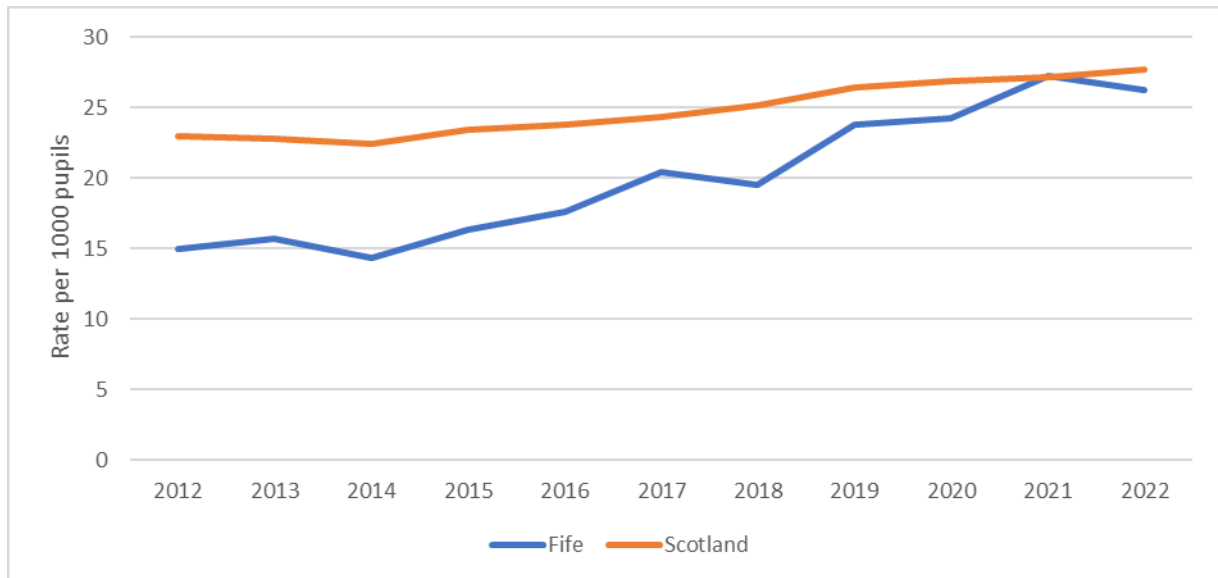
² [Fife Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates)

³ [Sex ratios at birth in the United Kingdom, 2016 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sex-ratios-at-birth-in-the-united-kingdom-2016-to-2020)

Disability and Neurodiversity

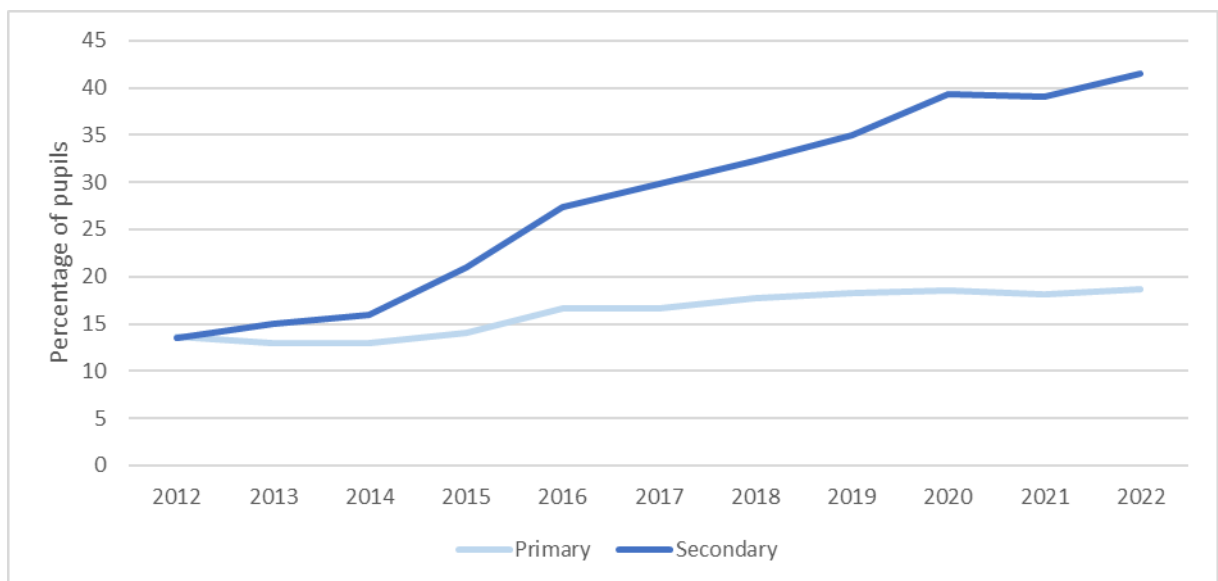
The number of pupils assessed or declared as having a disability in Fife is currently 26.2 per 1000 pupils, this is a slight drop compared to 2021 where it was 27.3 per 1000. This is the first decrease in the last decade. The number in Fife is below that of Scotland, which is currently 27.7 per 1000 pupils¹.

Figure 1; Rate of assessed and/or declared as having a disability per 1000 pupils in Fife and Scotland (Source: Pupil Census).



The percentage of children with an additional support need (ASN) in Fife has seen an increase in 2022 and is currently 18.7% of primary school pupils and 41.5% of secondary school pupils. This increase is more prominent in secondary school pupils.

Figure 2: Percentage of pupils in primary and secondary school with an additional support need in Fife (Source: Pupil Census)



The Pupil Census asks pupils with an ASN for the reason for support, 1.7% of all pupils in Scotland reported that their ASN was due to a Learning disability. In Fife 170 pupils in primary school (0.6%) and 364 pupils in secondary school (1.6%) reported that their ASN was due to a learning disability. In special schools 83% (132 pupils) had ASN due to a learning disability¹.

Technical Information

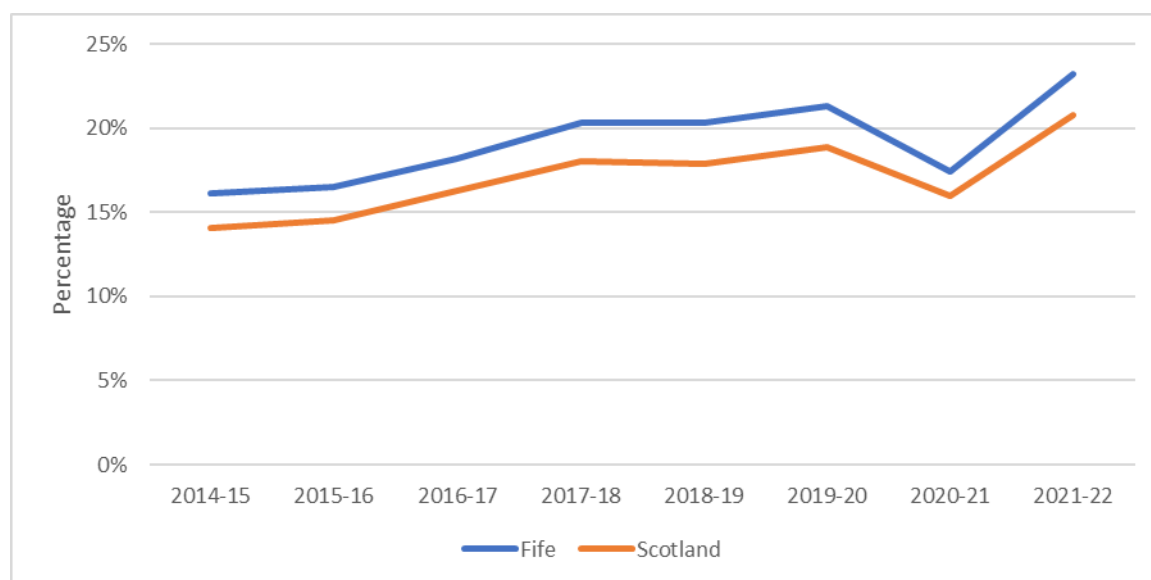
The Pupil Census gathers information on pupils who require additional support to access education, and the reason for that support. Additional support need was defined as per the Education (Additional Support for Learning) Scotland Act 2004 (as amended).

¹ [Pupil census supplementary statistics - gov.scot \(www.gov.scot\)](http://www.gov.scot/pupils-census-supplementary-statistics)

Child poverty

At the end of the financial year 2021-22 the reported number of children aged under 16 who were living in relative poverty before housing costs in Fife was 23.2%, this is an increase from 17.4% in the financial year ending 2020¹. The rate for Fife in 2022 is higher than the number across Scotland of 20.8%. Data after housing costs is not available at Fife level.

Figure 1; Percentage of children (aged under 16) in relative poverty before housing costs in Fife and Scotland financial years to 2021-22 (Source: DWP)



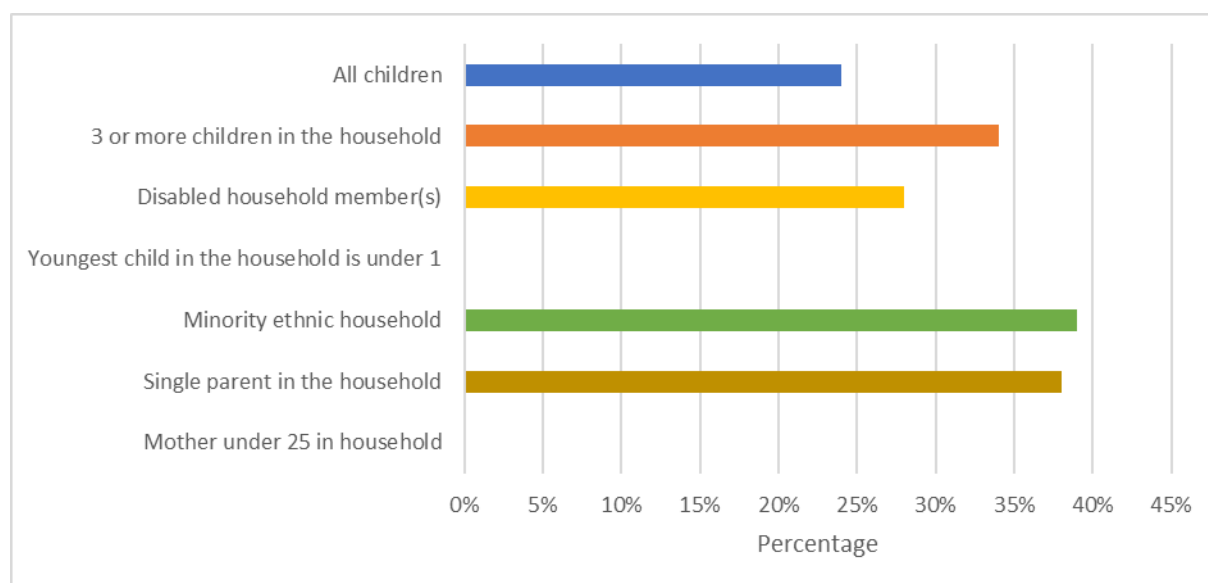
Child poverty across Fife

Different areas in Fife have varying levels of child poverty, in 2021-22 at electoral ward level relative child poverty, before housing costs, was highest in Kirkcaldy Central (35.9%) and lowest in St Andrews (11%), further details are available from the KnowFife website².

Priority groups

Almost 90% of all children in poverty in Scotland live within these six priority family types, with many families falling into more than one group³. Each group is more likely to experience poverty than all children in Scotland (24%) and households which do not have any of the priority family characteristics (10%). Data at Fife level is not available. Two groups are not shown in Figure 2 as there was insufficient survey data for the period measured⁴. Earlier survey data from 2017-20 suggested that 34% Families with children under 1 were in relative poverty after housing costs and 55% of Families with younger mothers, the numbers are small, however, so the data needs to be treated with caution⁵.

Figure 2: Proportion of children in relative poverty after housing costs in Scotland 2019-22 average (Source Family Resources Survey)



Technical information

Please see the guidance notes in the Children in low income families report for details as to how the statistics have been collated¹. Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Income is Before Housing Costs (BHC) and is equivalised to adjust for family size and composition.

Comparison of relative poverty in children before and after housing costs at Scotland level can be found in the Scottish Government report⁴.

¹ [Children in low income families: local area statistics 2014 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022)

² [Fife-Findings-Children-in-low-income-families-2022.pdf](#)

³ [Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026/pages/19/) (page 19)

⁴ [Poverty and Income Inequality in Scotland 2019-22 \(data.gov.scot\)](https://data.gov.scot/datasets/poverty-and-income-inequality-in-scotland-2019-22)

⁵ [Tackling child poverty priority families overview](#)

Births, maternal health

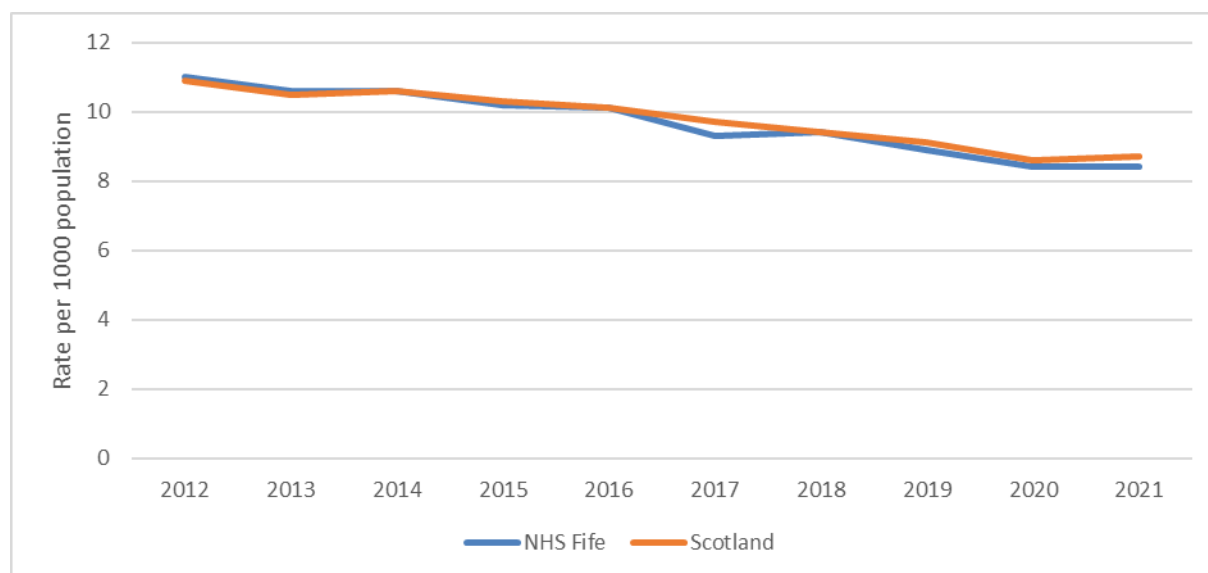
Birth rates NHS Fife and Scotland

Overall birth rates are declining in Scotland, 8.7 births per 1000 population in 2021 compared to 10.9 in 2012 (Table 1/Figure 1). NHS Fife shows a similar pattern, 8.4 births per 1000 population in 2021 compared to 11.0 in 2012¹.

Table 1: Live births NHS Fife
(Source: NRS)

Year	Live births
2012	4019
2013	3872
2014	3889
2015	3755
2016	3739
2017	3465
2018	3479
2019	3325
2020	3144
2021	3157

Figure 1: NHS Fife and Scotland birth rates, overall rate per 1000 population (Source: NRS)



Maternal age at first birth

The overall age at first birth has been gradually increasing over time with the 2021/22 figures for Fife showing the lowest number of first births of women aged under 25 (27%) and the highest over 35 (14%) (Table 2) in the ten years reported. This is a similar pattern to Scotland where in 2021/22 22% of women giving birth for the first time were under 25 and 16% over 35 with the proportion of under 25s decreasing and over 35s increasing over time.

Table 2: NHS Fife Maternal age at first birth (Source: PHS opendata)

Financial Year	%Under 25	%25-34	%35 and over
2012/13	39.8%	49.8%	10.3%
2013/14	37.0%	52.5%	10.5%
2014/15	37.3%	52.2%	10.5%
2015/16	35.8%	51.9%	12.3%
2016/17	33.5%	52.8%	13.8%
2017/18	34.6%	53.6%	11.8%
2018/19	30.2%	56.5%	13.3%
2019/20	30.6%	57.1%	12.3%
2020/21	31.8%	56.3%	11.9%
2021/22	26.7%	59.3%	14.0%

Low birthweight (<2500g)

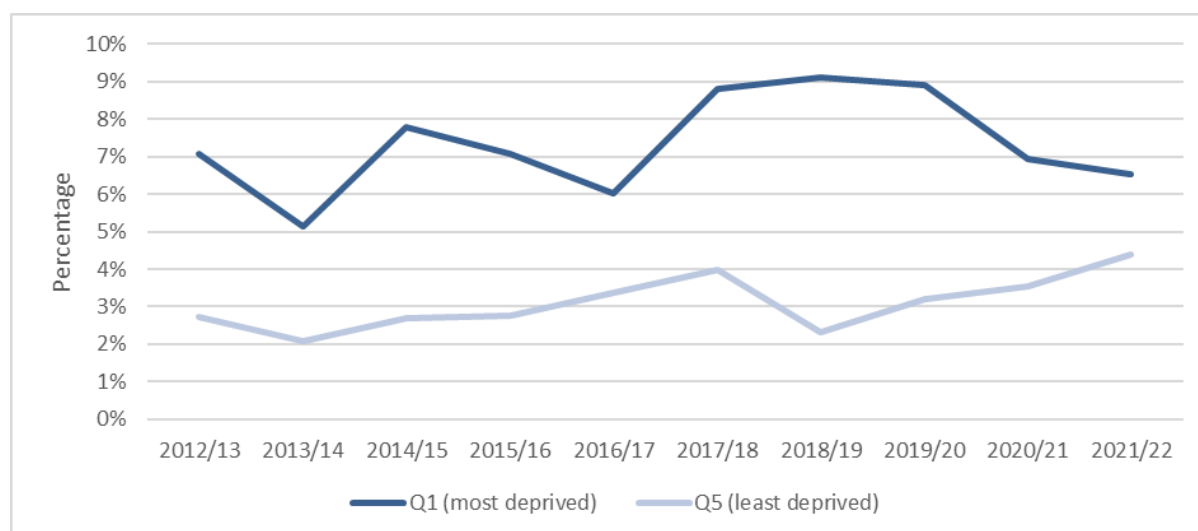
In 2021/22 4.9% of live singleton babies in Fife had a low birthweight (Table 3). This is comparable with Scotland at 5.2% for the same year. The approximately 5% proportion of LBW has persisted for many years in both Fife and Scotland.

Table 3: NHS Fife % Low birthweight singleton babies (Source PHS opendata)

Financial Year	LBW	NonLBW
2012/13	5.3%	94.6%
2013/14	4.4%	95.5%
2014/15	5.6%	94.4%
2015/16	5.5%	94.4%
2016/17	5.2%	94.8%
2017/18	6.2%	93.8%
2018/19	5.1%	94.9%
2019/20	5.8%	94.2%
2020/21	5.7%	94.3%
2021/22	4.9%	95.0%

Reflecting the Scotland-wide picture, low birthweights are associated with deprivation with a higher proportion of low birthweight babies in the most deprived areas (Figure 2). This has not changed significantly over time.

Figure 2: NHS Fife % low birthweight singleton babies by most and least deprived SIMD quintiles (Source: PHS opendata)



Stillbirths

There were 11 stillbirths registered in Fife 2021². This number can vary significantly between years so Table 4 shows five-year averages and rates compared to Scotland³ for the last 10 years. In general Fife has a very similar stillbirth rate to Scotland.

Table 4: Stillbirth five-year average rates NHS Fife and Scotland

Five-year average	Still births Rate*		
	Fife	Scotland	Difference
2012-16	4.4	4.2	0.2
2013-17	3.9	4.1	-0.2
2014-18	4.0	4.0	0.0
2015-19	4.1	3.9	0.2
2016-20	4.5	4.0	0.5
2017-21	4.2	3.9	0.3

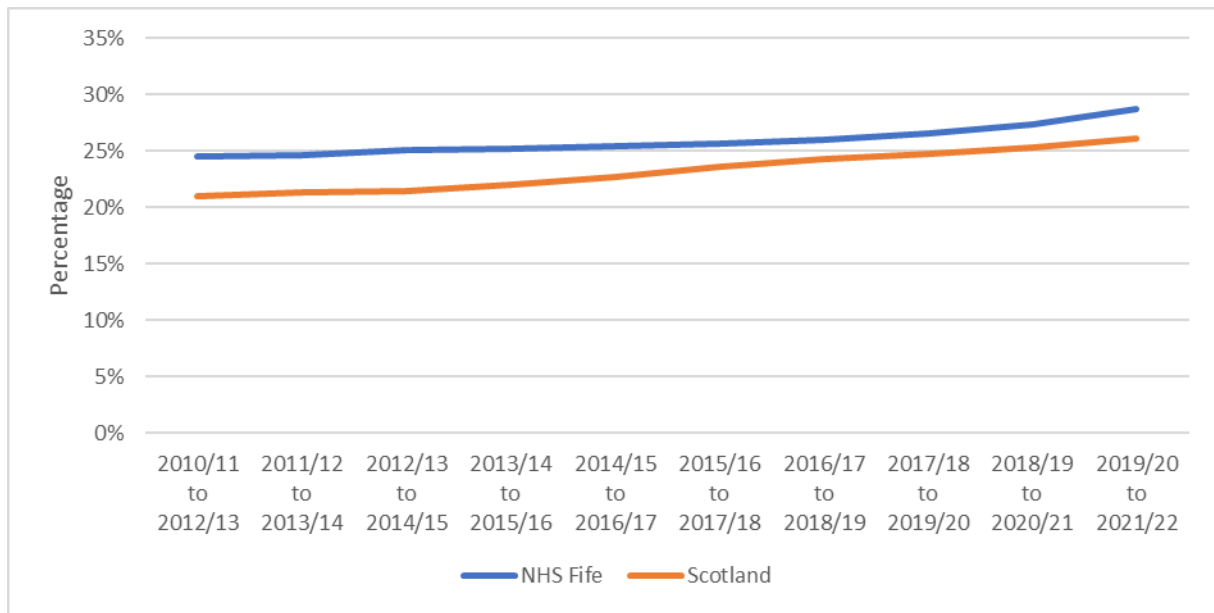
*Stillbirths, rate per 1,000 live and still births. Source: NRS

BMI at booking

Maternal BMIs have been rising nationally and internationally for some years. In Fife during 2021/22 2.2% of women were underweight, 37.5% a healthy weight, 29.8% overweight and 30.6% obese. This is similar to Scotland (Figure 3), but Fife has a lower proportion of healthy weight bookings compared to Scotland (40.9%) and a higher proportion of obese mothers (Scotland 27.3%). These figures exclude bookings where the BMI was not recorded.

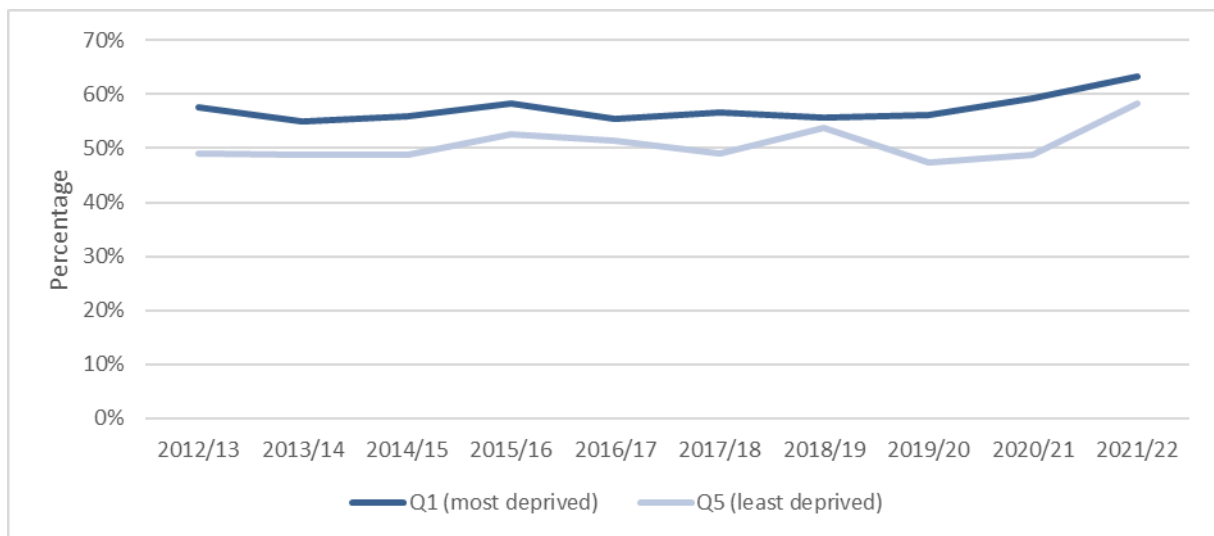
In 2021/22 Fife had the fourth highest level of overweight and obese BMI at booking compared to other Health Boards in Scotland at 60.4%. Fife does have a high proportion of unrecorded BMIs at booking in the SMR02 data (over 10% Not Known in 2018/19 to 2020/21 and 8.5% in 2021/22) this makes direct comparison to Scotland-level and other Health Board figures more difficult (Scotland, Not Known 1.7% for 2021/22).

Figure 3: Percentage maternities with BMI recorded as obese at booking, financial years, three-year rolling averages (Source: ScotPHO)



Deprivation also increases the likelihood of obese and overweight BMI's at booking (Figure 4). In 2021/22 for both Fife and Scotland over 60% of bookings from the most deprived areas (SIMD Q1) were classed as overweight or obese (64.3% Fife, 61.1% Scotland) and this appears to be increasing over time.

Figure 4: NHS Maternities BMI group at booking by most and least deprived SIMD quintiles (Source: PHS opendata)

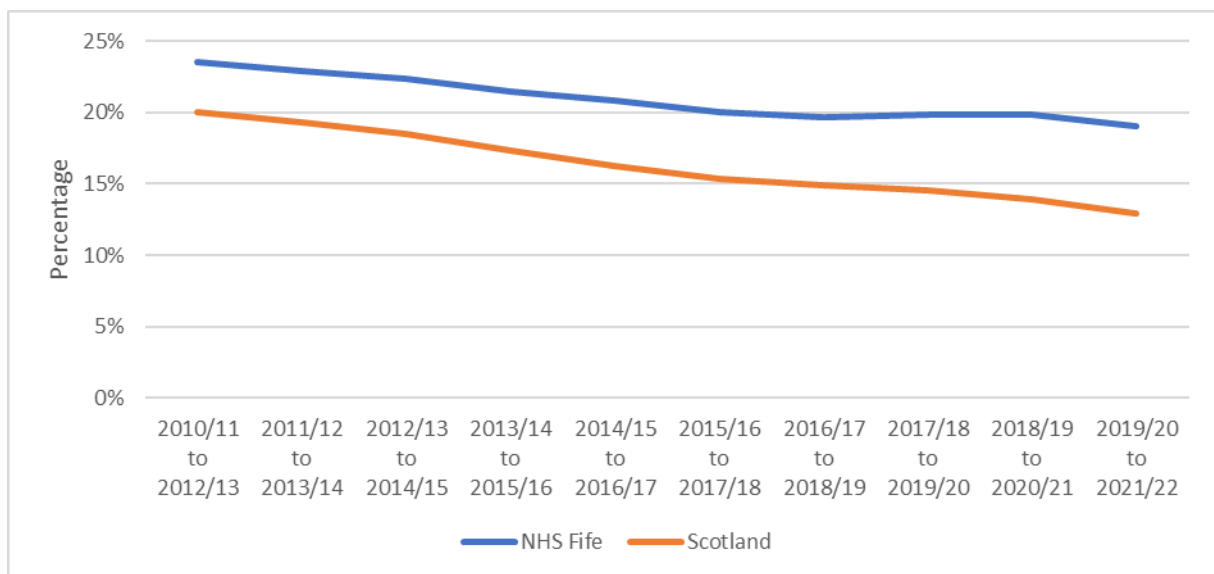


Maternal age also affects the likelihood of obese and overweight BMIs at booking. In 2021/22 around 64% of bookings with a maternal age of over 35 were overweight or obese in Fife, somewhat higher than Scotland (58.3%).

Smoking at booking

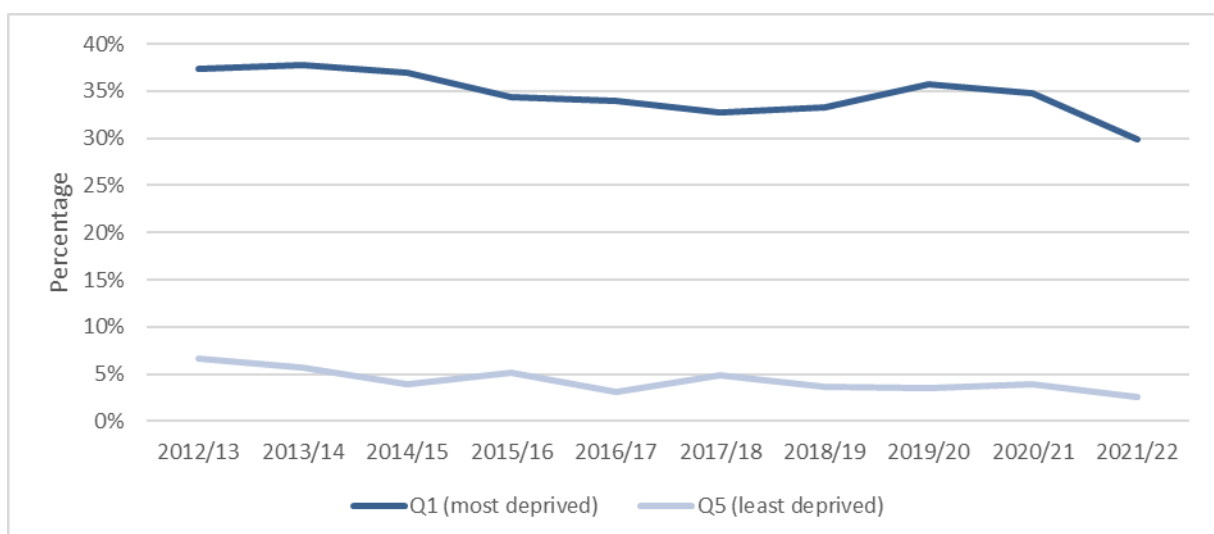
Fife has one of the highest rates of current smokers at booking in Scotland. In 2021/22 this was 16.7%. This is higher than Scotland (11.8% for 2021/22) and the second highest of health boards in Scotland. This pattern has not markedly changed over time (Figure 5). The proportion of women smoking at booking has decreased over time in all areas of Scotland, including Fife, and is currently at its lowest since data has been available (1997/98). Most years the proportion of unrecorded smoking statuses in Fife has been around 1% (0.7% in 2021/22) but were higher between 2017/18 and 2020/21 (3-6% unrecorded).

Figure 5: Percentage maternities recorded as current smoker at booking, financial years, three-year rolling averages (Source: ScotPHO)



Higher rates of smoking during pregnancy are seen in more deprived areas in Fife (Figure 6) but these are also slowly decreasing over time.

Figure 6: NHS Fife Current smokers at booking by most and least deprived SIMD quintiles (Source: PHS opendata)



Maternal deaths

Data at Scotland or Fife level is not available, but a recent study⁴ indicated that 229 women in the UK died during or up to six weeks after the end of pregnancy in the years 2018-20, or 10.9 per 100,000 women, 24% higher than 2017-19. The study removed deaths from Covid from the 2018-20 figure the rate was still 10.5 per 100k or 19% higher than 2017-19.

Technical information

The stillbirths data used is based on year of registration and is taken from the Vital Events Reference tables and time series data from NRS. The NRS data for 2022 death registrations is not finalised at the date of writing so complete data is only available up to 2021. Annual files were aggregated manually.

NRS defines⁵ a stillbirth as: “*Stillbirths - Section 56(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 defined a stillbirth as a child which had issued forth from its mother after the 28th week of pregnancy and which did not breathe or show any other sign of life. The Still-Birth (Definition) Act 1992, which came into effect on 1 October 1992, amended Section 56(1) of the 1965 Act (and other relevant UK legislation), replacing the reference to the 28th week with a reference to the 24th week.*”

Most of the maternities data in this report comes from PHS's “Births in Scotland⁶” open datasets and covers the most recent 10 complete financial years. All percentages reported exclude unknown values unless explicitly stated. The measures of deprivation used are taken from the open datasets and are the appropriate SIMD quintiles for the years analysed. Trend comparisons with Scotland are taken from ScotPHO.

The open datasets are based on the SMR02 record of maternity contacts with acute services. NHS Fife presently has less completeness in the SMR02 record, compared to NRS birth registrations, in comparison to the rest of Scotland⁷. Smoking at booking data is currently transitioning from the SMR02 record to the ABC dataset. PHS publish the ABC data in their report on antenatal booking⁸ as well as the SMR02 data in the open data used in this report. We do not have access to the ABC dataset at present and the figures do appear slightly different (also different time period is being used).

¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/birth-21/births-time-series-21-bt.9.xlsx>

² <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-3.14.xlsx>

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-4.xlsx>

⁴ [MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)

⁵ [Stillbirths and Infant Deaths | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁶ [Births in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#)

⁷ [Births in Scotland \(publichealthscotland.scot\)](#) page 11

⁸ [Antenatal booking in Scotland - Calendar year ending 31 December 2021 - Antenatal booking in Scotland - Publications - Public Health Scotland](#)

Infant feeding

Breastfeeding and Infant Nutrition

WHO and UNICEF recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life¹. Data is collected on infant feeding by Health Visitors at reviews of children at 10-14 days (first review), 6-8 weeks and 13-15 months of age. This section provides an overview of infant feeding in Fife using the data available from PHS².

It will show rates for Fife over time and how Fife compares to the Scottish average.

Data on rates of exclusive breastfeeding at 6-8 weeks is used as a high-level indicator of infant feeding and child health in a range of plans, tools and reports including ScotPHO profiles and the State of Child Health report. As such for this key measure more detailed analyses are shown including comparisons are shown with Scotland over time, how these rates differ by deprivation and across Health Board areas.

Breastfeeding at First Review

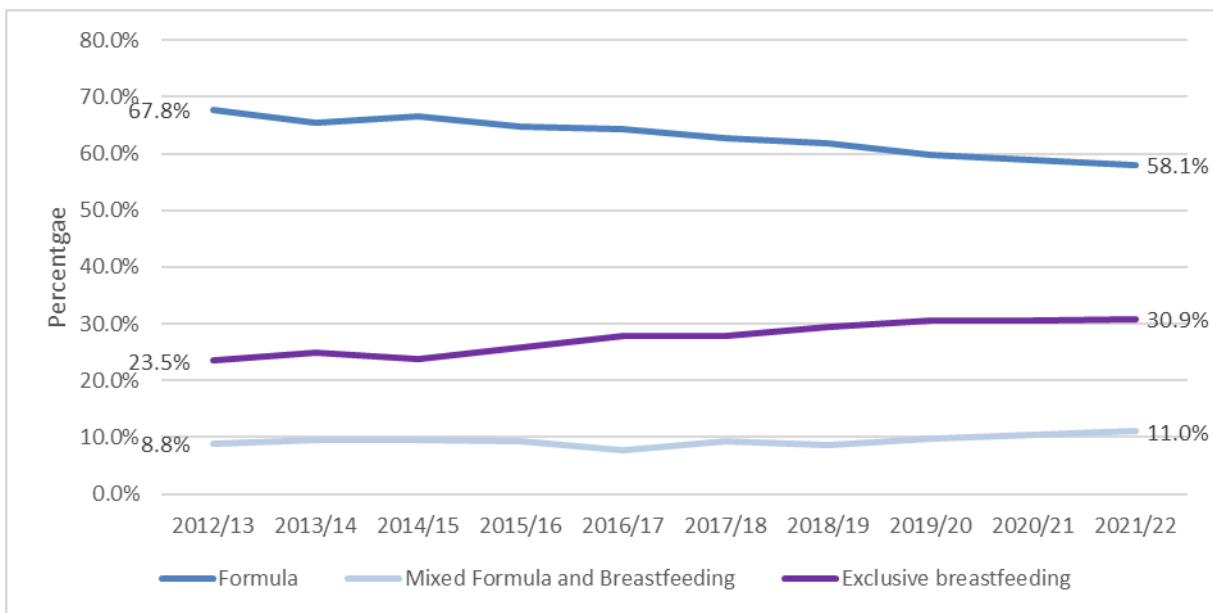
At 10-14 days of age the majority (52%) of babies reviewed in Fife in 2021/22 were being breastfed. 38% were being exclusively breastfed and 14% were receiving mixed feeding (receiving both breast and formula milk). At a national level these figures were 38% and 18% respectively. In Fife the proportion of babies receiving any breastfeeding at 10-14 days has increased from 45% in Fife and from 47% in Scotland since 2012/13.

Breastfeeding at 6-8 weeks

In 2021/22, 41.9% of babies reviewed in Fife were currently being breastfed at the 6-8 week child health review. 30.9% were being exclusively breastfed and a further 11% were receiving mixed feeding. 58% of babies were being formula fed (Figure 1).

There has been an increase in both the proportion of being exclusively breastfed and in babies receiving mixed feeding since 2012/13 and a corresponding fall in formula feeding (Figure 1). Exclusive breastfeeding showed that largest increase in the time period from 23.5% to 30.9%.

Figure 1: Infant feeding at 6-8 week review; Fife 2012/13 to 2021/22 (Source: PHS)

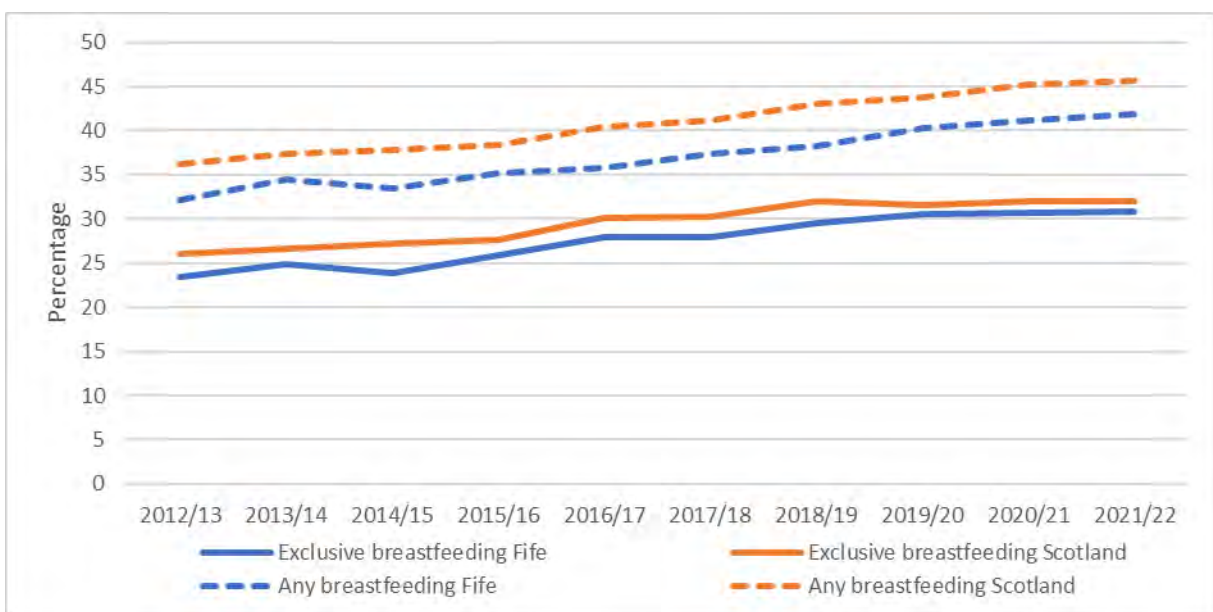


Fife compared to Scotland and other Health Boards

In 2021/22, 41.9% of babies reviewed in Fife compared to 45.7% across Scotland were currently being breastfed at the 6-8 week child health review. The difference in rates of exclusive breastfeeding were smaller, 30.9% and 32% respectively.

The proportion of babies receiving any breastfeeding and being exclusively breastfed at 6-8 weeks in Fife has remained below the national average in the last 10 years (Figure 2). However Fife has seen a greater increase (23% to 31%) in exclusive breastfeeding than Scotland (26% to 32%) so the gap between Fife and Scotland has narrowed.

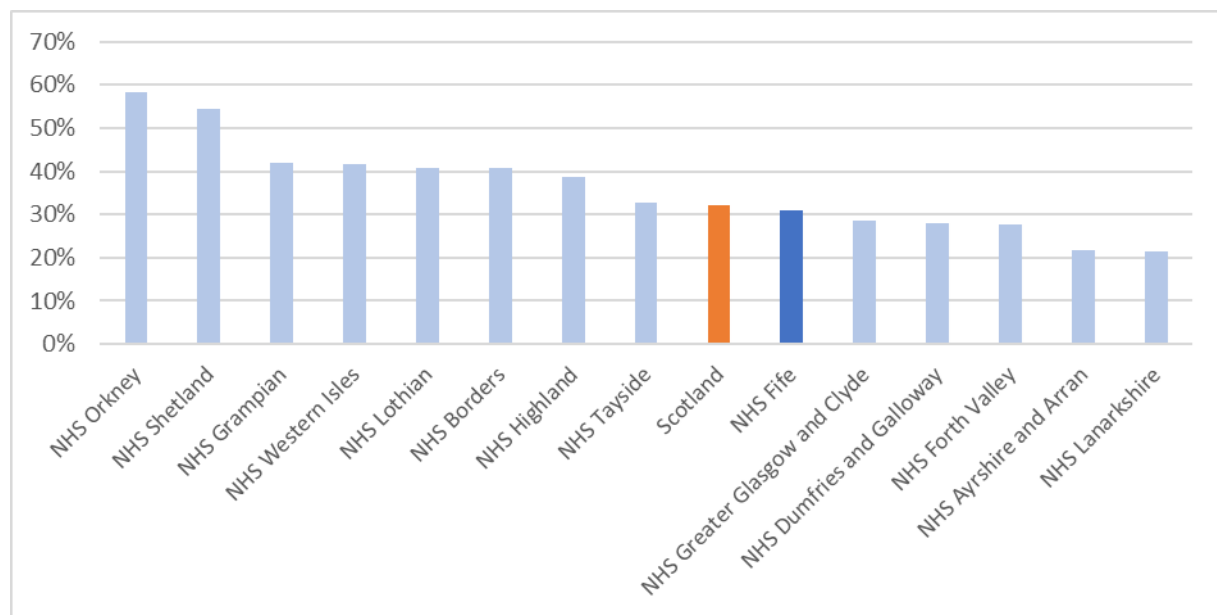
Figure 2: % babies breastfed at 6-8 weeks; Fife and Scotland 2012/13 – 2021/22 (Source: PHS)



In 2021/22 Fife was ranked 9th of 14 health boards (6th out of 11 mainland boards) in terms of the proportion of babies being exclusively breastfed at the 6-8 weeks review (Figure 3). Our position relative to other health boards has remained fairly consistent over time with Fife ranked 9th in seven of the last ten years.

NHS Lothian, Borders and Grampian have higher percentages than the other mainland Board areas. All Health Boards have seen increases in proportions and the position of the Boards relative to each other has changed little in the last 10 years.

Figure 3: % babies exclusively breastfed at 6-8 weeks; Health Boards 2021/22 (Source: PHS)



Deprivation

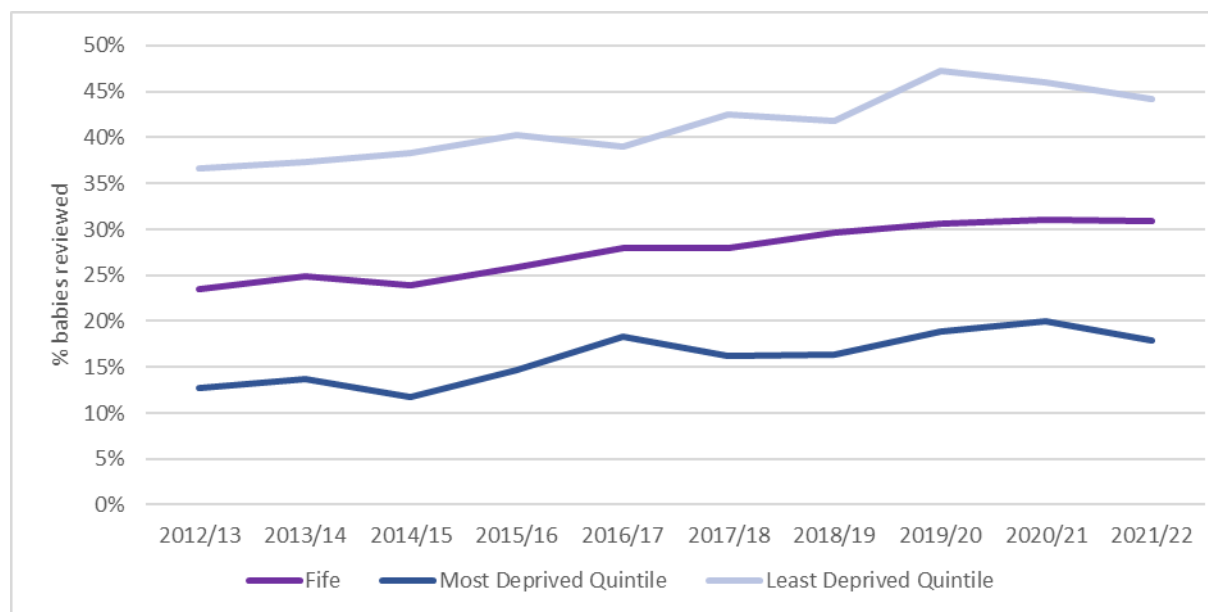
There continue to be marked inequalities in breastfeeding. Babies born to mothers in more deprived areas (SIMD20 quintile 1) in Fife are least likely to be currently exclusively breastfed at 6-8 weeks (19%) compared to those born in the least deprived areas (44%) and the Fife average (Figure 4).

Between 2012/13 and 2021/22 there was an overall increase in the proportion of babies being exclusively breastfed at 6-8 weeks among those living in the most deprived areas from 13% to 19%. Proportions also increased in the least deprived areas in the same time period, 37% to 44%.

The gap between rates in the most and least deprived areas has fluctuated annually ranging from 3.1 times greater to 2.1 times greater in the least deprived areas across the 10 year period. The size of the gap in the average of the last three years (2.4) was lower than seen at the start of the 10 year period (2.7) and this is consistent with reports of a narrowing in the inequality in breastfeeding across Scotland.²

The proportion of babies being exclusively breastfed at 6-8 weeks fell in the most deprived areas between 2020/21 and 2021/22 which was the first fall since 2017/18. Proportions have also fallen in the least deprived areas in the last two years (Figure 4)³.

Figure 4: % babies exclusively breastfed at 6-8 weeks; Fife and Most and Least Deprived SIMD20 Quintiles 2012/13 to 2021/22 (Source: PHS)



Infant Feeding at 13-15 Month Review

At the time of the 13-15 month review, 7.5% of babies reviewed in Fife in 2021/22 were being exclusively breastfed for their milk feeds and a further 8.4% received mixed breast and formula feeding. This is lower than the national averages of 9.5% and 12.2% respectively.

Changes in breastfeeding across reviews Fife and Scotland

63% of babies eligible for review in Fife in 2021/22 were “ever breastfed” defined as being breastfed for at least some period of time after their birth.² However reductions in the proportion of babies being breastfed, both by mixed feeding and exclusively, are seen across review periods as babies age.

The change in the number of babies being currently breastfed (any) at each review compared to those who were ‘ever’ breastfed are shown in Table 1. At first visit 15% fewer babies were being breastfed compared to those who had ‘ever’ been breastfed and by 6-8 weeks this was a third fewer. Fife had larger ‘drop off’ rates than Scotland at 6-8 weeks and 13-15 months in 2021/22.

Table 1: Drop off in breastfeeding by review; Fife and Scotland 2021/22 (Source: PHS)

Review	Fife	Scotland
At first visit	-16%	-15%
At 6-8 weeks	-33%	-29%
At 13-15 months	-75%	-67%

Technical information

Public Health Scotland publish this data annually for all Health Boards and produce a dashboard which allows analysis of Health Board data by key variables including deprivation². Data on exclusive breastfeeding at 6-8 weeks by Health Board, HSCP locality and intermediate zone is available on ScotPHO⁴.

¹ https://www.who.int/health-topics/breastfeeding#tab=tab_2

² [PHS \(2022\) Infant Feeding Statistics 2021/2022](#)

³ [Infant Feeding - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#)

⁴ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: babies exclusively breastfed at 6-8 weeks)

Health Visiting Pathway

The data in this summary is taken from PHS publications listed in the sources below and is based on Health visitor assessments input into the Child Health Surveillance Programme-Pre-School national information system (CHSP-PS)¹. Data on the 27-30 month review is available from 2013 and from 2017 for the 13-15 month reviews. All data is by financial year.

13-15 month review

In NHS Fife the proportion of eligible children reviewed by a health visitor at 13-15 months decreased from 93.8% in 2020/21 to 83.3% in 2021/22, lower than Scotland overall at 89.4% in 2021/22². Currently there are only five-year's worth of data so a trend has not been shown for this measure at this point.

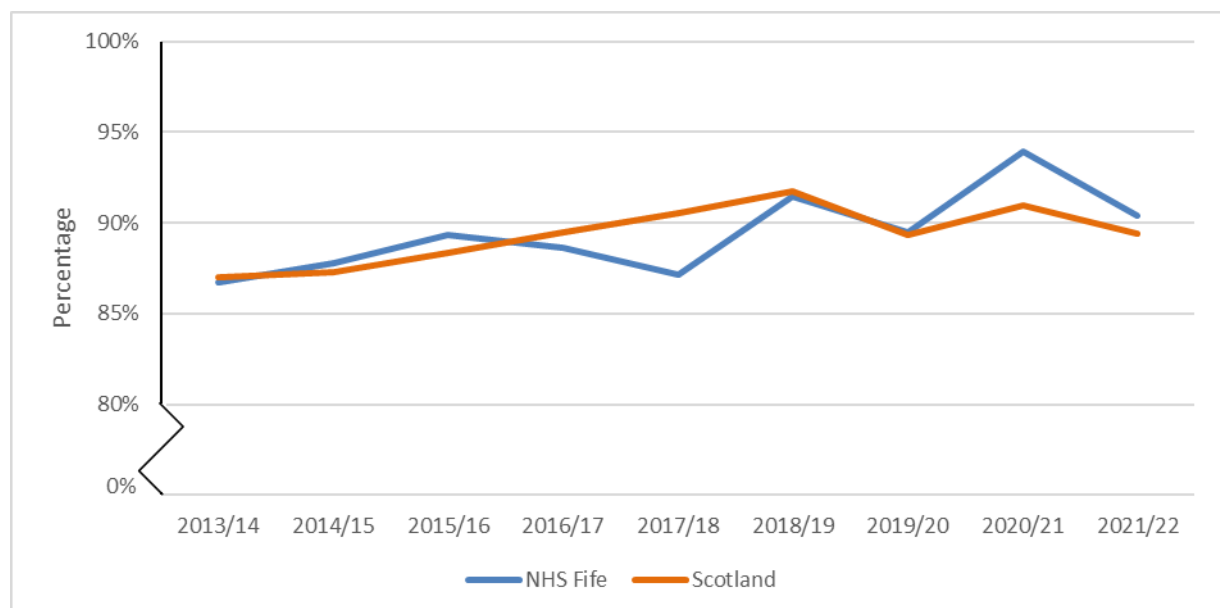
The number of children recorded as having a developmental concern in any domain was 18.3% in 2021/22 an increase from 14.3% in the previous year. The proportion with incomplete reviews or those with missing data was significantly lower at 6.4% compared to 13.1% the previous year.

Some slight differences were noted due to inequalities (Scotland-level SIMD 2020) with the most deprived quintiles having a lower proportion of reviews (92.6%) compared to the least deprived (95.1%); more years of data would be required to see if this trend continues, particularly as the review process was affected by COVID-19 in 2020/21.

27-30 month review

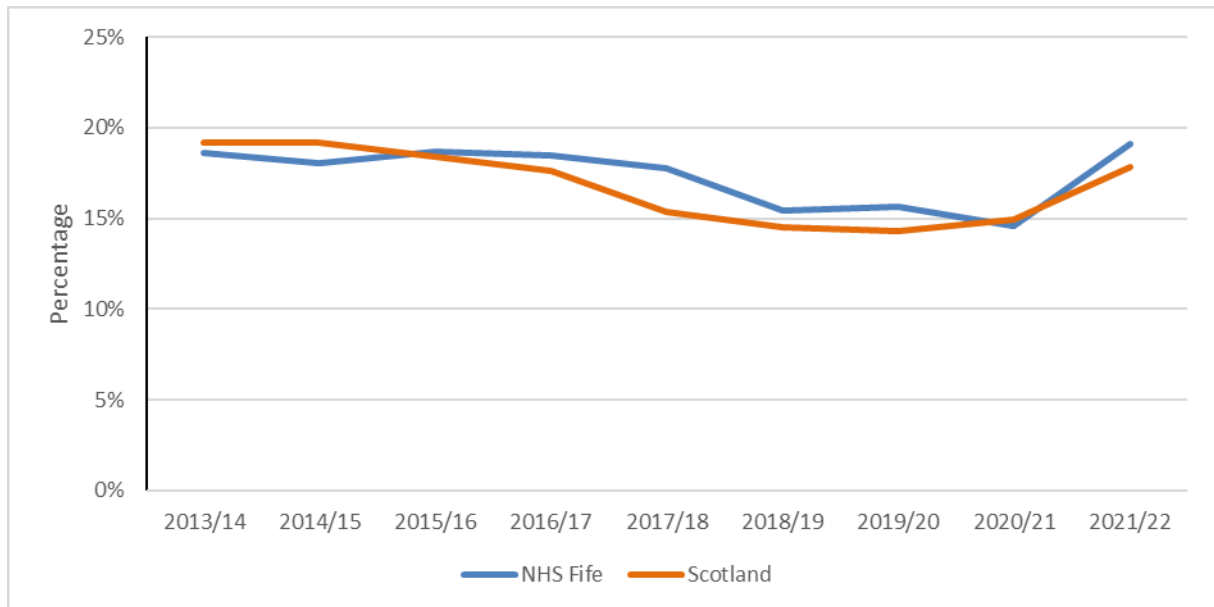
In 2021/22 the proportion of eligible children reviewed at 27-30 months decreased from the previous year from 93.9% to 90.4% (Figure 1) and is slightly higher than the Scottish average for 2021/22 of 89.4%. Fife and Scotland have differed in several years in the available trend³.

Figure 1: Percentage of eligible children reviewed at 27-30 months, NHS Fife and Scotland (Source: PHS)



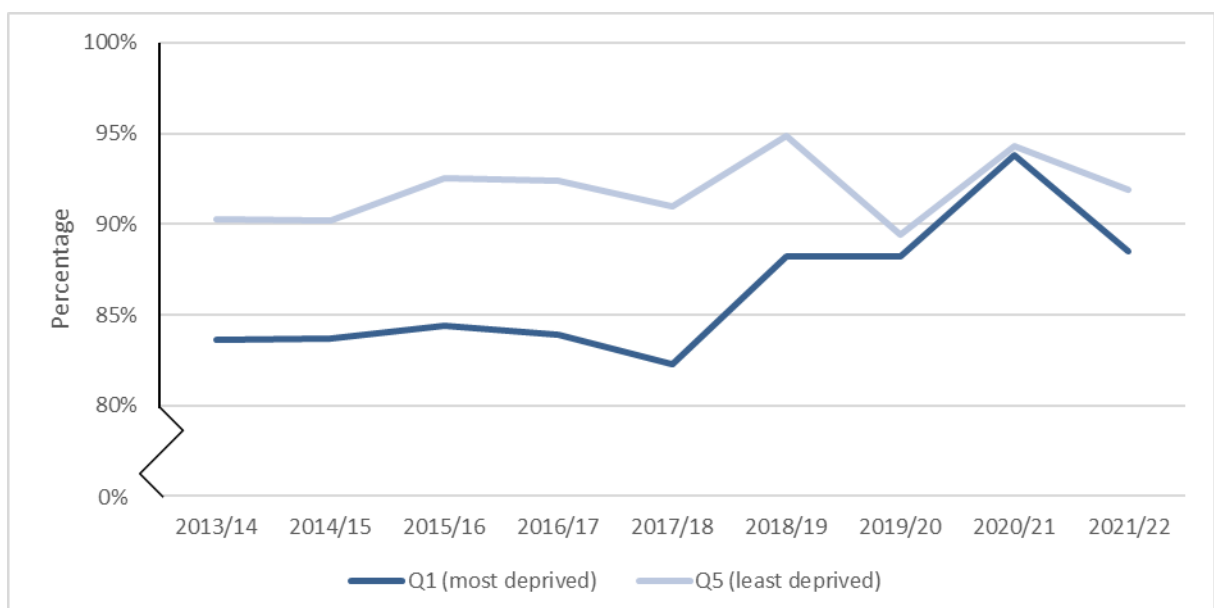
The percentage of children reviewed where a developmental concern was noted increased in Fife in 2021/22 compared to the previous year from 14.6% in 2020/21 to 19.1%. This is higher than the Scottish average for 2021/22 (17.9%), Figure 2. The early child development report from PHS noted increases of developmental concerns across all domains and at all review points in 2021/22 compared to the previous year

Figure 2: Percentage of eligible children reviewed at 27-30 months with a developmental concern, NHS Fife and Scotland (Source: PHS)



From 2018/19 to 2020/21 the gap between most and least deprived quintiles in Fife of the proportion of children reviewed at 27-30 months narrowed (Figure 3) however, the gap has started to increase again in 2021/22. Further years of data will be required to see if this trend continues.

Figure 3: Percentage of eligible children reviewed at 27-30 months by most and least deprived Scotland-level SIMD quintiles, NHS Fife (Source: PHS)



4-5 year review

No data is presented for this measure as NHS Fife chose to only implement this review for children with an additional Health Plan Indicator (HPI) full implementation is planned⁴. This means that the data cannot be compared with Scotland or other boards at present.

¹ [Early Child Development Statistics 2021/22 - Technical Report \(publichealthscotland.scot\)](#)
page 5

² <https://www.publichealthscotland.scot/media/19173/early-child-development-13-15m-tables-2023.xlsx>

³ <https://www.publichealthscotland.scot/media/19174/early-child-development-27-30m-tables-2023.xlsx>

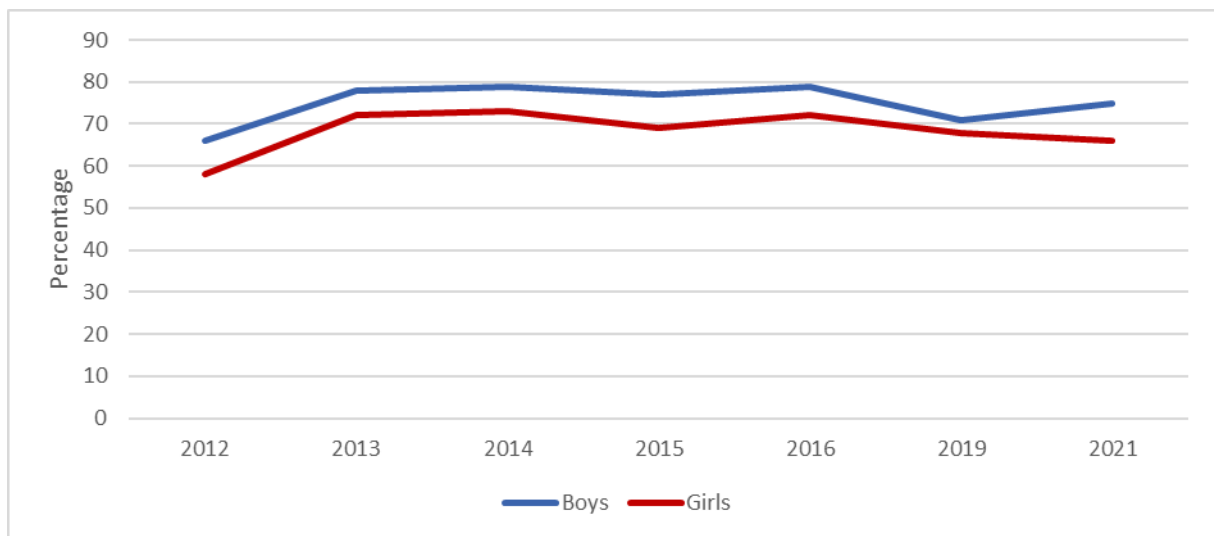
⁴ [Technical Report \(publichealthscotland.scot\)](#) page 6

Play, physical activity

This data is presented at a national level.

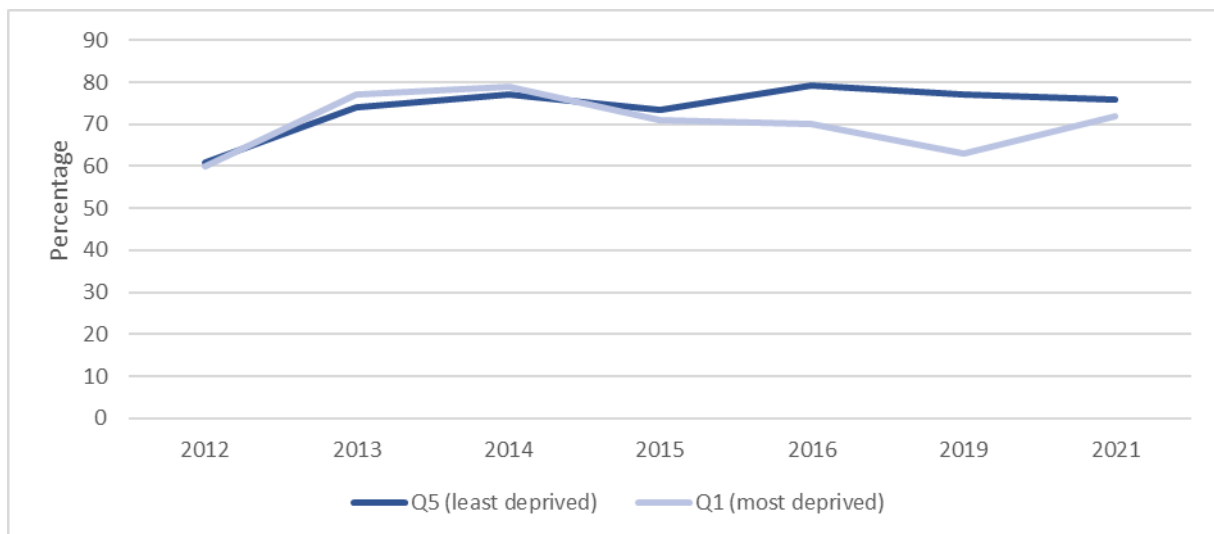
In 2021 the Scottish Health Survey reported an upwards trend in the percentage of children (aged 2-15 years) achieving the recommendation of at least 60 minutes of moderate to vigorous activity a day. A higher percentage of boys achieve the recommendation over girls, in 2021 75% of boys and 66% of girls met the recommendations¹.

Figure 1; Percentage of boys and girls meeting the recommendation of 60 minutes of activity a day (Source: Scottish Health Survey)



Since 2015 a socioeconomic trend can be seen in activity levels of children, with those who are most deprived less likely to achieve 60 minutes of physical activity a day compared to those who are the least deprived.

Figure 2; Percentage of children meeting the target by SIMD Quintile 1 (most deprived) and 5 (least deprived) (Source: Scottish Health Survey)



Technical Information

Children and young people are recommended to participate in moderate to vigorous physical activity for an average of at least 60 minutes a day. This can include school physical education activity, after school activities, active travel along with play and sporting activities. Guidelines on physical activity were revised by the four UK countries in 2011, therefore data is available from 2012 onwards. Physical activity questions were asked differently in 2017 and 2018. Questions used prior to 2017 were reinstated in 2019, data from 2017 and 2018 are therefore not included in trend analysis.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

¹ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Physical activity)

Housing

The number and size of households across Scotland is published annually by National Records of Scotland¹. A range of administrative data is collected by local authorities during the course of their homelessness activities and submitted to Scottish Government including the number of homeless households and households in temporary accommodation².

This section will present high level findings and trends focusing on children from the data available for Scotland or Fife.

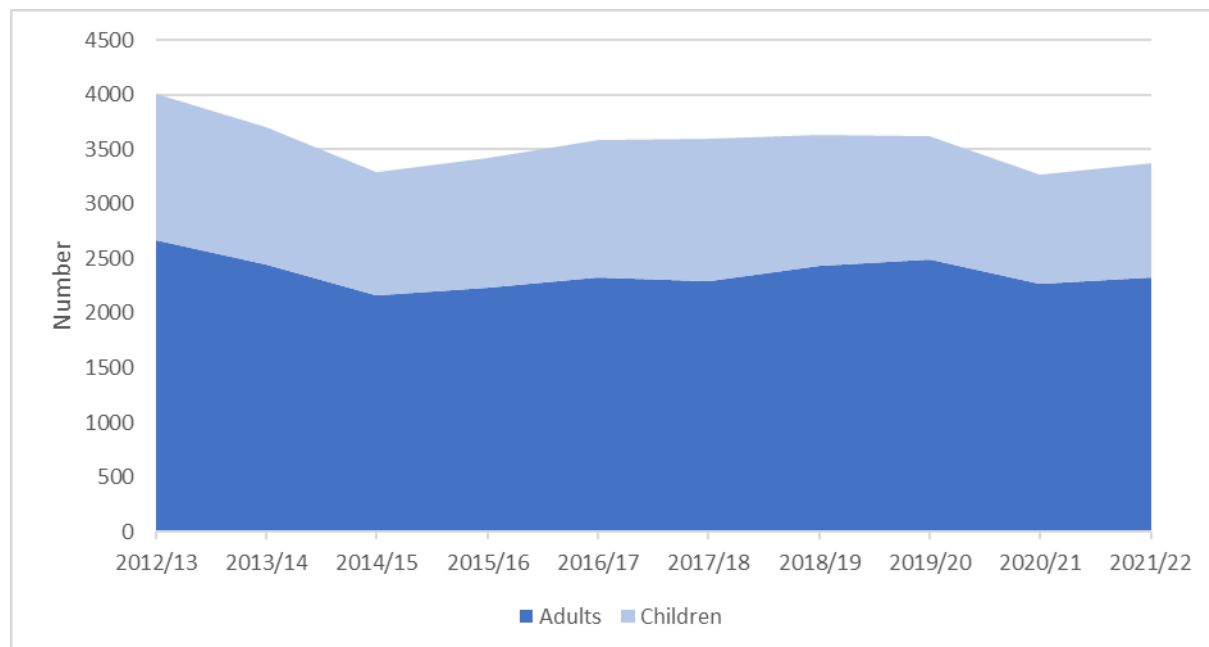
Households

The number of households in Fife in 2021 was 171,086. The number of households in Fife has grown each year since 2001 and is projected to continue to grow to reach an estimated 173,621 in 2028. Average household size in Fife has decreased from 2.28 people per household in 2001 to 2.14 in 202, slightly above the national average of 2.12. Across Scotland it was estimated that in 2021 23% of all households were one family with dependent children which would equate to about 39,350 households in Fife³.

Homeless Households

There were 2,036 homeless households in Fife in 2021/22. These households contained a total of 3,373 people, of whom 2,323 were adults and 1,050 were children³. The number of adults and children in homeless households increased in 2021/22 from 2020/21 but the numbers are lower than reported between 2015/16 and 2019/20 (Figure 1).

Figure 1: Number of Adults and Children in Homeless Households; Fife 2012/13 to 2021/22 (Source: Scottish Government)



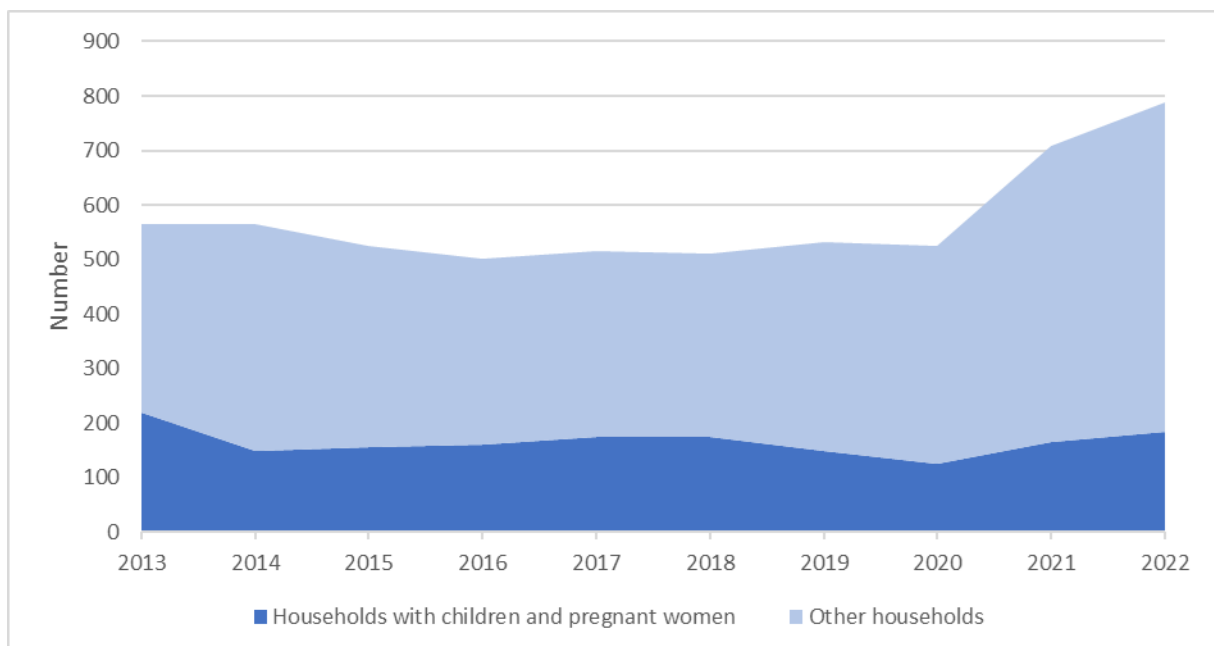
Fife had the third highest number of homeless households of all local authorities in Scotland in 2021/22 but as a rate per 100,000 population Fife was ranked 8th highest of the 32 areas. Fife did have a higher rate of households assessed as homeless per 100,000 population

than the Scottish average, 655 per 100,000 population compared to 634 in 2021/22 and was ranked 8th highest of 32 local authorities.

Children in Temporary Accommodation

There were 787 households in temporary accommodation in Fife as at 31st March 2022. Of these households 185 were households with children or pregnant women. In 2022 the number of temporary households including those with children or pregnant women was the largest since 2013 (Figure 2). Fife reported the 5th largest number of households with children or pregnant women in temporary accommodation in comparison to other local authorities at 31st March 2022.

Figure 2: Households in temporary accommodation; Fife at 31st March 2013-2022 (Source: Scottish Government)



There were 390 children living in households in temporary accommodation in Fife at 31st March 2022. This was a 24% increase on the number reported at the same time in 2021 which had also been an annual increase following followed three years when the numbers had decreased annually (Figure 3).

97% of children living in temporary accommodation as at 31st March 2022 in Fife were living in 'Local Authority Furnished' accommodation. In Fife other households with children spent on average the longest time in temporary accommodation, 425 days. This was higher than the Scottish figure for the same type of household, but Fife had lower lengths of stay than Scotland for single parent households and couples with children (Table 1).

Figure 3: Number of children in temporary accommodation; Fife at 31 March 2013-2022 (Source: Scottish Government)

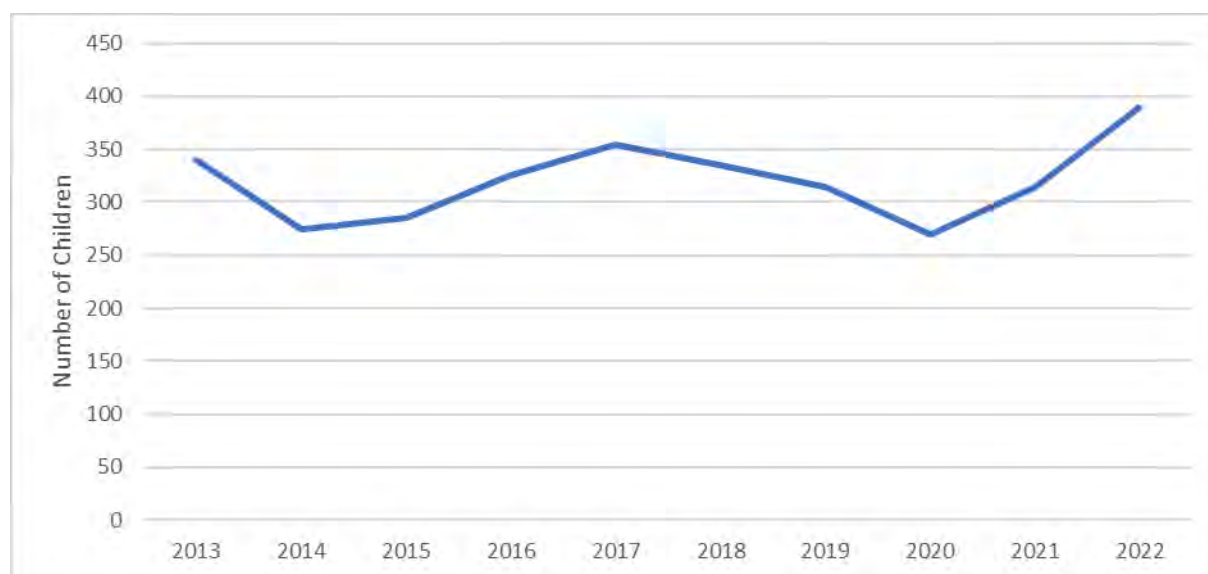


Table 1: Average total time (days) spent in temporary accommodation by household type; Fife and Scotland 2021-22 (Source: Scottish Government)

	Single Person	Single Parent	Couple	Couple with Children	Other	Other with Children
Fife	225	175	129	174	174	425
Scotland	193	234	204	343	212	291

Technical information

In the ONS household data the following definitions are used:

A family is a married, civil partnered or cohabiting couple with or without children, or a lone parent with at least one child. Children may be dependent or non-dependent.

Dependent children are those living with their parent(s) and either (a) aged under 16, or (b) aged 16 to 18 in full-time education, excluding children aged 16 to 18 who have a spouse, partner or child living in the household.

In the homelessness data the following definitions and caveats need to be considered:

Children are under 16 years of age. Households with children are based on the presence of children on the homeless (HL1) application and they may or may not be present in the associated accommodation placements. Data is presented on homelessness in 16-17 year olds at a national level only⁴.

These figures are based on administrative data collected by local authorities and will not include households that are homeless who have not presented to local authorities, so the numbers do not necessarily cover the entire homeless population in Scotland.

Temporary accommodation data are presented as snapshots on a specific date so will not represent the total number who may have lived in temporary accommodation in any given time period.

The number of recorded homeless households and temporary accommodation over time can be affected changes to legislation, policy and practice and in 2020/21 the impact of the COVID-19 pandemic. Further details can be found in the report below².

¹ [Estimates of Households in Scotland](#)

² [Homelessness in Scotland: 2021/22 report](#)

³ [Households by type of household and family, regions of England GB constituent countries](#)

⁴ <https://www.gov.scot/publications/homelessness-scotland-2021-22/documents/>

Domestic abuse

Domestic abuse incidents reported to Police Scotland

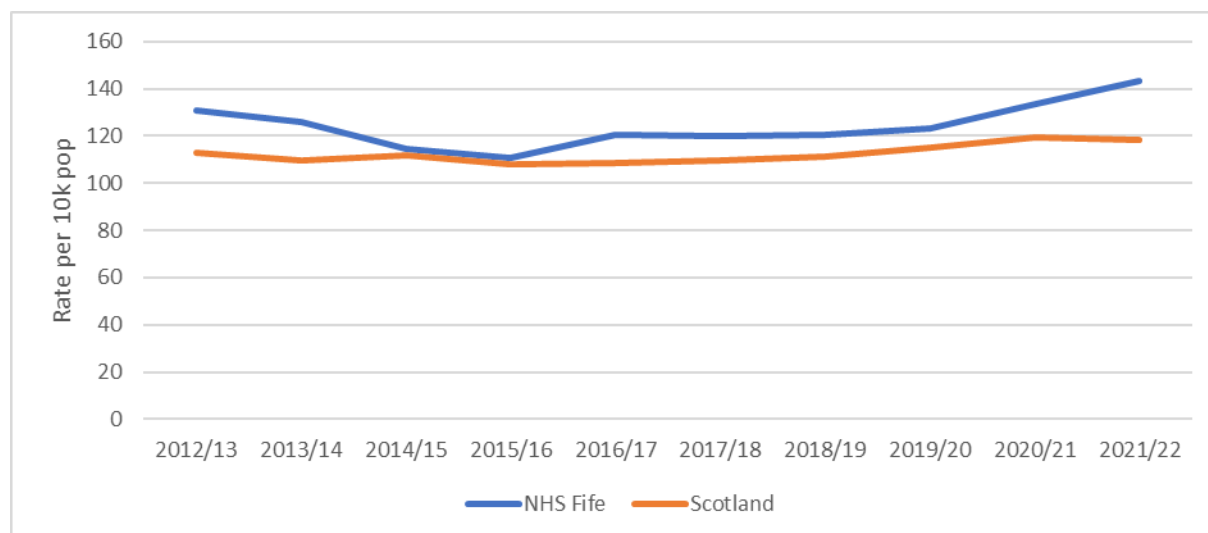
The data in this summary is taken from incidents reported to the Police. The method of reporting changed in financial year 2013/14 with the introduction of a centralised system¹.

The most recent Police Scotland report records that 64,807 incidents of domestic abuse were reported in 2021-22, a slight decrease on the previous year, 39% of which included at least one crime or offence. The most frequently recorded crimes were common assault (32%) and threatening and abusive behaviour (21%)². In Fife 37% of incidents recorded included at least one crime or offence.

At Scotland level, Police Scotland report that 2494 persons under 18 were victims of domestic abuse in 2021-22 (749 under 16). Of the under 18s reported as victims of domestic abuse 84% were female (74% of the under 16s), all ages 83% female³.

Fife has a slightly higher rate of (all ages) reported domestic abuse incidents per 10k population than Scotland, Fife being 143 per 10k population compared to 118 per 10k population in 2021-22; this gap has increased slightly in the most recent years (Figure 1)⁴.

Figure 1: Domestic Abuse incidents reported to Police Scotland as crude rate per 10,000 population NHS Fife vs Scotland (Source: ScotPHO)



¹ [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/) (Annex 2)

² [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/)

³ <https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/> (Table 8)

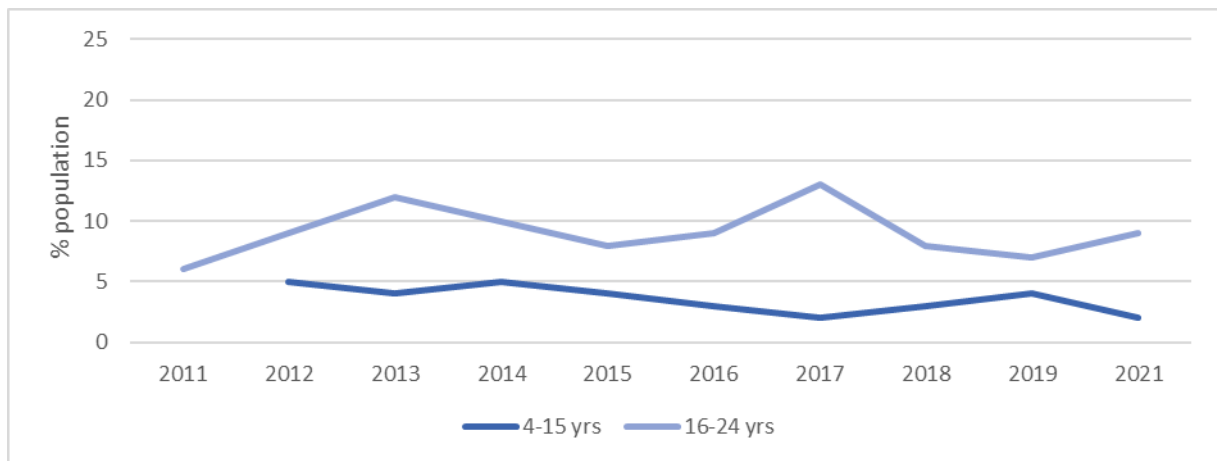
⁴ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (indicator: domestic abuse)

Young carers

Data on young carers is available at a national level only.

Data from the Scottish Health Survey which asked children (4-15 years old) and young people (16-24 years old) if they provided any regular help or care for any sick, disabled, or frail person, showed a decrease in the percentage of children providing care, but an increase in young people providing care¹.

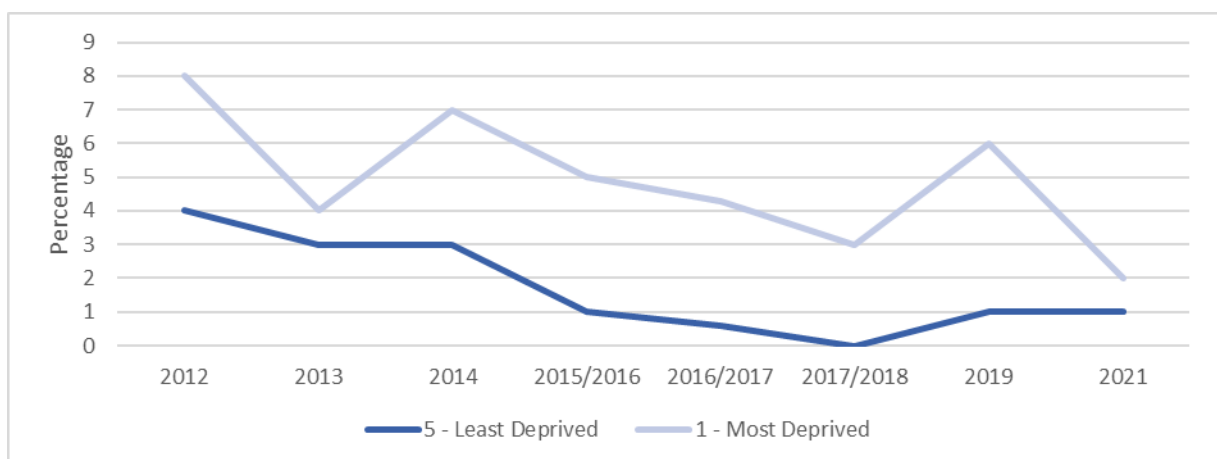
Figure 1; Percentage of children and young people providing any regular help or care for any sick, disabled, or frail person (Source: Scottish Health Survey)



(4-15yrs data for 2016 is combined 2015/2016, data for 2017 is combined 2016/2017 and data for 2018 is combined 2017/2018)

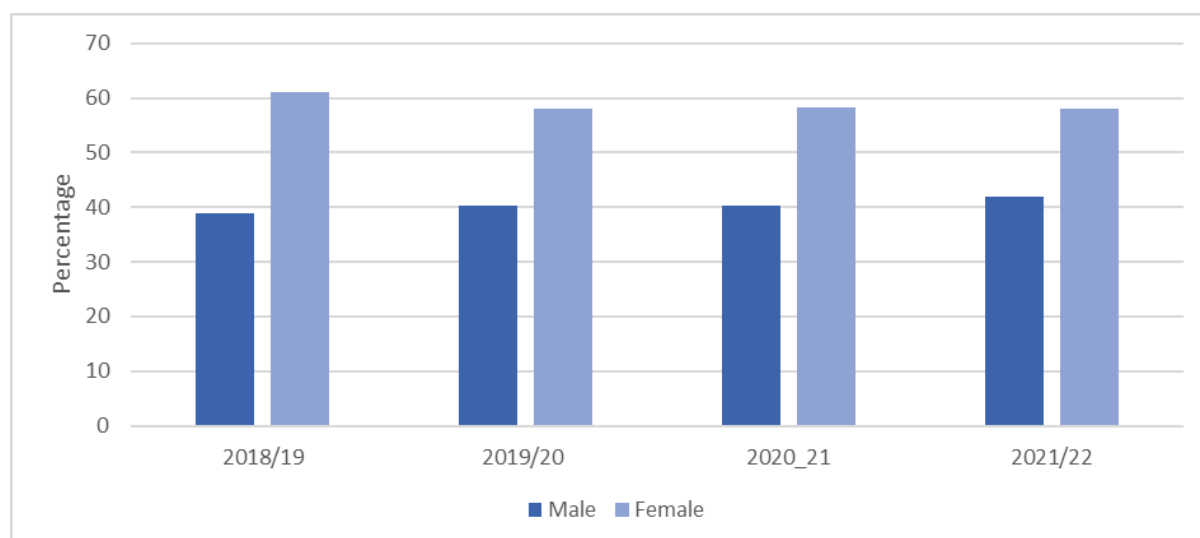
The percentage of child unpaid carers (aged 4 – 15 years) is higher for those living in the most deprived SIMD quintiles than the least deprived areas¹.

Figure 2; Percentage of child unpaid carers (4-15yrs) by SIMD Quintile (Source: Scottish Health Survey)



Young carers (aged 0 – 18 years) are more likely to be female which has been the case since the Carers Census started in 2018².

Figure 3; Percentage of young carers (0-18yrs) by gender (Source: Carers Census Scotland)



Technical Information

In the Scottish Health Survey participants are asked if they provide any help or care on a regular basis to family members, friends, neighbours or others because of a long-term physical condition, mental ill-health or disability, problems with ageing. Since 2014 this explicitly excludes any paid caring work. This question has been asked to children aged 4 to 15 years old since 2012.

In the Carers Census a young carer (under 18 years) was included if they met the following criteria:

- had a Young Carer Statement (YCS) or review of their needs as a carer during the reporting period; or
- were offered or requested a YCS during the reporting period; and/or
- received a specified support service (including short breaks or respite) during the reporting period².

During the collection period systems to record the above information were being set up, and as such some providers were unable to provide the required information. Therefore, it is suggested that the figures presented in the Carers Census may be an underestimate of the number of carers being supported by local services.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

¹ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Provide any regular help or care for any sick, disabled or frail person)

² [Supporting documents - Carers Census, Scotland, 2019-20 and 2020-21 - gov.scot \(www.gov.scot\)](https://www.gov.scot)

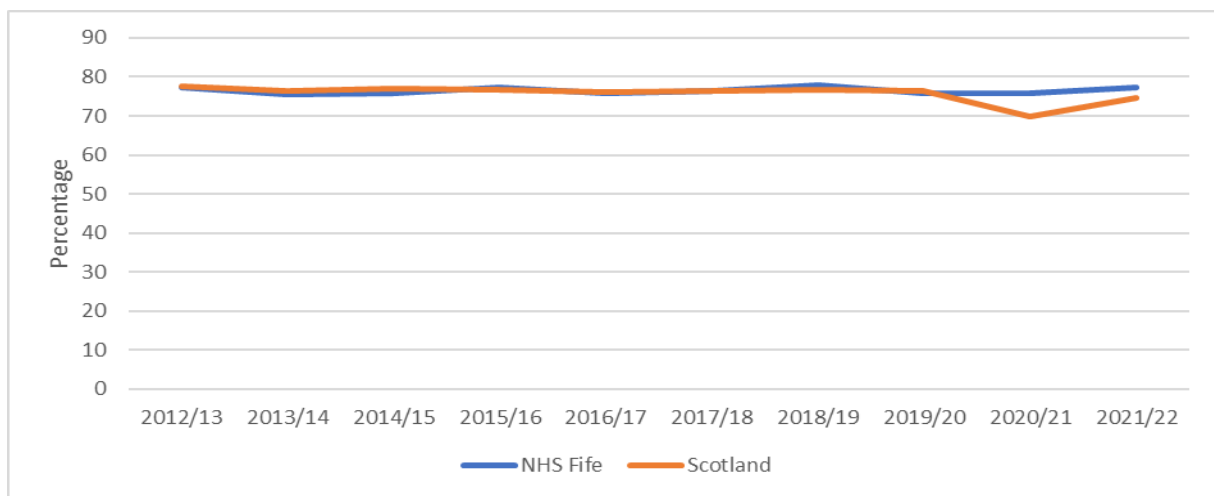
Food/Diet

Healthy weight

In Scotland there is a school-based review programme which monitors the weight of children in primary 1. This programme was impacted by the COVID-19 pandemic with fewer children being reviewed and as such 2020/21 figures are not available at a Fife level.

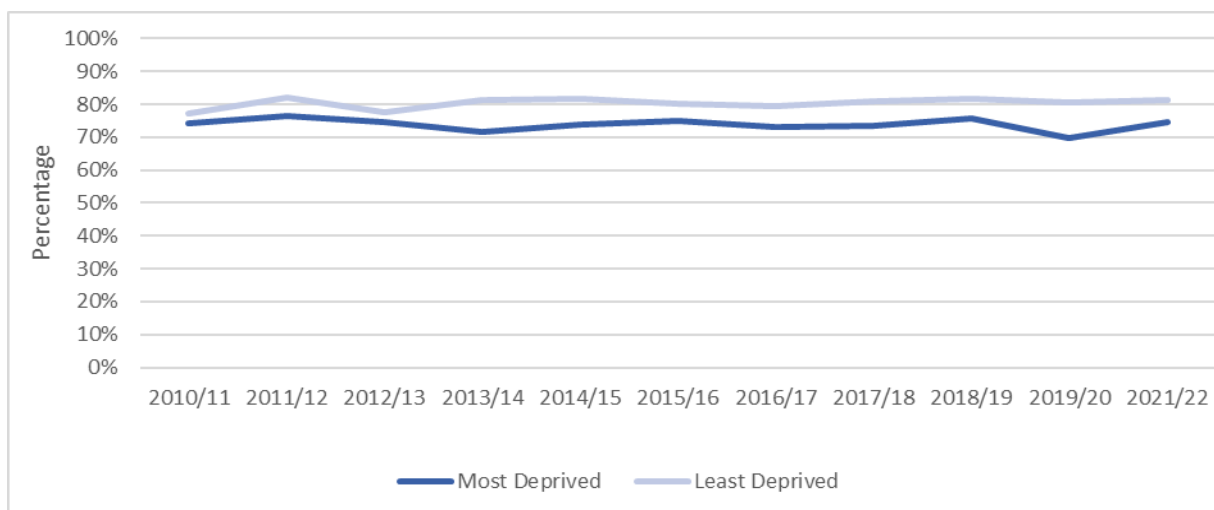
In 2021/22 77.3% of P1 children were a healthy weight, this is slightly higher than Scotland (74.7%) and higher than the percentage from the last recorded year (2019/20 75.67%) for Fife¹.

Figure 1; Percentage of healthy weight children in P1 in Fife and Scotland (School year)
(Source: ScotPHO)



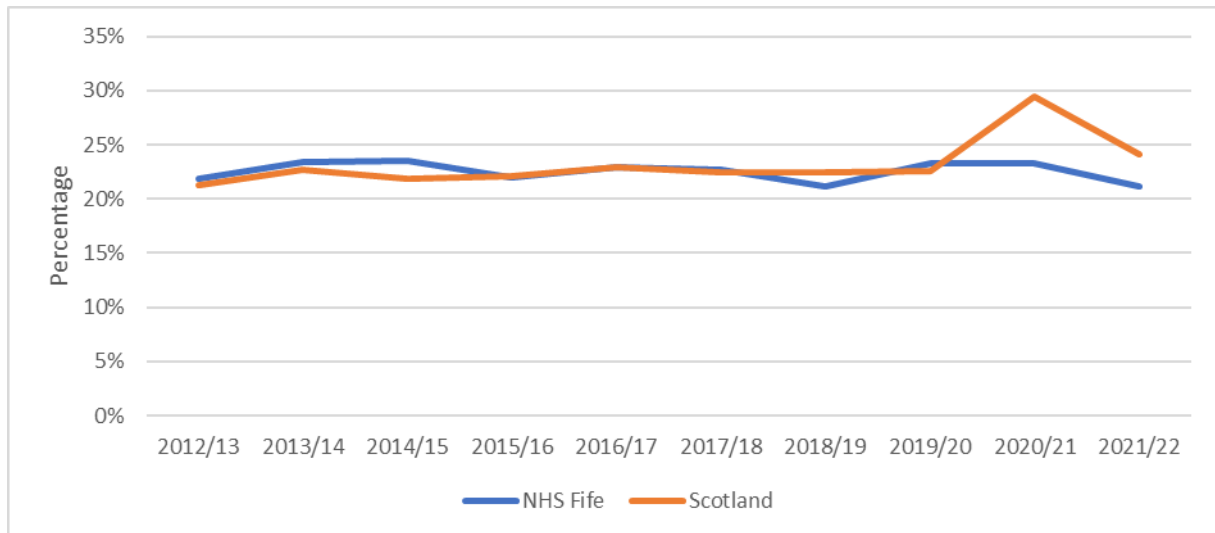
Healthy weight children are more likely to live in the least deprived areas of Fife than in the more deprived areas².

Figure 2; Percentage of healthy weight children in Fife by SIMD (Source: PHS Primary 1 BMI Statistics)



The percentage of children considered to be obese in Fife in 2021/22 is currently 21.1%, this is lower than the figure for Scotland (24.1%) and is also lower than the last recorded figure of 23.3% in 2020/21³.

Figure 3; Percentage of obese children in Fife and Scotland (Source: PHS Primary 1 BMI Statistics)

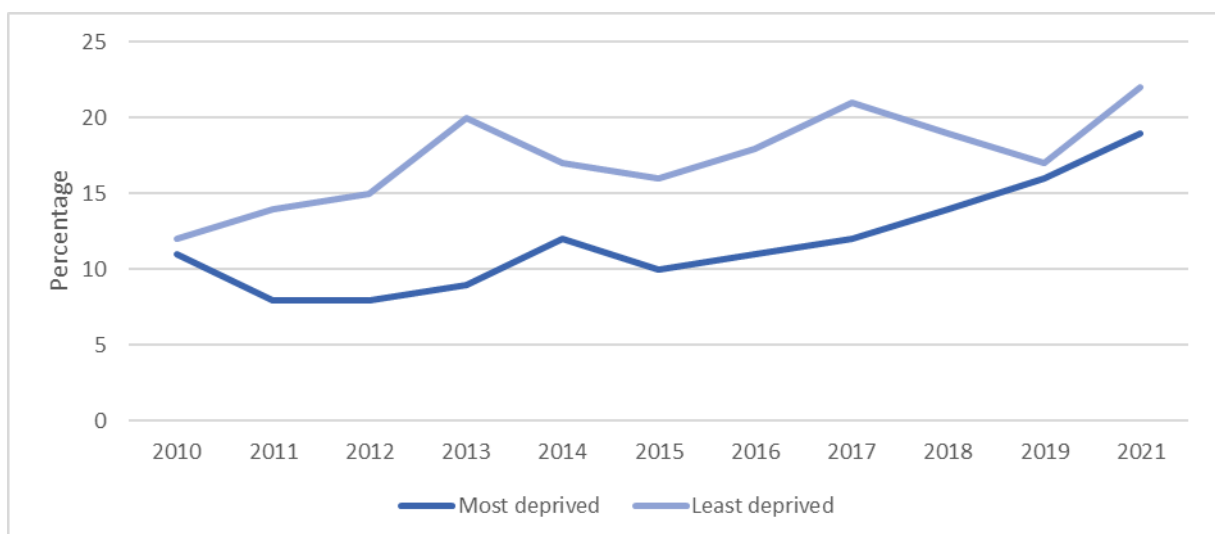


Diet

This data is only available at Scotland level.

Scotland's children are recommended to eat 5 portions of fruit or vegetables a day. The average number of fruit and vegetable portions eaten by children in Scotland has increased to 3.4, from 2.8 in 2019 (no data is available for 2020 due to disruptions in data collection during the COVID-19 pandemic). Children living in more deprived areas are less likely to eat 5 or more portions of fruit or vegetables a day⁴.

Figure 4; Percentage of children consuming 5 or more portions of fruit and vegetables eaten a day by SIMD quintile for Scotland (Scottish Health Survey)

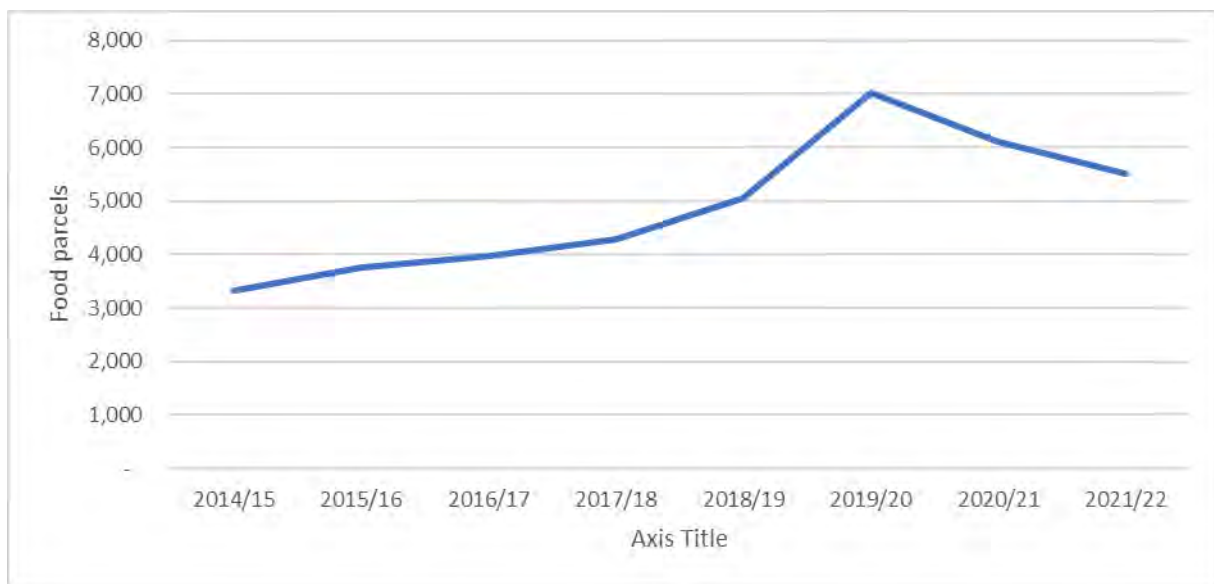


Food insecurity

In Scotland 7% of households have low food security, with 4% having very low security (2020/21). Across the UK 9% of households with children are food insecure compared to 6% of households without children⁵.

The Trussell trust published end of year statistics for foodbank use throughout the UK. The number of food parcels given out to children had been increasing year on year up to the financial year 2019/20 with 7,028 parcels given out to children in Fife. After this time the numbers have decreased, and in Fife for the financial year 2021/22 5,506 parcels were given out⁶. This trend is also seen across Scotland.

Figure 5; Number of food parcels given to children in Fife by financial year (Source: The Trussell Trust)



Technical Information

For data relating to healthy weight and obese epidemiological thresholds are used to monitor changes in the whole child population of the proportion of children who are at risk of an unhealthy weight. Figures for primary 1 are based on children with a valid height and weight record, and who's BMI is between 5% and 95% of the 1990 UK reference range for their sex and age.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

Food security is a measure of whether households can have an active and healthy lifestyle based on the food they have. Questions are asked based on the 30 days prior to the interview.

¹ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (Indicator: Child healthy weight in primary 1)

² [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://open.data.nhs.uk/dataset/primary-1-body-mass-index-bmi-statistics-datasets-scottish-health-and-social-care) (Table: Epidemiological BMI at deprivation at health board level)

³ [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#) (Table: Epidemiological BMI at health board level)

⁴ [Scottish Health Survey \(shinyapps.io\)](#) (Indicator: Fruit and vegetable consumption (mean daily portions) children)

⁵ [Family Resources Survey - GOV.UK \(www.gov.uk\)](#)

⁶ [End of Year Stats - The Trussell Trust](#)

Smoking and Children and Young people

The last date data was published for Fife regarding smoking use in school children was the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)¹. This local summary presents key findings from the 2018 survey for pupils attending schools in Fife Council area. The next update will be from the 2023 Fife Young People's Health & Wellbeing Survey.

Findings from the Health & Wellbeing Census Scotland² (16 local authorities excluding Fife) on cigarette and e-cigarette use in S2 and S4 school pupils are included to give an indication of a more recent the national picture together.

Smoking prevalence in Fife

Of the 689 valid responses from 13-year-olds in Fife; 12 % had tried smoking which, 1% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 2 % were regular smokers (usually smoking one or more cigarettes per week).

Of the 538 valid responses from 15-year-olds in Fife; 33% had tried smoking which is 2% more than reported for Scotland, 6% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 8 % were regular smokers (usually smoking one or more cigarettes per week) which is 1% more than reported for Scotland in 2018, Figure 1

Findings from the Health & Wellbeing Census Scotland 2021/22 show smoking prevalence for both age groups dropped for occasional and regular smokers. With 0.8% of 13-year-olds and 2.4% of 15-year-olds reporting occasional use and 1.6% of 13year olds and 4.3% of 15year olds reporting regularly smoking, Table 1.

Figure 1: smoking prevalence as % of children surveyed, Fife (Source: SALSUS 2018)

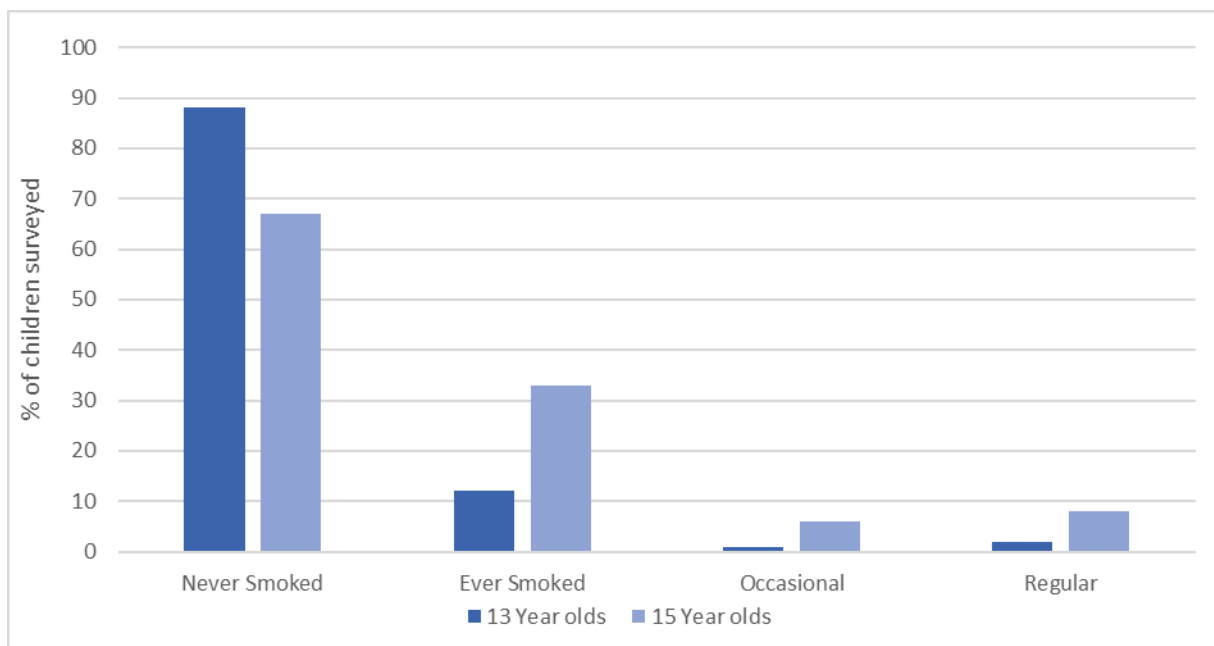


Table 1: Smoking prevalence, % in each pupil stage, Scotland (Source: HWB Census)

	S2	S4
Non-smokers	94.5%	89.4%
Occasional smokers	0.8%	2.4%
Regular smokers	1.6%	4.3%
Prefer not to say	3.1%	3.9%

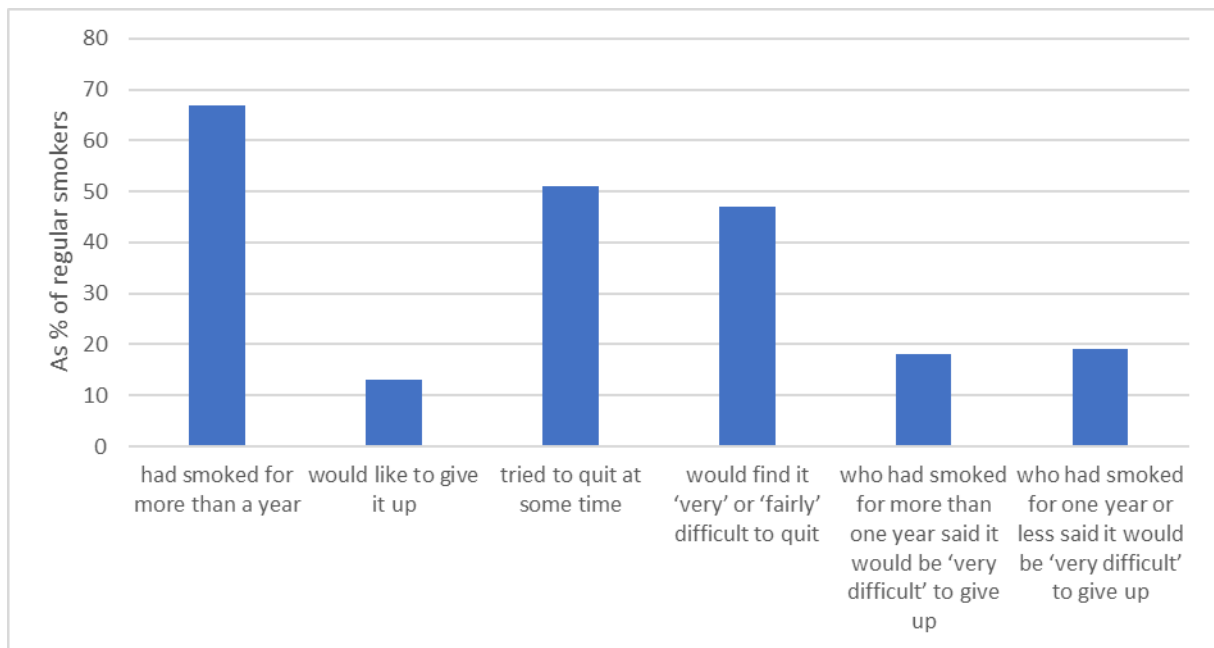
Smoking prevalence by Sex

The HWB Census reported for Scotland the split by sex for S2 and S4 pupils who regularly smoked was 2.9% male, 2.5% female and 4.8% unknown. Occasional smokers across both age groups were 1.3% male and 1.7% female.

Smoking dependence for regular smokers

Pupils who reported they were regular smokers were asked further questions on their dependence. 67% of regular smokers had smoked for more than a year which is 8% higher than reported for Scotland.

Figure 2: % of regular smoker's dependence on cigarettes (Source: SALSUS 2018)

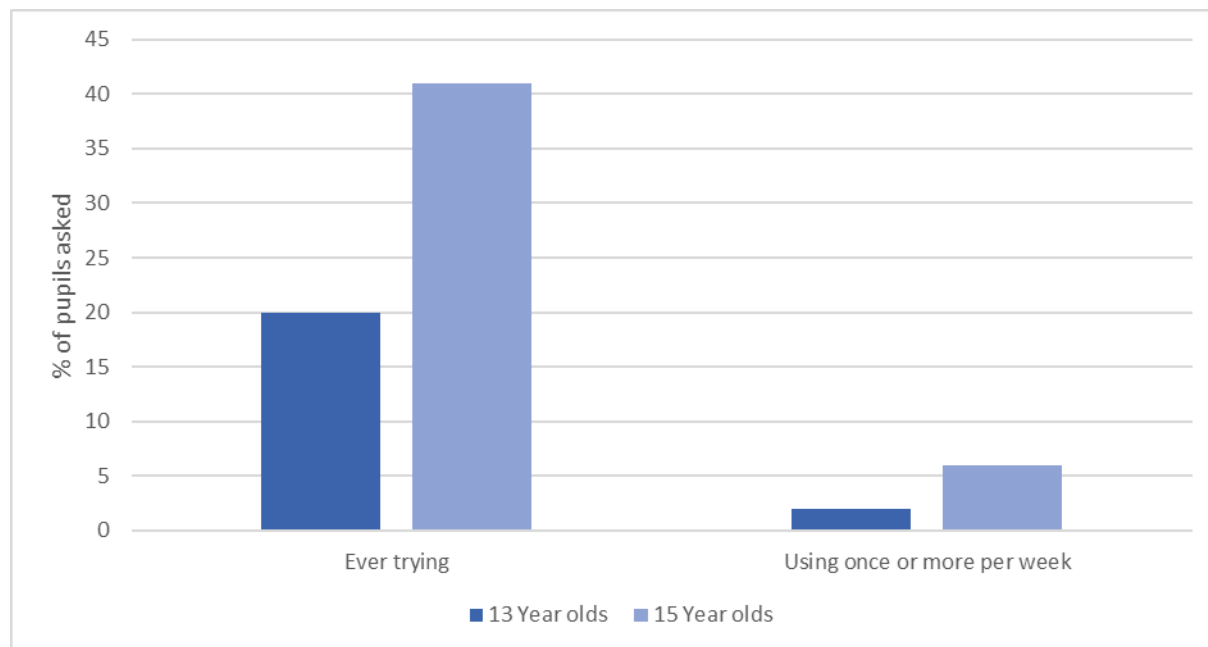


E-cigarette use

All pupils were asked about e-Cigarette use. 20% of 13-year-olds (3% more than reported for Scotland) and 41% of 15-year-olds (6% more than reported for Scotland) had reported trying e-cigarettes. 2% of 13-year-olds and 6% of 15-year-olds (2% more than Scotland) reported using e-cigarettes once or more per week, source SALSUS 2018.

The HWB Census reported for Scotland the S2 age group 6.8% of pupils using e-cigarettes at present and 4.3% were regular vapers. This increased for S4 age group with 14.8% of pupils using e-cigarettes at present and 10.1% were regular vapers.

Figure 3: E-cigarette use in 13- and 15-year olds in Fife (Source: SALSUS 2018)



Cigarette and e-cigarette use by SIMD20, Scotland

Findings from the HWB Census for Scotland indicate a higher prevalence of use for both smoking and vaping in the most deprived areas, Table 2.

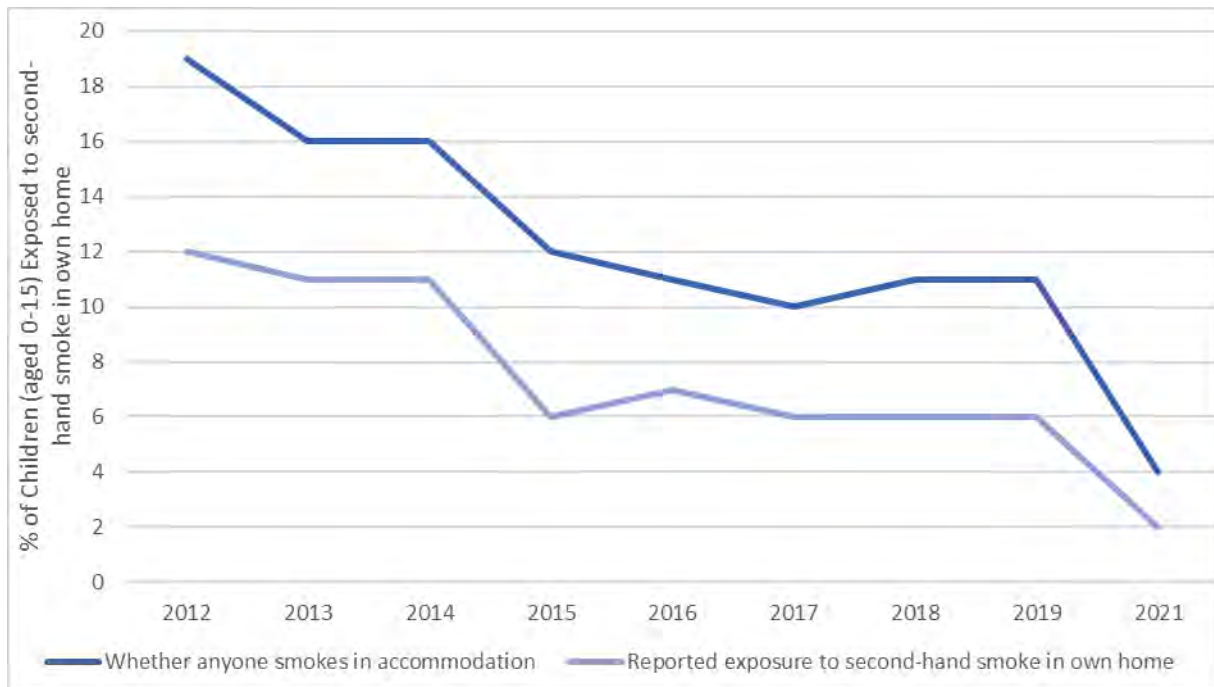
Table 2: % Cigarette and e-cigarette use in 13- and 15-year-olds Scotland (Source: HWB Census)

Response	SIMD 1 (most deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (least deprived)	Unknown
Regular smokers	3.2	3.4	3.1	2.5	1.5	4.2
Occasional smokers	1.3	1.7	1.6	1.6	1.3	[c]
Use of e cigarettes at present	11.3	11.0	11.1	10.2	7.7	8.4
Regular vaper	7.8	7.8	7.3	6.6	4.6	4.7

Exposure to second-hand smoke in own home, Scotland 2021

The number of Children aged 0-15 years who are exposed to second-hand smoke at home in Scotland has reduced significantly since 2012. For those reporting anyone smokes at home went from 19% in 2012 to 4% in 2021 and for those reporting children had exposure to second-hand smoke at home this reduced from 12% in 2012 to 2% in 2021.

Figure 4: Exposure to second-hand smoke in own home, Scotland 2012-2121 (Source: The Scottish Health Survey 2021)



¹ [Summary findings for Fife Council \(www.gov.scot\)](http://www.gov.scot)

² [Scottish Health Survey 2021](#)

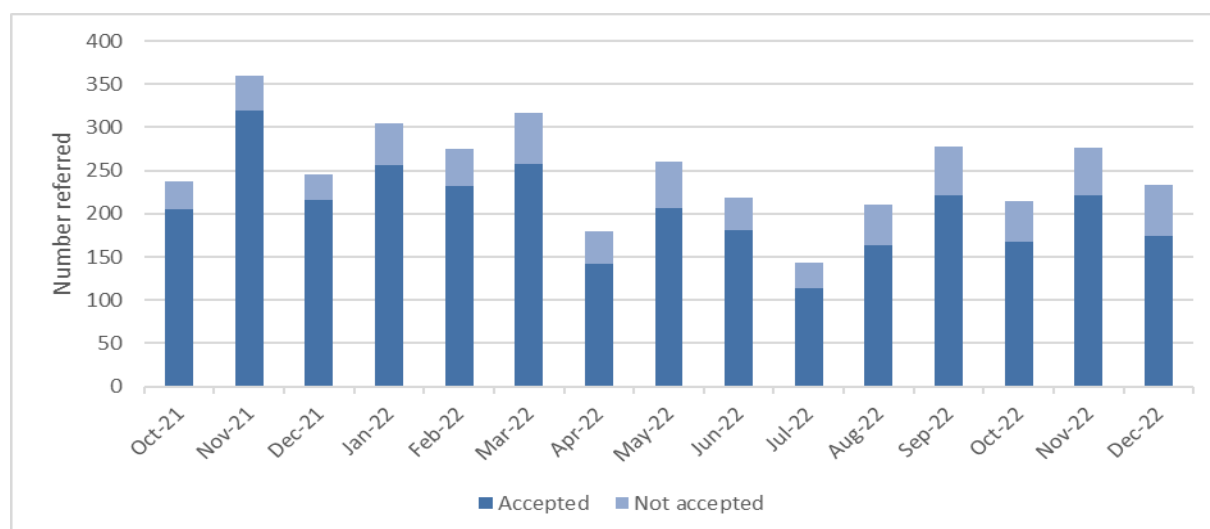
Mental Health and Wellbeing

Up to date data is limited on the wellbeing of children and young people in Fife until the results are available from the 2023 Fife Young People’s Health & Wellbeing Survey. It is anticipated that these results will be available from the Autumn.

Referrals

During 2022 2,910 children were referred to Child and Adolescent Mental Health Services (CAMHS) in NHS Fife, with 80.3% of these accepted for treatment¹.

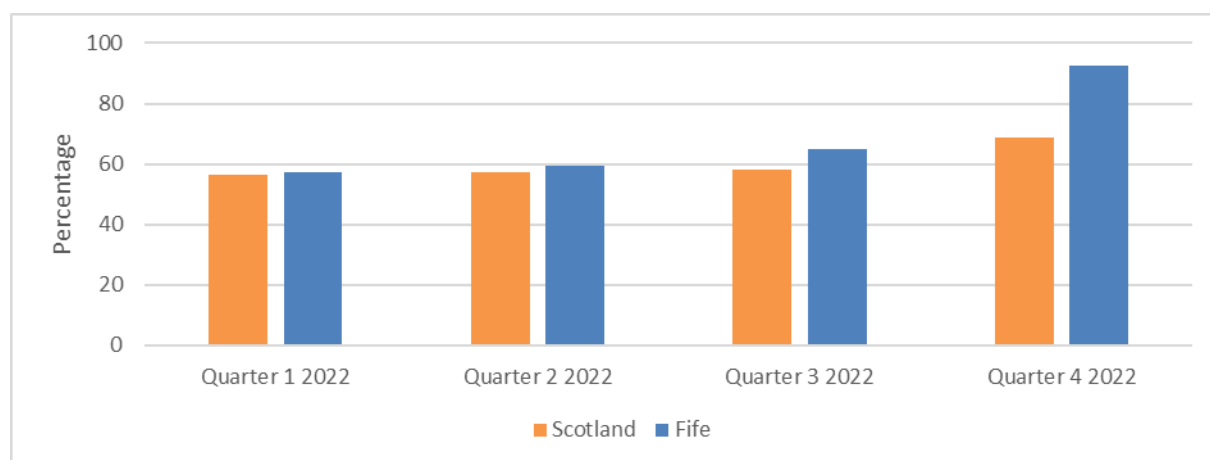
Figure 1; Number of children referred to NHS Fife CAMHS split by those accepted and not accepted for treatment (Source: PHS Child and adolescent mental health services (CAMHS) waiting times)



Waiting times

Throughout 2022 there has been an increase in the percentage of children meeting the Scottish Governments CAMHS 18-week referral to Treatment Target (RTT), in the last quarter of 2022 there was an increase from 68.6% in the previous quarter to 92.6%¹.

Figure 2; Percentage of children in 2022 meeting the 18-week Referral to Treatment Target in NHS Fife and Scotland (Source: PHS)



¹ [Dashboard - Child and Adolescent Mental Health Services \(CAMHS\) waiting times](#)

Impact of Alcohol and Drugs

Up to date data is limited on the use of alcohol and drugs in children aged under 18 in Fife until results are available from the 2023 Fife Young People's Health & Wellbeing Survey (please see technical information section below). Prior to this the data was available from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) which last ran in Fife in 2018.

Headline findings from the Health & Wellbeing Census Scotland (16 local authorities excluding Fife) on alcohol and drug use in S2 and S4 school pupils are included to give an indication of a more recent the national picture together with some findings from the 2018 SALSUS survey.

Fife data is published on alcohol and drug related hospital admissions in young people aged 11-25 years but is not available to be broken down by SIMD or areas within Fife. This section will include trends in these admissions compared to Scotland.

Alcohol

Alcohol Use

Findings from the SALSUS 2018 survey reported 6% of S2 and 24% of S4 pupils in Fife had drunk alcohol in the last week compared to 6% and 20% across Scotland.

More than two thirds of pupils in S2 and 41% of pupils in S4 in the Health & Wellbeing Census from other areas in Scotland reported that they did not currently drink alcohol (Table 1). In both age groups the most commonly reported frequency of drinking alcohol was 'a few times a year'. 10% of S4 pupils reported that they drank alcohol about once a week.

Table 1: Frequency of drinking alcohol; % in each pupil stage (Source: HWB Census)

	S2	S4
More than once a week	1.2	3.2
About once a week	2.3	9.6
About once a fortnight	2.6	9.7
About once a month	4.3	10.8
Only a few times a year	22.3	25.9
I never drink alcohol	67.2	40.7

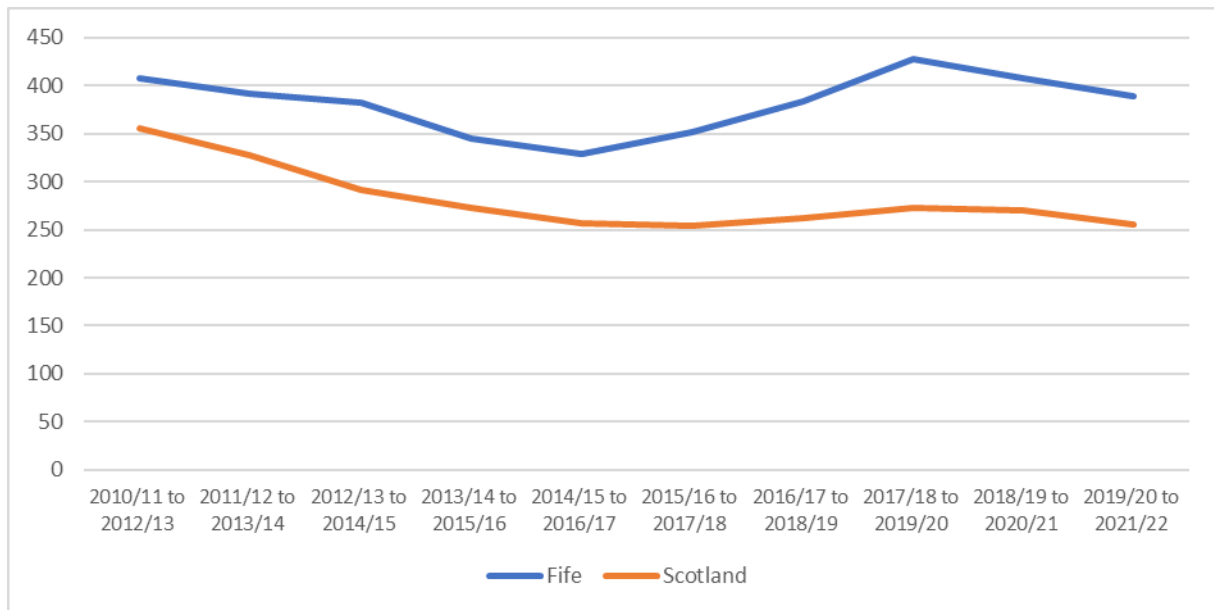
Alcohol-related hospital admissions

In the last three years there have been an annual average of 252 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (age-sex standardised) of 389 per 100,000 population.

Figure 1 shows an increasing trend in rates of alcohol-related hospital admissions from 2014/15-2016/17 to 2017/18-2019/20 following a period of declining rates. Rates have fallen in the two most recent time periods but it is unclear what impact Covid-19 will have had on these figures but they are likely to be lower than would have been observed.

Fife has had consistently higher admission rates than Scotland in all time periods shown. The pattern of admissions has been similar, but Scotland did not see such a large increase in admission rates so the gap between Fife and Scotland has widened.

Figure 3: Alcohol-related hospital admissions, aged 11-25 years Fife and Scotland; three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source PHS)



Drugs

Drug Use

In the SALSUS 2018 survey 19% of S4 pupils in Fife reported they had 'ever' used drugs compared to 21% across Scotland.

10% of pupils in S4 reported in the Health & Wellbeing Census that they had 'ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you'. Of those pupils who reported 'ever' drug use, 17% reported that they took drugs 'once or twice a month' and 19% reported taking drugs 'at least once a week or more'. The most reported type of drug used was cannabis which had been taken by 95% of the pupils who reported 'ever drug use'.

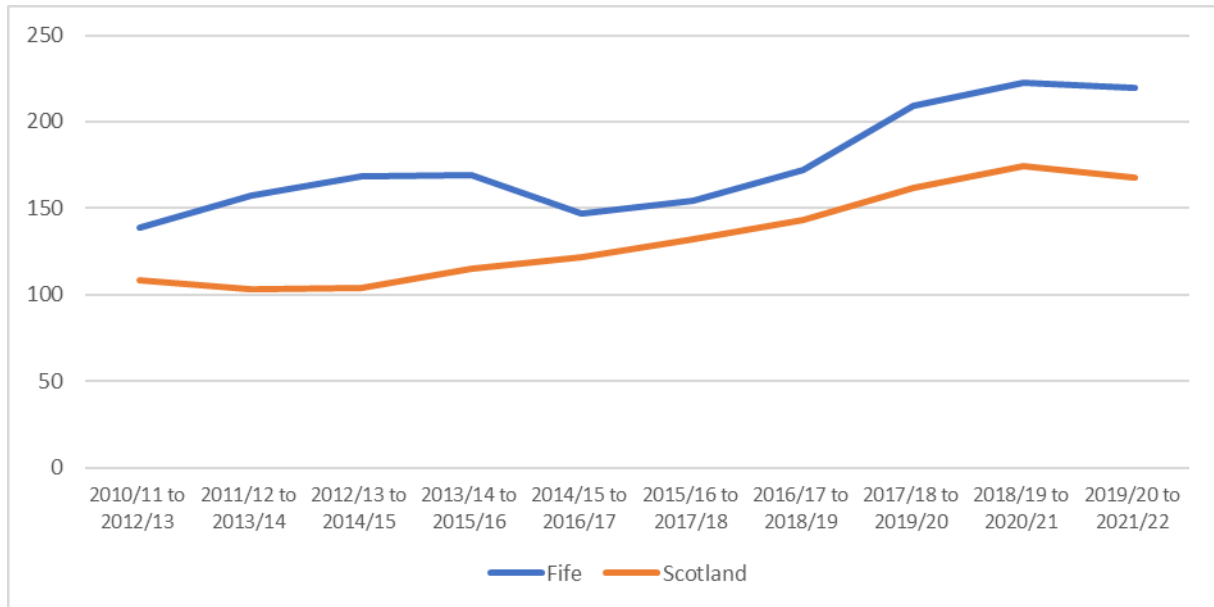
Drug-Related Hospital Admissions

In the last three years there have been an annual average of 144 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (standardised) of 219 per 100,000 population which was higher than the Scottish rate of 168. Fife has had consistently higher admission rates than Scotland in all time periods shown.

Both Fife and Scotland show a trend of year on year increasing average rates of drug-related hospital admissions, from 2012/13-2015/16 in Scotland and two years later in Fife (Figure 2). Rates fell between 2018/19-2020/21 and 2019/20-2021/22 but it is unclear what

impact Covid-19 will have had on these figures but they are likely to be lower than would have been observed.

Figure 2: Drug-related hospital admissions, aged 11-25 years Fife and Scotland; Three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source: PHS)



Technical information

Between 2002 and 2018 the SALSUS survey was the main source of substance use data in young people in S2 and S4 in Scotland¹. Questions on alcohol and drug use are now included in the new Health and Wellbeing Census which was given to S2 and S4 pupils in 16 local authorities (not Fife) across Scotland in 2020-2021². Data on these topics for Fife will be available from the Fife Young People’s Health and Wellbeing Survey by Autumn 2023.

Hospital admissions that are alcohol or drug related, defined as admissions with an alcohol or drug related code in any diagnostic position, are published annually on ScotPHO at health board level for 11-25 year olds but not for other age groups³. Public Health Scotland publish Scotland level admission rates for under 15s and 15-24 age group⁴.

¹ <https://www.gov.scot/collections/scottish-schools-adolescent-lifestyle-and-substance-use-survey-salsus/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/>

³ <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

⁴ <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2021-to-2022/>

<https://www.publichealthscotland.scot/publications/drug-related-hospital-statistics/drug-related-hospital-statistics-scotland-2021-to-2022/summary/>

Sexual Health

Data is limited on the of sexual health and wellbeing in children aged under 18 in Fife and across Scotland (see technical information below). This section will provide an overview of teenage pregnancy in under 18s and under 16s in Fife presenting numbers and rates over time and how these differ by deprivation and compare to Scotland and other Health Board areas. Teenage pregnancy data counts the number of conceptions in individuals aged under 20 years of age and includes live births, still births and notifications legal abortions.¹ In the absence of Fife data this section will also contain a national overview of rates of sexually transmitted infections.

Teenage Pregnancy

In 2020 there were 95 teenage pregnancies in under 18s and 12 in under 16s in Fife. There has been a significant fall in the number of teenage pregnancies in both age groups in the last 10 years (Table 1).

Table 1: Teenage pregnancies by age group; Fife 2011 to 2020 (Source: PHS)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Under 16s	41	41	26	26	24	27	22	19	23	12
Under 18s	236	216	201	147	149	127	145	129	118	95

Fife compared to Scotland and other Health Boards

Teenage pregnancy rates in both age groups in Fife and Scotland are currently at their lowest levels since reporting began in 1994. In the last 10 years rates in Fife have fallen by 55% in the under 18s and by 70% in under 16s. Reductions of 58% and 65% were seen nationally.

Among under 18s rates in Fife remain significantly higher than Scottish average, 16.6 per 1000 population compared to 12.8. Among under 16s rates in Fife were the same as those in Scotland in 2020 at 2 per 1000 population (Figure 1).

Figure 2 shows that in 2020 under 18 teenage pregnancy rates in Fife were the second highest of mainland health boards. Data is not available for all Health Boards for rates of pregnancy in the under 16s so figures are not presented.

Figure 1: Teenage pregnancy rates by age group; Fife and Scotland 2011-2020 (Source PHS)

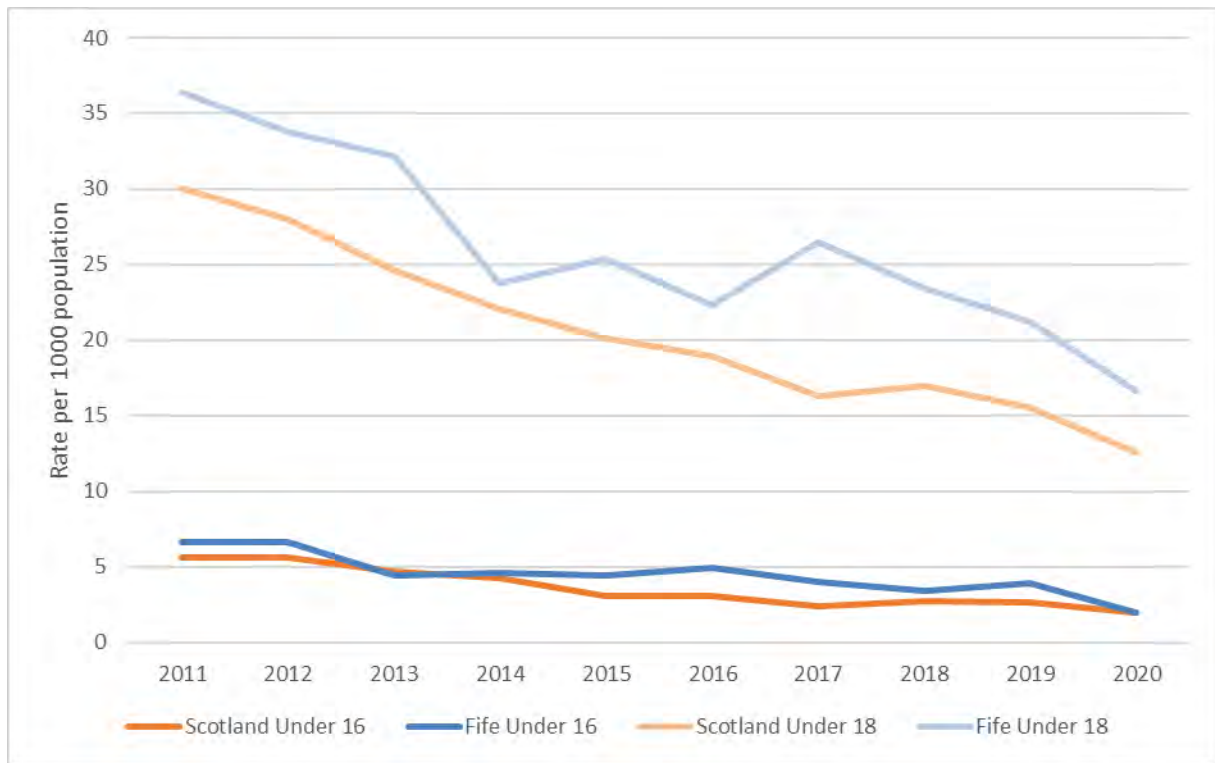
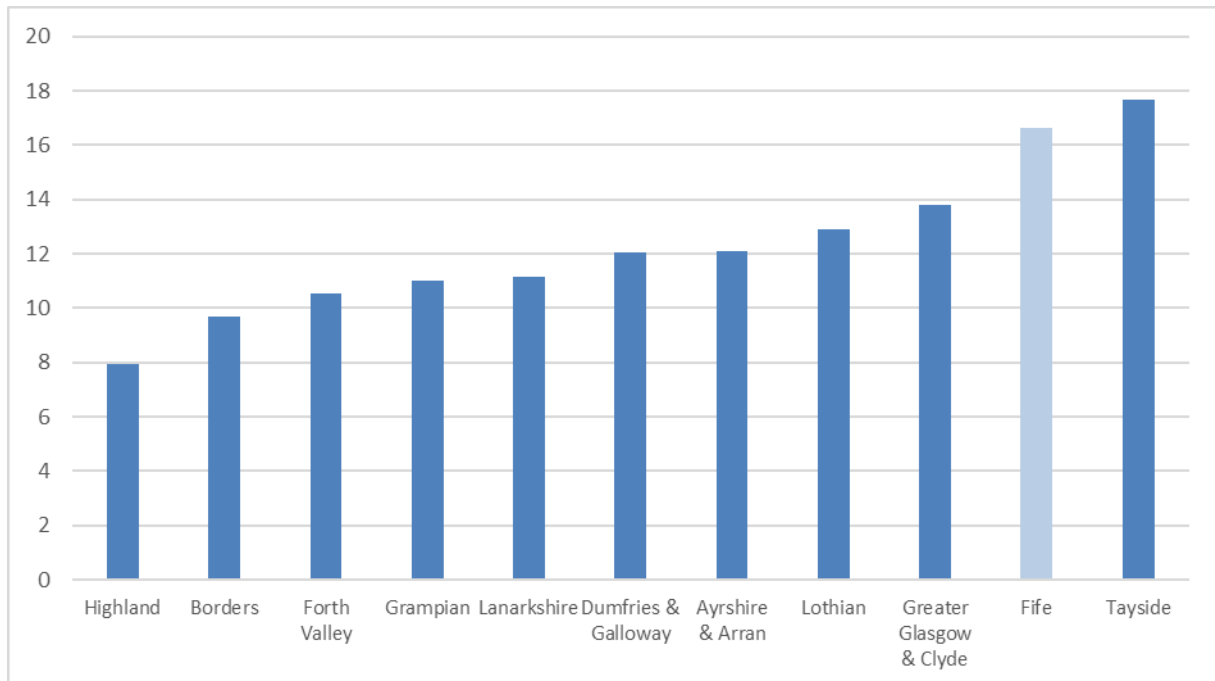


Figure 2: Teenage pregnancy rates in under 18s by Health Board (Source:PHS)

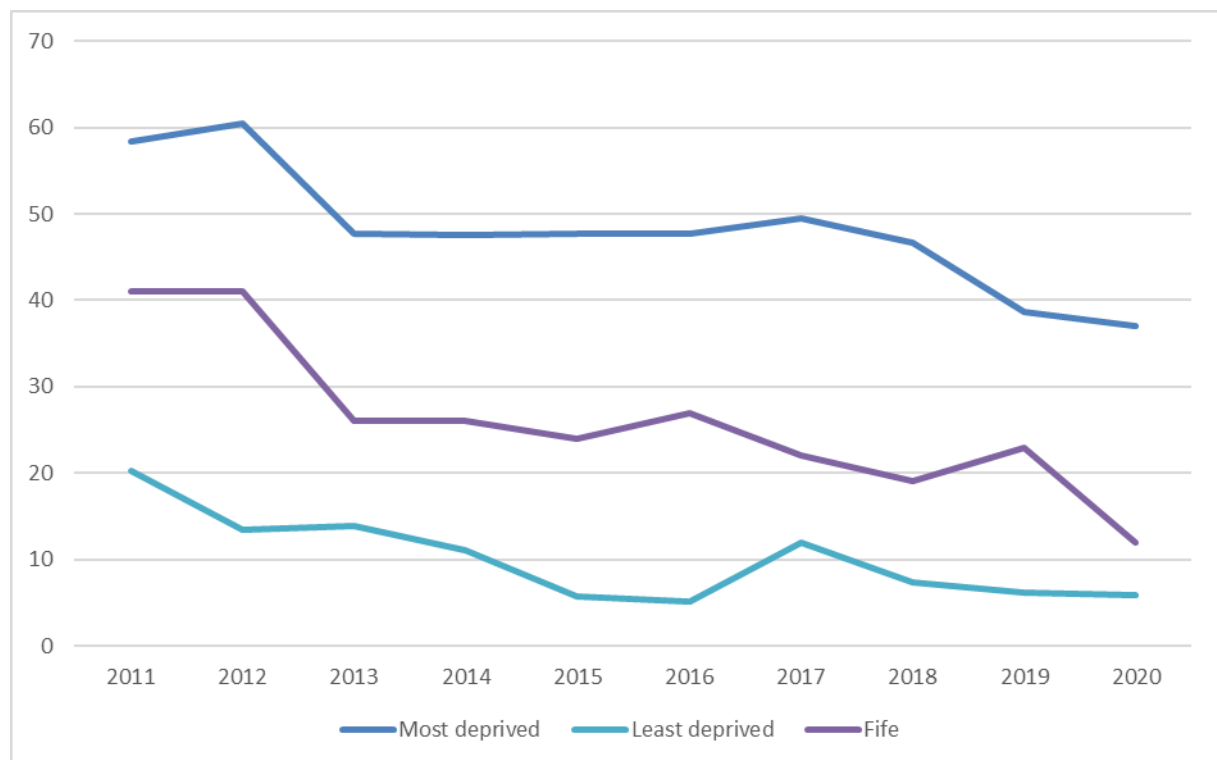


Deprivation

Areas of highest deprivation (most deprived SIMD 20 quintile) had under 18 pregnancy rates more than six times higher than those in the least deprived areas in 2020, 37 per 1000 population compared to 6 (Figure 3). Across Scotland rates in the most deprived areas were five times greater than in the least deprived areas. Fife had higher rates than Scotland in both the most and least deprived areas but the largest difference was in the most deprived areas 37 per 1000 population compared to 24 per 1000 population.

In Fife rates have reduced across all levels of deprivation in the last 10 years (Figure 3). Rates have not reduced as much in the most deprived areas (-58%) compared to all other areas and in particular in the least deprived areas where rates reduced by more than 200%. As such the gap between rates in the most and least deprived areas has widened (Figure 3).

Figure 3: Teenage pregnancy rates in under 18s by SIMD20 Quintiles; 2011 to 2020 (Source: PHS)



Sexually Transmitted Infections in Under 20s in Scotland

Data has recently been published on the number of laboratory confirmed diagnoses of gonorrhoea by age group and gender across Scotland and by Health Board for all ages. This data showed that there has been an annual increase in gonorrhoea diagnoses since 2013 (with exception of 2019 and 2020 where case detection fell due to Covid-19) with the numbers recorded in 2022 the highest ever recorded, 5,641 cases across Scotland and 334 cases in Fife.³

This increase has been observed across all age groups including among the under 20s (Table 1). Among women diagnosed with gonorrhoea each year since 2013 on average 72%

were in women aged less than 25 years. This is substantially higher than the annual average among men of 39%.

In 2022, 37% and 12% of diagnoses in women and men were in individuals aged less than 20 years respectively.

Table 1: Laboratory confirmed diagnoses of gonorrhoea in persons aged under 20: Scotland 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	141	134	174	163	190	279	264	166	112	468
Women	202	173	140	184	244	355	488	278	169	671

Technical information

Public Health Scotland publish data annually on teenage pregnancies in the under 18s and under 16s and provide additional data tables which allow analysis of Health Board data by age and deprivation¹. The new Health and Wellbeing Census collected information on sexual health perceptions and behaviours from pupils in S4 to S6 in 16 local authorities². Data on similar topics will be available from the Fife Young People's Health and Wellbeing Survey by Autumn 2022. Data on selected sexually transmitted infections is published for the under 20s in Scotland and is not currently available for the under 18s³.

¹ <https://publichealthscotland.scot/publications/teenage-pregnancies/teenage-pregnancies-year-of-conception-ending-31-december-2020/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/relationships-and-sexual-health/>

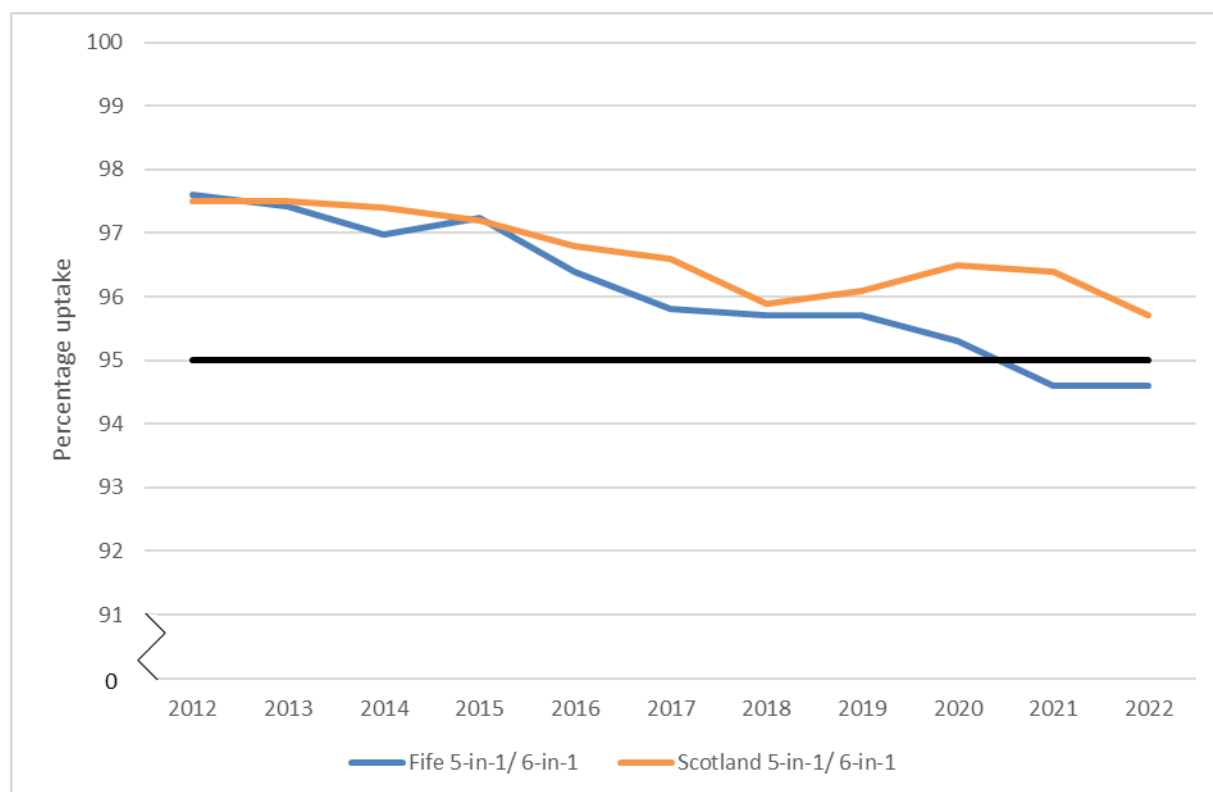
³ <https://publichealthscotland.scot/news/2023/march/gonorrhoea-infection-in-scotland-2013-2022-report/>

Immunisation

Childhood Immunisation

In 2022 uptake of the 5-in-1/6-in-1 (which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b/hepatitis B) vaccine have been in decline and is currently at the lowest uptake for 10 years at 94.2%. This is lower than the uptake seen across Scotland of 95.7%¹.

Figure 1; Uptake of the 5-in-1/6-in-1 vaccine at 12 months in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



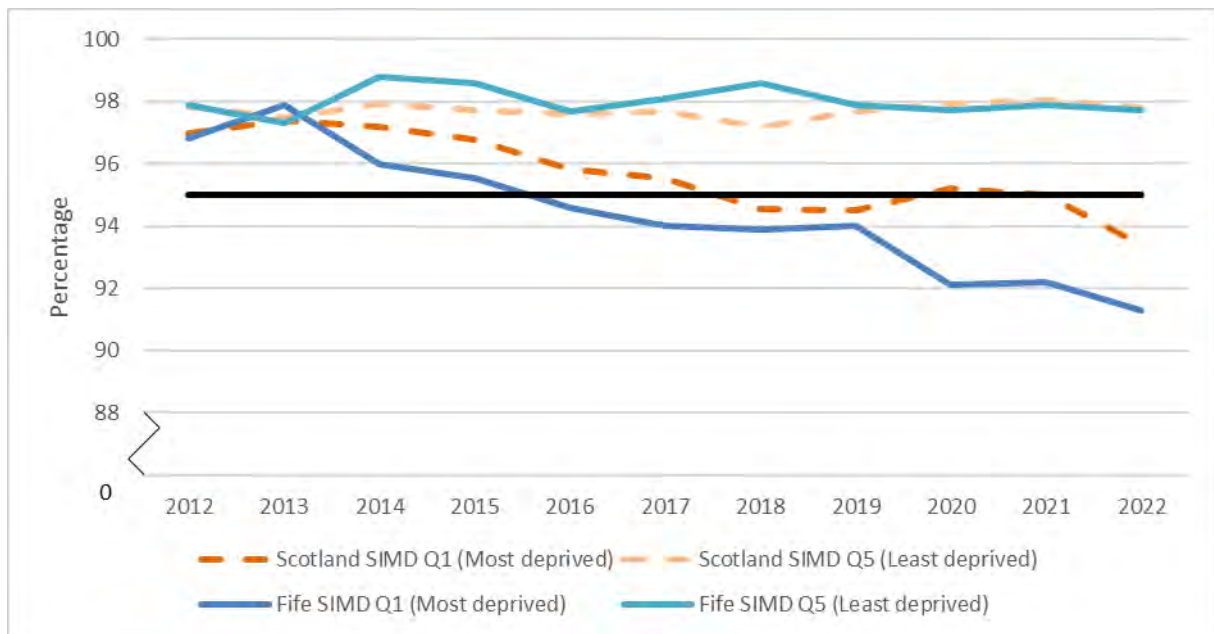
In 2022 uptake of both doses of MMR at 5 years old in Fife is 88%, this does not meet the 95% target and is lower than uptake for Scotland (90.5%). By 6 years old uptake of both doses is higher and is similar to uptake for Scotland (Table 1)¹.

Table 1: Summary of MMR uptake in Fife and Scotland 2022 (Source: PHS Childhood Immunisation Statistics Scotland)

Evaluation period 01/01/2022 – 31/12/2022	Fife	Scotland
Dose 1 MMR uptake at 24 months of age	92.9%	93.9%
Dose 1 MMR uptake at 5 years of age	95.4%	95.2%
Dose 1 MMR uptake at 6 years of age	95.6%	94.8%
Dose 2 MMR uptake at 5 years of age	88.0%	90.5%
Dose 2 MMR uptake at 6 years of age	91.3%	91.9%

A socioeconomic gradient can be seen in vaccine uptake at 12 months, with the lowest uptake in the most deprived population (quintile 1). In 2022 the WHO target is met for quintiles 3 to 5 but not quintile 1 or 2 for the 5-in-1/6-in-1 vaccine¹.

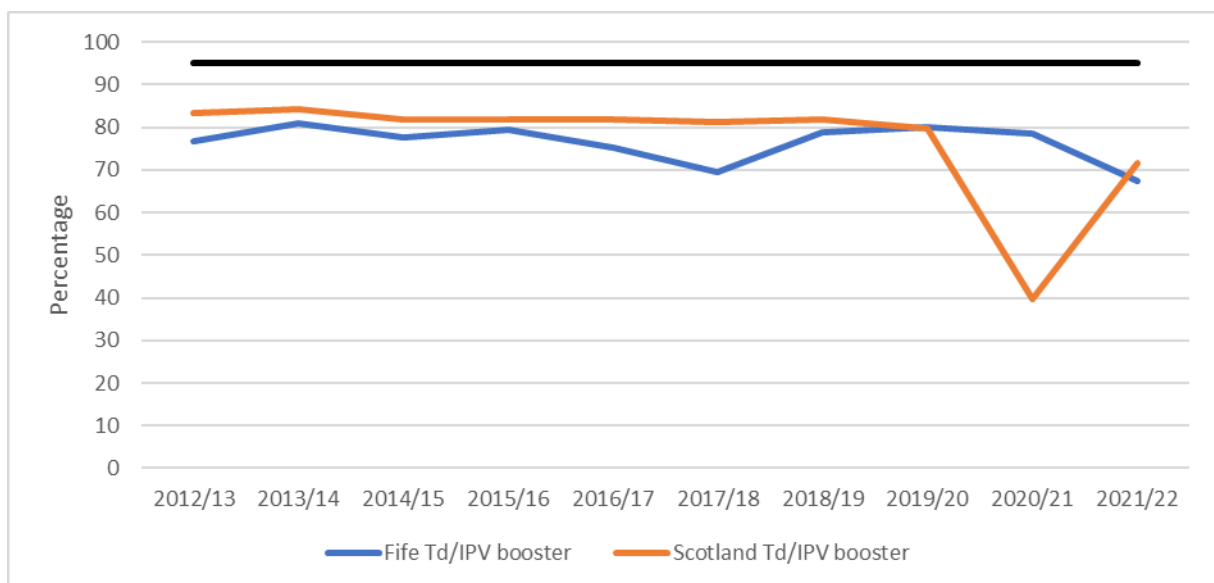
Figure 2; Percentage uptake of the 6-in-1 vaccine at 12 months by SIMD in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



Teenage Immunisations

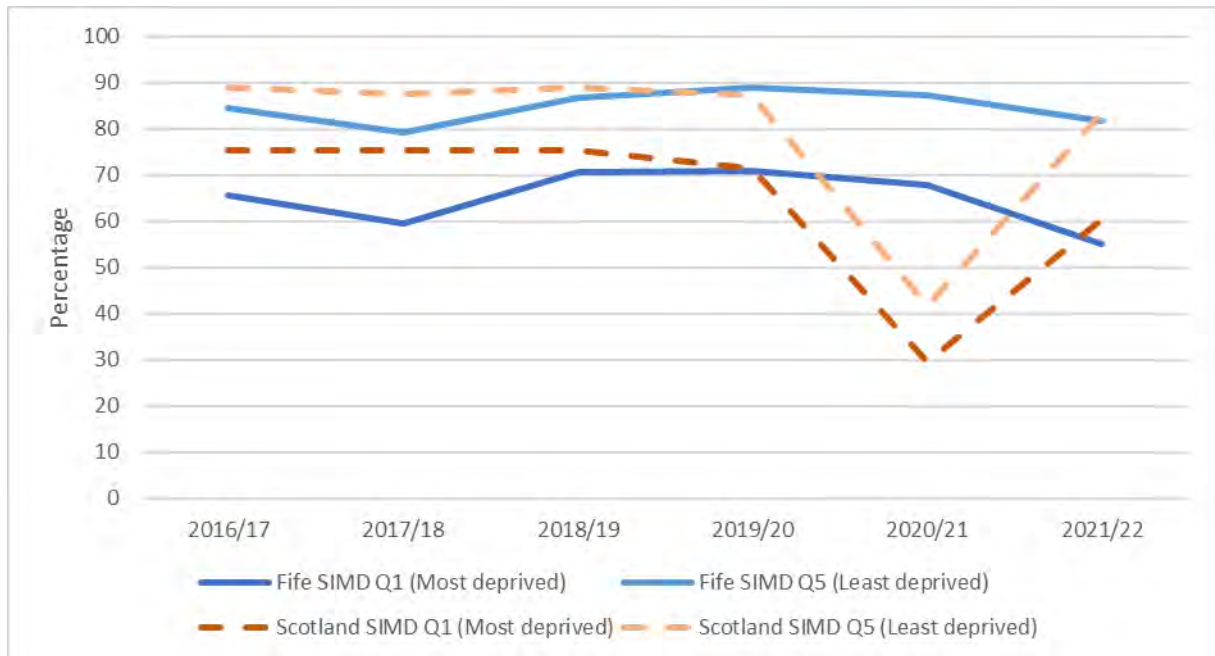
The Td/IPV (tetanus, diphtheria and polio) booster are first offered to all children in school at S3 (around 14 years old). Uptake in 2021/22 in Fife decreased to 67.3% from 78.6% in 2020/21 and is also lower than uptake for Scotland (71.6%)².

Figure 3; Percentage uptake of the Td/IPV booster at S3 in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Lower uptake is seen in the most deprived populations with a 55.1% uptake in the most deprived populations (Q1) compared to 81.8% uptake in the least deprived (Q5). This is a trend seen across Scotland.

Figure 4;Td/IPV percentage uptake by SIMD in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Technical Information

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

¹ [Childhood immunisation statistics - Public Health Scotland](#)

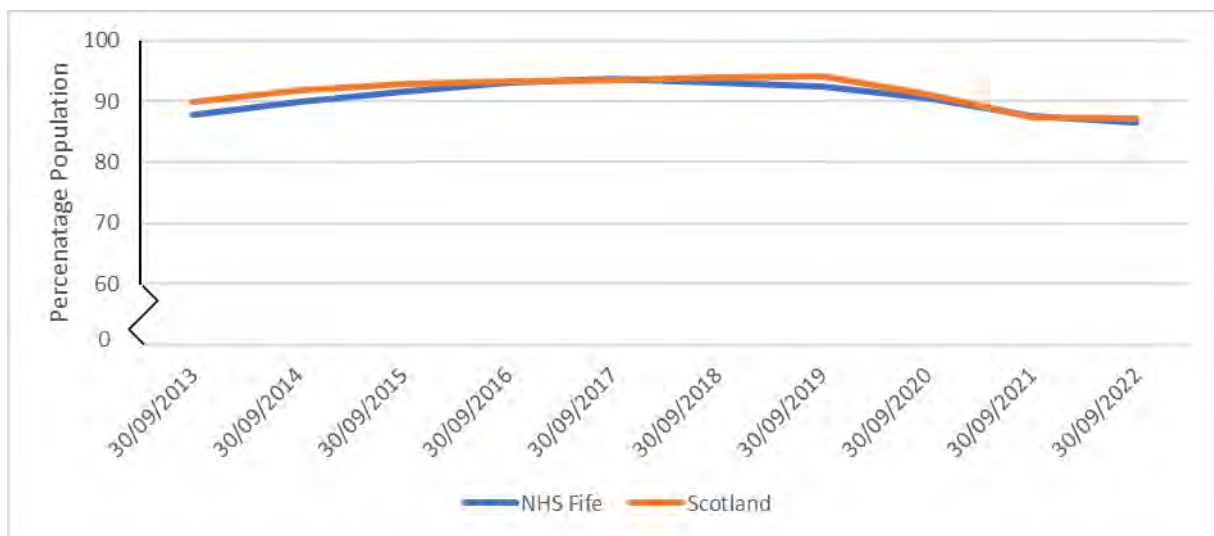
² [Teenage booster immunisation statistics - Public Health Scotland](#)

Dental

General Dental Services (GDS) registrations and participation

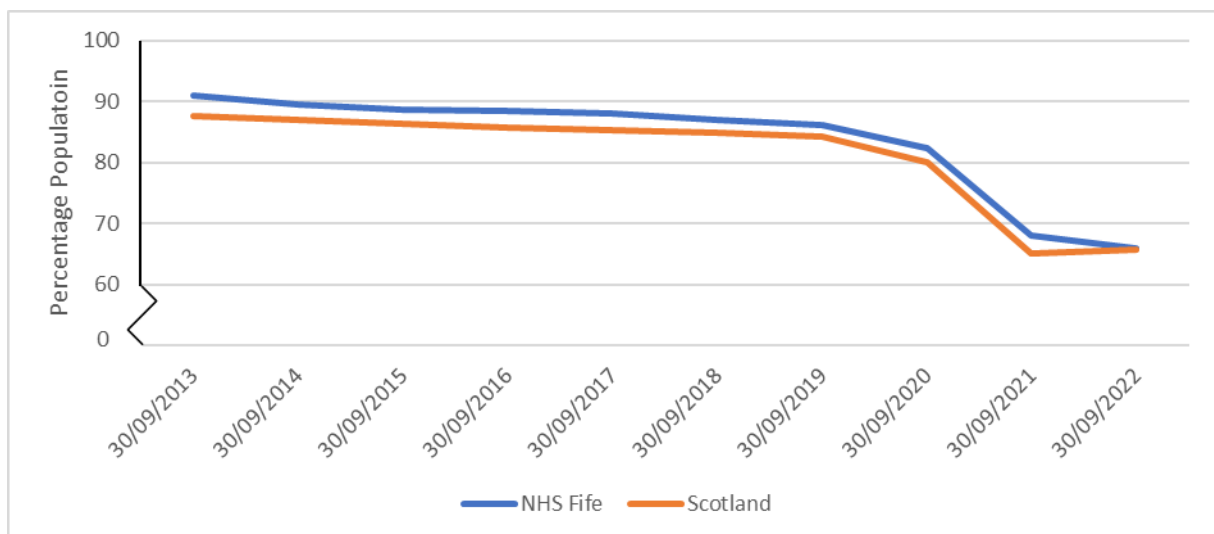
Registrations are the percentage of people registered with an NHS dentist at the date of snapshot. Participation is defined as contact with GDS for examination or treatment in the previous two years. This is restricted to patients who are registered with an NHS dentist and therefore does not include patients who only attend for occasional or emergency treatment. NHS Fife tracks closely to Scotland in terms of registrations with both seeing a decrease over the last few years (Figure 1)¹.

Figure 1: GDS % Population Registrations Children NHS Fife vs Scotland Annual Snapshots



In terms of participation, NHS Fife has generally been slightly higher than Scotland but both have decreased since 2019 (Figure 2)².

Figure 2: GDS % Population Participation Children NHS Fife vs Scotland Annual Snapshots



Differences are seen within NHS Fife with the most deprived quintiles being lower for both registrations³ and participation⁴ over the past ten years (Figures 3 and 4), the gap between most and least deprived widening in both over the last few years.

Figure 3: GDS % Population Registrations Children NHS Fife SIMD quintiles

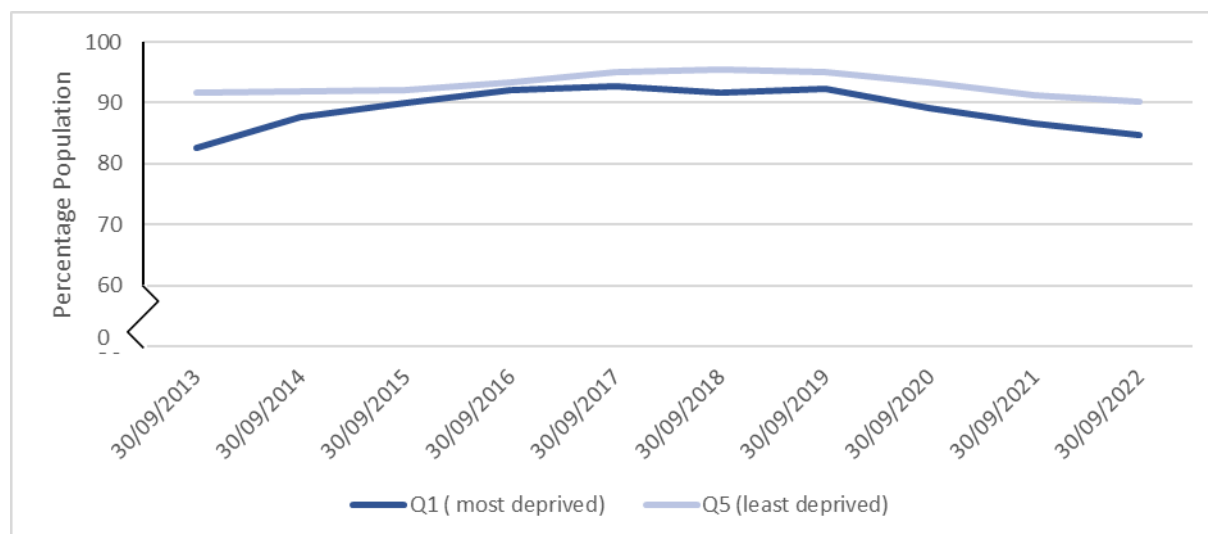
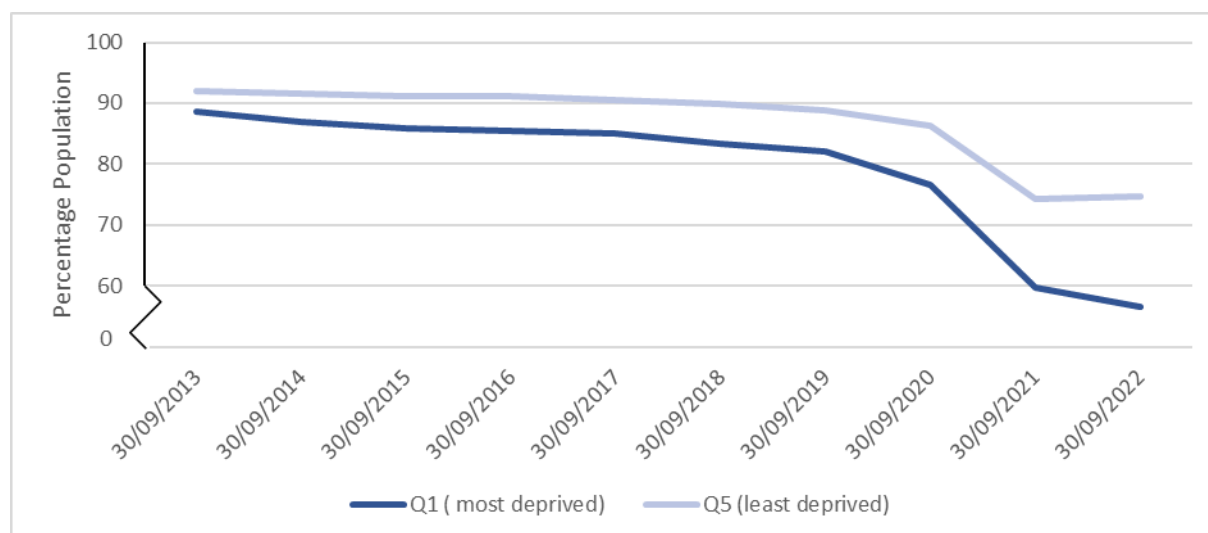


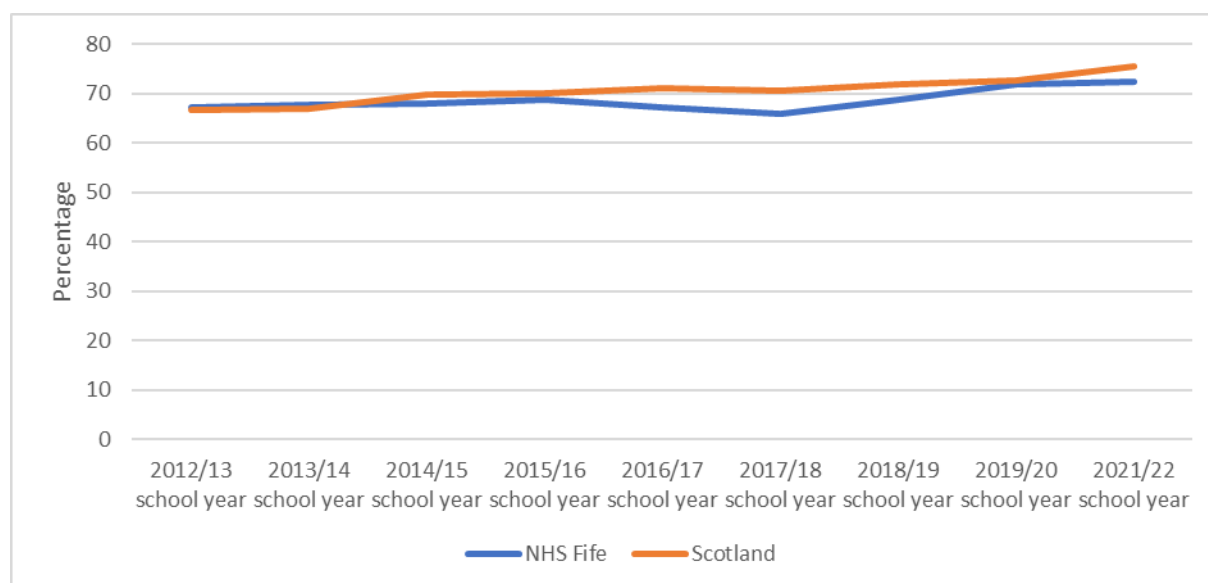
Figure 4: GDS % Population Participation Children Annual Snapshots SIMD quintiles



National Dental Inspection Programme (NDIP⁵)

The percentage of P1 children in Scotland with no obvious decay experience, children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection has increased over time (Figure 5) for both NHS Fife and Scotland overall⁶. Note that there is a gap in the trend due to data collection of this indicator being affected by the COVID-19 pandemic.

Figure 5: Percentage of P1 children with no obvious decay experience (letter 'C') at basic inspection (Source ScotPHO).



Technical information

The data on registration and participation is extracted annually by PHS from the Management Information and Dental Accounting System (MIDAS) with two snapshots per year – end March and end September. This summary uses the annual snapshot from the end of September each year shown. Data for September 2022 is provisional. The number of people registered with an NHS dentist will change daily. SIMD quintiles used are Scotland-level population weighted quintiles. Children are defined as individuals aged <18 at the date of snapshot. Boards are defined by postcode. Population figures use the NRS estimated populations based on the 2011 census. See the Definitions tabs of tables 1-4 in the references for more details.

In April 2010, non-time-limited registration for patients was introduced. This “life-long” registration is designed to allow children and adults to stay registered with a dentist for life. The continuous, practitioner-patient relationship this change introduces is consistent with arrangements elsewhere in primary care, such as general medical services; it aims to promote a more stable relationship between dentist and patient to improve attendance and enable long-term monitoring and management of oral health.

Please note that registration itself does not tell the whole story; it is one of a number of markers that indicate accessibility of general dental services to the population. Participation, as used by the NHS Information Services Division, is a measure of patient attendance at an NHS general dental practice for registration or treatment or other form of contact within the last 2 years. Participation rates are a further indicator of the care that patients are accessing.

¹ https://publichealthscotland.scot/media/11624/table_1_registrations_trend.xlsx

² https://publichealthscotland.scot/media/11625/table_2_simd_reg_trend.xlsx

³ https://publichealthscotland.scot/media/11273/table_3_part_trend.xlsx

⁴ https://publichealthscotland.scot/media/11626/table_4_simd_part_trend.xlsx

⁵ <https://www.publichealthscotland.scot/media/15799/ndip-2022-tables-and-charts.xlsx>

⁶ [ScotPHO profiles \(shinyapps.io\)](#) Indicator: child dental health in primary 1 (extracted 10/05/2023)

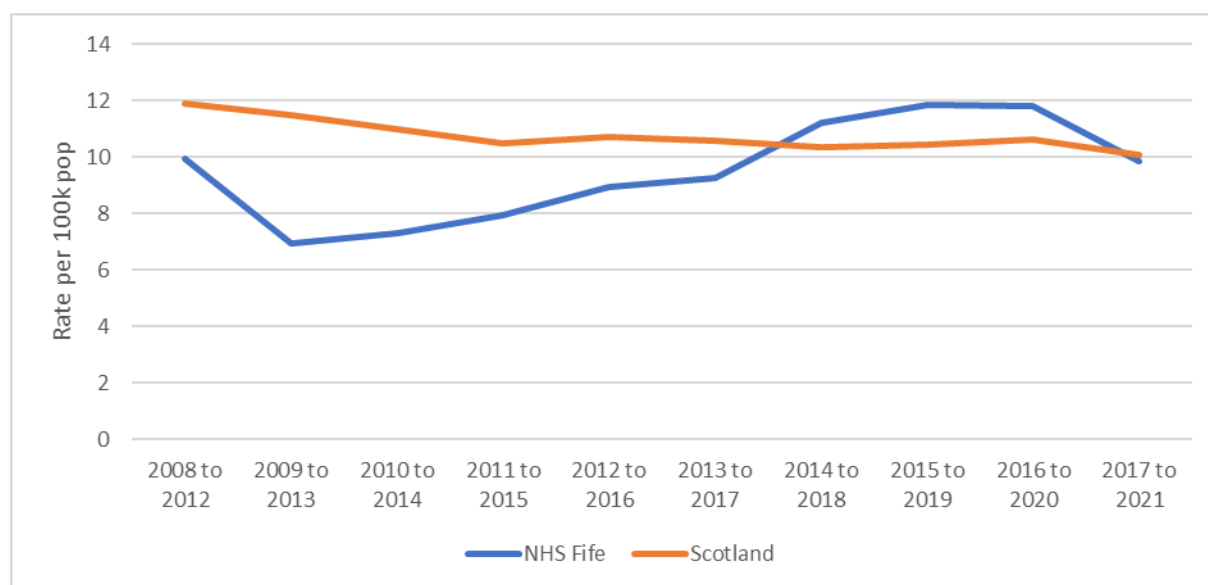
Child deaths reviews

At present data specifically on deaths of children aged 0-18 is not available at national or health board level. NRS deaths registration data indicates that between 2012 and 2021 an average of 29 persons aged 0-19 years died each year in Fife¹.

Deaths of children aged 1-15 years

Figure 1 shows the trend of deaths in children aged 1-15 years as rate per population with NHS Fife compared to Scotland².

Figure 1: Deaths aged of children aged 1-15 years, crude rate per 100,000 population five year rolling average, NHS Fife and Scotland (Source; ScotPHO)



Leading causes of death in under 19s

NRS publish leading causes of death in persons aged 0-4 years and 15-19 years for Scotland. Table 1 shows the top five of these for each age group in 2021³. NRS publish information on how causes of death are coded on death certificates and the deaths data in general⁴.

Table 1: Leading causes of death Scotland 2021 age groups 0-4 and 5-19 years

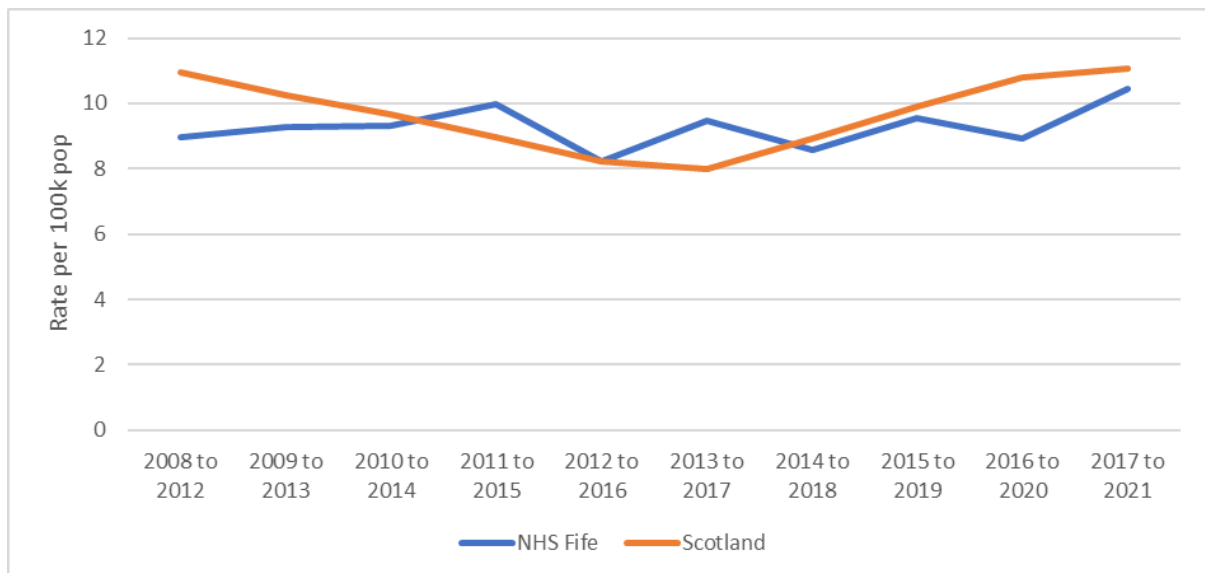
Age group	ICD-10 codes	Leading Causes	Percentage of deaths
0-4 years	P00-P96	Certain conditions originating in the perinatal period	53.7%
	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	23.8%
	R00-R99	Symptoms, signs and ill-defined conditions	8.4%
	W75-W84	Accidental threats to breathing	2.3%
	A39, A87, G00-G03	Meningitis and meningococcal infection	1.4%

5-19 years	X60-X84, Y10-Y34	Suicide and injury/poisoning of undetermined intent	19.1%
	X40-X49	Accidental poisoning	11.0%
	V01-V89	Land transport accidents	9.6%
	W65-W74	Accidental drowning and submersion	5.9%
	C71	Malignant neoplasm of brain	5.1%

Deaths from suicide in young people, aged 11-25

Figure 2 shows the trend in deaths from suicide in people aged 11-25 with a slight increase seen in the most recent years for both NHS Fife and Scotland⁵.

Figure 2: Deaths from suicide in young people, aged 11-25, crude rate per 100,000 population five-year rolling average, NHS Fife and Scotland (Source: ScotPHO)



¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/death-21/deaths-time-series-21-dt.8.xlsx> (Table - Fife)

² https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths in children aged 1-15 years)

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-6.xlsx> (Table 6.15)

⁴ [Vital Events - General Background Information | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/vital-events-general-background-information-national-records-of-scotland)

⁵ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths from suicide in young people, aged 11-25 years)

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Child Protection Annual Report 2022/23
Responsible Executive:	Lisa Cooper, Head of Service
Report Author:	Lindsay Douglas, Lead Nurse Child Protection

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe

2 Report summary

2.1 Situation

This paper provides an introduction to the Child Protection nursing and medical teams within NHS Fife/Fife HSCP. It outlines the core functions of the child protection team and provides information on child protection activity for the period 1st April 2022 to 31st March 2023. This paper is brought for information and assurance.

2.2 Background

Child protection refers to the 'processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm' (National Guidance for Child Protection in Scotland, 2021).

Health Boards have a duty to deliver high-quality, safe and effective services across all areas of Child Protection. Child protection is the responsibility of all NHS Fife and Fife Health and Social Care Partnership staff.

The oversight of the Child Protection activities is undertaken through the Child Protection Health Steering Group, which in turn reports to the Primary & Preventative Quality Matters Assurance Group and the Paediatric Division, to provide assurance.

The report details the roles of the Child Protection Team, which sits within the Children's Community Services Team. The Clinical Lead for Child Protection is a Consultant Paediatrician within the Community Paediatrics Team.

This annual report builds on previous Child Protection Team governance reports with a focus on the introduction and commitment of health services within NHS Fife/Fife H&SCP to safeguard and protect children and young people from harm.

Previous reporting periods of a calendar year resulted in difficulties in aligning to other child protection data reporting periods. This report has therefore moved to financial year consideration in alignment with other reports. There is acknowledgment that due to changes to reporting periods this will result in an initial impact to direct data comparison with previous Child Protection reports.

2.3 Assessment

The purpose of submitting the annual Child Protection report for the period 2022/2023 is to provide an introduction to the nursing and medical child protection team within Fife and will seek to promote an improved knowledge and understanding of the role of the Child Protection Team. It seeks to support assurance to the organisation that children in Fife are protected from harm and that any concerns about their welfare are identified and addressed in a timely manner. The report will support identification of areas where improvements can be made.

The report provides

- An introduction to who we provide services to
- The context of Child Protection and key drivers
- An introduction to the nursing and medical Child Protection teams
- Consideration of the Leadership, Accountability and Governance of Child Protection in Fife
- Child Protection processes
- An overview of child protection activity in NHS Fife/Fife HSCP in 2022/2023 to safeguard children and promote their welfare
- Challenges and successes throughout 2022/2023

The transformation for Child Protection in Fife and the Child Protection team as we move into 2023/2024.

2.3.1 Quality / Patient Care

The report outlines the positive and negative factors which have impacted on Child Protection services ability to support staff.

The Child Protection team have a key role to determine the quality of support in order to deliver high quality, safe, effective and child centred care.

2.3.2 Workforce

As the revised National Guidance for Child Protection in Scotland (2021) is applicable across NHS Fife and the HSCP there will be workforce implications for the child protection team and the wider organisation.

The Child Protection Team has experienced a prolonged period of staff instability, which has impacted on their capacity to deliver training, supervision and quality improvement work.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment / Management

The annual report sets out the challenges faced by the organisation in relation to Child Protection, however mitigations are in place to address these.

The risk to the wider organisation in relation to the revised Child Protection guidance is being managed through the Child Protection Health Steering Group.

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

An impact assessment has not been completed because it is not required for this paper.

2.3.6 Climate Emergency & Sustainability Impact

The report is produced electronically and shared via electronic mediums.

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

2.3.7 Communication, involvement, engagement and consultation

This report has involved discussion and contribution from Lead Child Protection Paediatrician, Health Visiting Services, Family Nurse Partnership, School Nursing Services, Vulnerable in Pregnancy Midwifery Service, Wellbeing Nurse Liaison Service and NHS Fife Public Health Department.

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.

- Primary & Preventative Care quality Matters Assurance Group, 24 May 2023
- SLT (Assurance) 12 June 2023
- HSCP Quality Matters Assurance Group 16 June 2023
- EDG 22 June 2023

2.4 Recommendation

- **Assurance** – For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Child Protection Report 2022/2023

Report Contact

Lindsay Douglas, Lead Nurse, Child Protection. Email lindsay.douglas4@nhs.scot

CHILD PROTECTION ANNUAL REPORT

2022 to 2023



Fife Health
& Social Care
Partnership



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2. Foreword

We are delighted to share the NHS Fife Child Protection Team Annual Report 2022/2023.

We are sure you will find this report both informative and interesting. It provides an understanding of the work and commitment undertaken by the NHS Fife Child Protection Team and colleagues to identify and minimise the risk of harm to our children and young people in Fife.

This year's report highlights positives, challenges, solutions and strategies associated with the changing child protection landscape. It also reflects key achievements and the breadth of work undertaken to better meet the needs of children and young people at risk of harm.

We would like to thank everyone for their continuing hard work and dedication to prioritise the care and protection of Fife's children and young people, supporting the vision for Scotland to be the best place for children to grow up.

Janette Keenan

NHS Fife Executive Director of Nursing

Executive Lead for Child Protection

Nicky Connor

Director of Fife Health & Social Care Partnership

2. Welcome

2.1 Cover Period

This report covers the period 1st April 2022 – 31st March 2023

Health Boards have a duty to deliver high quality, safe and effective services across all areas of Child Protection. This annual report builds on previous Child Protection Team governance reports with a focus on the commitment of health services within NHS Fife/ Fife Health & Social Care Partnership (FHSCP) to safeguard and protect children and young people from harm.

Child protection refers to the 'processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm' (National Guidance for Child Protection in Scotland, 2021).

Child protection is the responsibility of all NHS Fife and FHSCP staff.

We will consider the current influencing drivers and priorities in a changing Child Protection landscape as we move forward through the report to consider the future, our vision and transformation.

The report will provide an introduction to the nursing and medical Child Protection Team within Fife and will seek to promote an improved knowledge and understanding of the role of the Child Protection Team.

We will give focus to the service delivery of the 4 core functions of the Child Protection nursing team, performance and themes. It will consider child protection in the wider context of our Child Protection medical colleagues and wider health services as we consider the unborn baby, the pre-school child and the school age child.

The report will reflect on our leadership, accountability and governance role in terms of child safeguarding and protection practice throughout Fife.

We will consider learning and areas for improvement whilst acknowledging our successes and challenges, finally looking to transformation and future planning.

Variations in reporting periods has had an impact on direct data comparison, this report will therefore move to financial year consideration in alignment with other reports. There is acknowledgment that due to changes to reporting periods this will results in an initial impact to direct data comparison with previous Child Protection reports.

2.2 Vision & Values

Fife Children's Services Partnership's shared ambition and commitment to improving outcomes for our children, young people and families in Fife.

Our Vision

'Making Fife a place where every child and young person matters'

In line with Fife HSCP vision, mission and values:

Vision

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

Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

Values

Person-focused

Integrity

Caring

Respectful

Inclusive

Empowering

Kindness

Strategic Plan for Fife

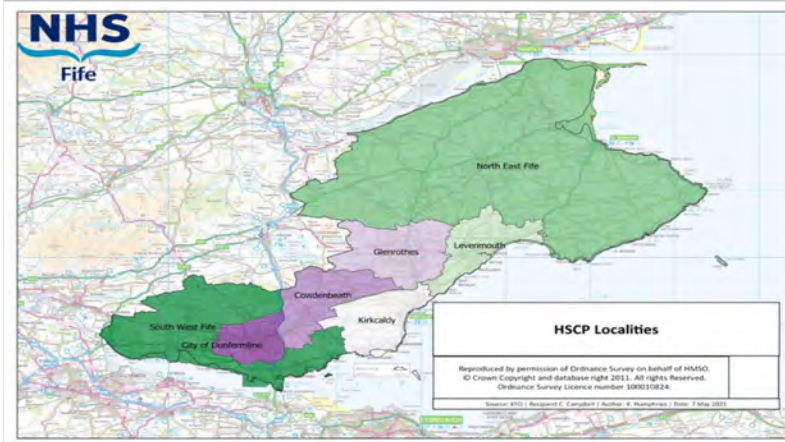
Our Values

'Compassion, Ambition, Respect, Collaboration, and Integrity'

Section 1 - Introduction:

3.1 Who Do We Provide Services To?

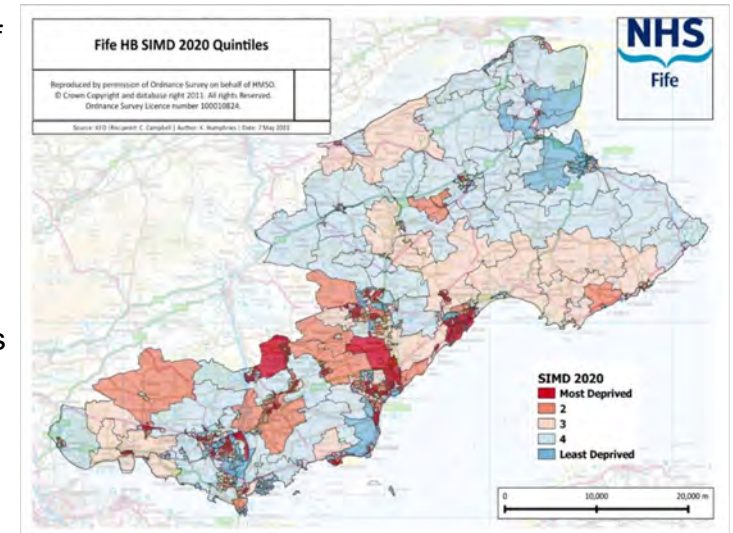
7 Localities of Fife



Deprivation Quintiles

The Scottish Index of Multiple Deprivation (SIMD) helps us to understand the extent to which parts of Fife are more or less deprived. SIMD is a relative measure of multiple deprivation and looks at the extent to which an area is deprived across seven domains; income, employment, education, health, access to services, crime and housing. The 7 domains are combined to form a rank for each of the data zones (small neighbourhoods) across Scotland, from most to least deprived.

SIMD can illustrate stark inequalities in life circumstances and across many health and wellbeing outcomes according to the level of multiple deprivation assigned to the area in which people live. Areas of multiple deprivation are distributed across Fife, and there are some geographies where deprivation is more concentrated. It is important to remember that deprivation also exists within neighbourhoods that are not identified as the 'most deprived areas', and people in these areas may experience disadvantage.



Urban/Rural

Proportion of the population living in each of the six-fold urban and rural categories.

Local Authority	Large Urban	Other Urban	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Scotland	37.8	33.9	8.6	2.6	11.6	5.5
Fife	0	64.1	17.7	0	18.2	0

Source: <https://www.gov.scot/publications/scottish-government-urban-rural-classification-2020/pages/1/>

Population

Fife had an estimated population at 30 June 2021 of 374,730 people and an overall area of 1,325 square kilometres giving a population density of 283 people per square kilometre.

Source: NRS

Children and Young People population in Fife

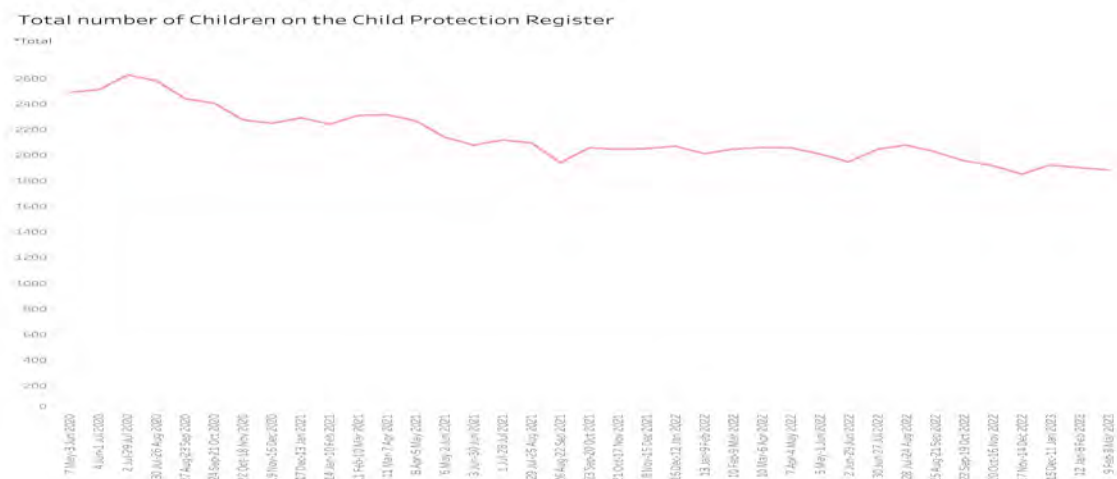
Fife Population 2021 (mid year estimate 2021)		
	Number of Children	Percentage of Population
0 to 5	21194	5.7%
6 to 11	25456	6.8%
12 to 17	25096	6.7%
12 to 18	29114	7.8%
0-18	75764	20.2%
0-17	71746	19.1%
Scotland Population 2021 (mid year estimate 2021)		
0-18	1080055	19.7%
0-17	1024981	18.7%

Children on the Child Protection Register—National Position

At the time of writing, the annual Scottish Government and SOLACE Vulnerable Children and Adults monitoring report 2022 to 2023 has not been published, however, a summary of national data for the latest 9 March 2023 to 5 April 2023 considering data from the previous 12 weeks is provided below (% changes from the previous four week period in brackets):-

- Police Scotland reported **1,254 (+5%)** child protection and **13,121 (no change)** child wellbeing concern incidents. Compared with the average over the last 12 weeks, this is **up 12%** for child protection concerns and **up 5%** for wellbeing concerns;
- Police Scotland reported **1,107 (+3%)** Inter-Agency Referral Discussions, **up 15%** on average over the last 12 weeks;
- **1,905 (+1%)** children were on the Child Protection Register, **no change** on average over the last 12 weeks;
- **293 (+16%)** children were registered to the Register, **up 29%** on average over the last 12 weeks. Of those newly registered, **45%** had domestic abuse reported as a significant factor in their registration;
- **282 (+8%)** children were de-registered from the Register, **up 27%** on average over the last 12 weeks.

National data illustrated on graph below:-

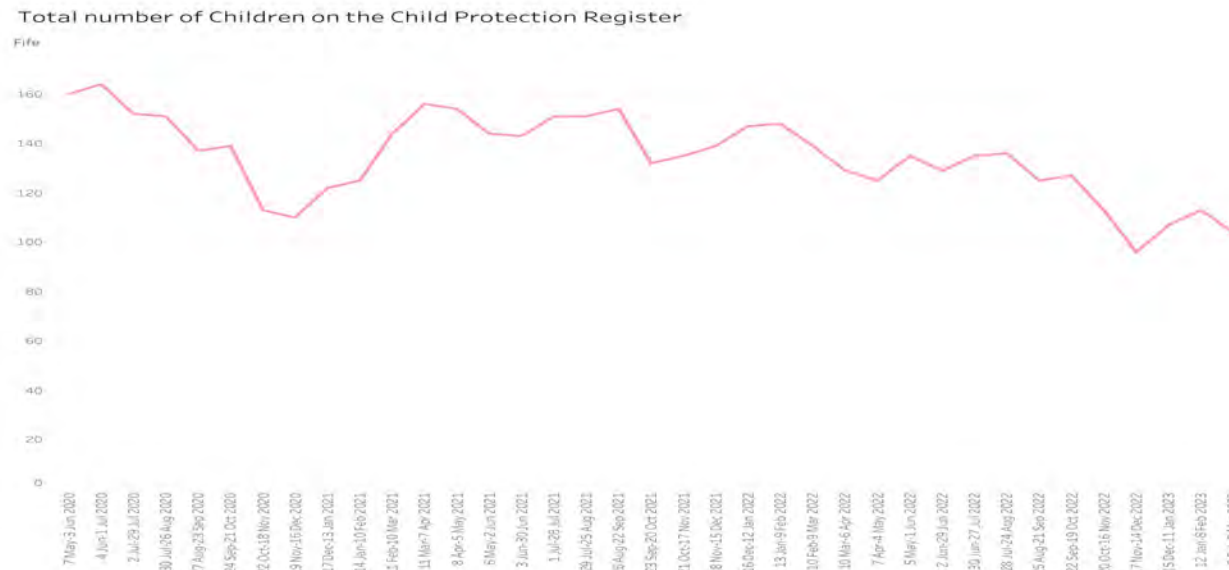


Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

- In Scotland during 2021-22, 4,058 initial and pre-birth Case Conferences were held, a rate of 4.5 per 1,000 children, 266 of these initial and pre-birth case conferences were held in Fife local authority area, a rate of 4.2 per 1,000 children;
- The total number of registrations from initial and pre-both case conferences in Fife during this time period was 240 (a rate of 3.8 per 1,000 registrations from initial and pre-birth case conferences);
- In July 2022 the rate of Child Protection Registrations in Fife was 2.1/1000 children, (relating to 136 children), demonstrating similarity to the National picture of 2.2/1000 children;
- Nationally there was a 4% decrease in the number of children on the Child Protection Register from 2021 to July 2022, with Fife noting a reduction from 2.4 to 2.2/1000 children.

<https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/pages/child-protection/> Accessed May 2023

NHS Fife data illustrated on graph below:-



Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#)

The undernoted table reflects a time period of 9th March 2022 to 5th April 2023

Local Authority	Child protection concern incident nominals reported by Police Scotland	Wellbeing concerns incident nominals reported by Police Scotland	Interagency Referral Discussions reported by Police Scotland	Number on Child Protection Register	Number of new registrations	Number of new registrations with domestic abuse recorded as significant factor	Number of de-registrations
Aberdeen City	57	628	28	88	7	2	18
Aberdeenshire	30	571	22	80	11	2	7
Angus	58	315	30	53	4	3	12
Argyll and Bute	21	124	10	40	12	6	4
Clackmannanshire	10	195	5	30	7	3	4
Dumfries and Galloway	13	394	21	27	5	1	4
Dundee City	47	645	27	30	4	1	13
East Ayrshire	40	304	28	100	10	10	10
East Dunbartonshire	8	124	8	43	3	0	4
East Lothian	19	300	31	33	2	2	1
East Renfrewshire	10	89	12	4	2	0	0
Edinburgh City	78	1,075	102	102	17	4	9
Falkirk	33	482	32	69	11	0	9
Fife	65	937	74	89	7	3	28
Glasgow City	117	1,338	130	293	27	15	31
Highland	118	645	83	99	17	10	7
Inverclyde (1)	18	122	20	27	8	1	4
Midlothian	22	311	26	45	13	6	1
Moray	20	319	10	24	2	0	11
Na h-Eileanan Siar	11	31	5	5	0	0	1
North Ayrshire	42	317	29	59	12	10	17
North Lanarkshire (1)	71	798	90	78	13	4	12
Orkney Islands	10	24	11	4	1	0	0
Perth and Kinross	55	377	23	49	7	4	5
Renfrewshire	20	417	35	83	13	5	14
Scottish Borders	30	318	25	41	7	3	11
Shetland Islands	18	48	13	13	8	8	2
South Ayrshire	21	219	10	21	1	1	1
South Lanarkshire	105	690	78	92	23	16	18
Strathclyde	5	233	7	44	2	0	12
West Dunbartonshire	48	277	31	51	11	3	5
West Lothian	44	552	51	85	20	10	7
Scotland	1,254	13,121	1,107	1,905	293	133	282

Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

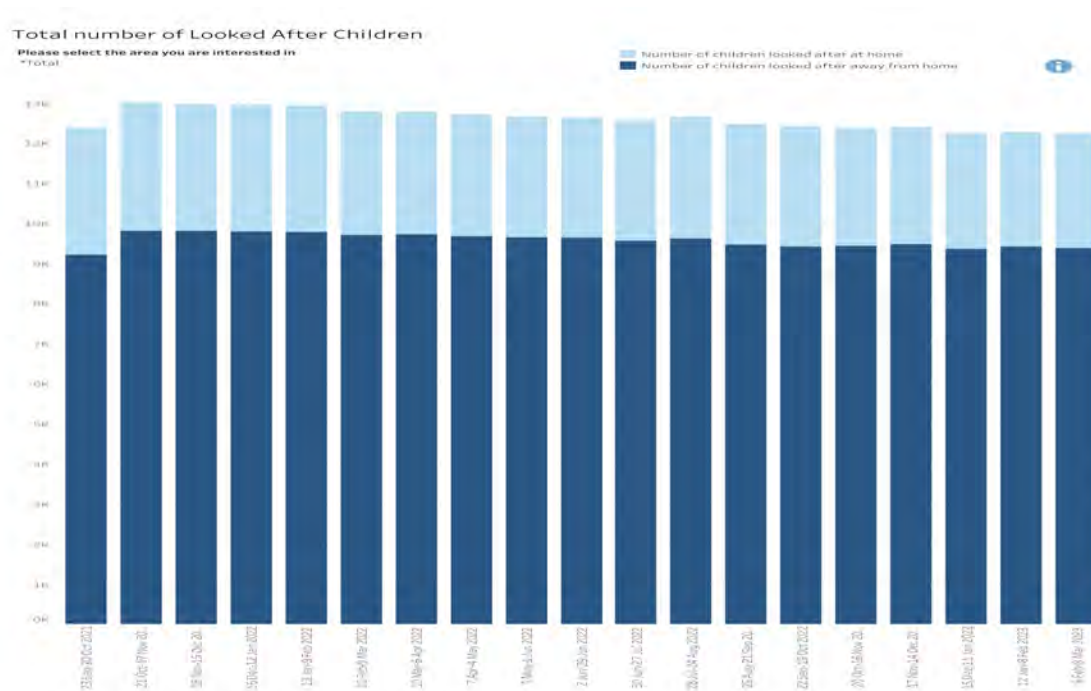
Care Experienced Community

Looked after Children and young people make up around 1.5% of children in Scotland (NRS, 2022). A summary of national data for 9 March 2023 to 5 April 2023 considering Looked after Children data from the previous 12 weeks is provided below (% changes from the previous four week period in brackets):-

- **12,270 (no change)** children and young people were looked after, **no change** from the average over the last 12 weeks. Of these, **24%** were looked after at home and **76%** away from home;
- **200 (-3%)** children and young people started to be looked after, **up 19%** on average over the last 12 weeks. Of those starting to be looked after, **41%** were looked after at home and **60%** away from home;
- **207 (-14%)** children and young people ceased to be looked after, **up 11%** on average over the last 12 weeks.

National Records of Scotland (NRS): Mid-Year Population Estimates (2022)

National data illustrated on graph below:-

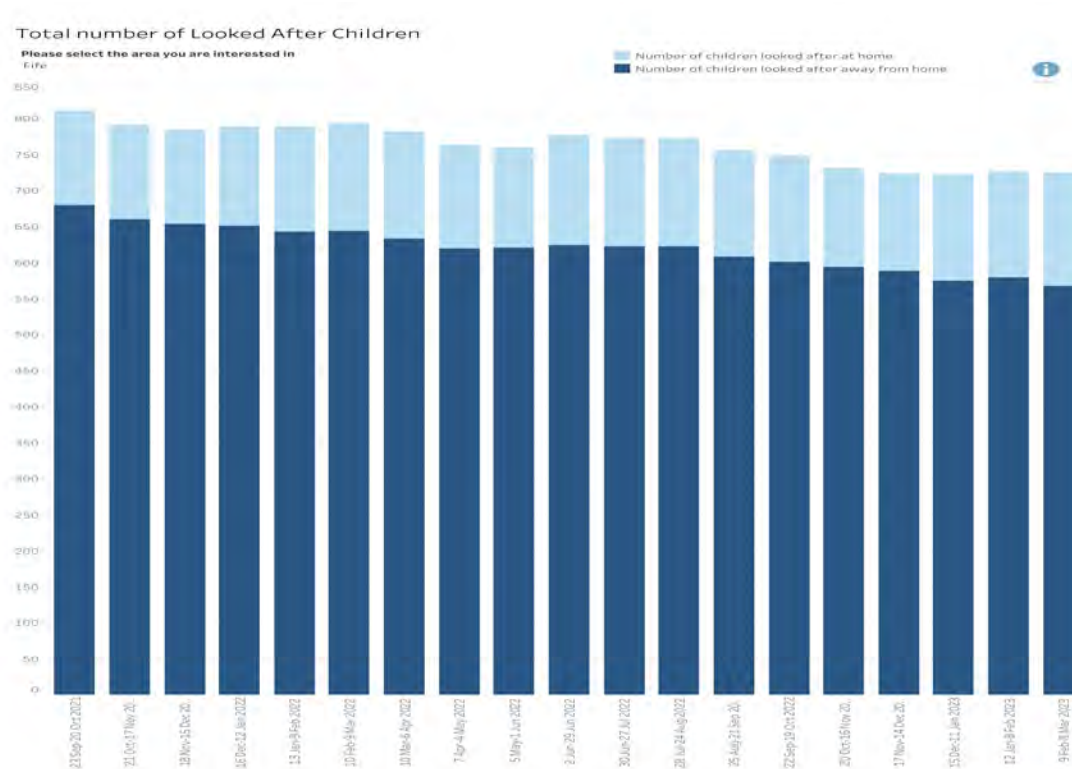


Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

- As of April 2023, 165 Fife children were looked after at home, the highest number over the last year.
- 578 children were looked after away from home, a decrease from the same period in April 2022 where the figures peaked at 633 children.
- 15 children started to become looked after away from home in the time period 09/03/23 – 05/04/23 with 10 children starting to become looked after at home. This is comparable to 3 and 0 respectively for the same period in the previous year.
- 11 children left care in the same period, unchanged from the previous year.

Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed May 2023

NHS Fife data illustrated on graph below:-



Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

The undernoted table reflects a time period of 9th March 2022 to 5th April 2023

Scottish Government.

Local Authority	Number of children looked after at home	Number of children looked after away from home	Number of children starting to be looked after at home	Number of children starting to be looked after away from home	Number of children ceased to be looked after	Number of young people eligible for compulsory aftercare	Number of young people receiving compulsory aftercare support	Number of young people eligible for discretionary aftercare	Number of young people receiving discretionary aftercare support	Number of young people in continuing care placement
Aberdeen City	62	434	0	7	4	94	62	151	115	32
Aberdeenshire	53	305	5	1	3	61	31	311	92	13
Angus	40	196	0	0	3	43	29	151	124	12
Argyll and Bute	50	90	0	4	3	13	11	109	45	35
Clackmannanshire	44	206	4	4	8	12	12	48	47	3
Dumfries and Galloway	100	208	4	6	2	57	40	246	54	0
Dundee City	52	385	8	7	6	47	36	341	101	37
East Ayrshire (1)	103	294	0	4	9	-	71	-	109	23
East Dunbartonshire	40	109	0	5	3	15	10	63	21	24
East Lothian	52	142	2	3	2	110	61	9	7	15
East Renfrewshire	34	63	1	3	5	25	20	100	65	12
Edinburgh City	200	767	1	13	19	116	91	841	578	142
Falkirk	104	256	0	2	9	34	19	257	83	34
Fife	185	678	16	15	11	351	176	459	51	47
Glasgow City	325	1,641	12	3	31	328	225	1,953	957	77
Highland (1)	95	316	5	4	11	-	-	-	-	-
Inverclyde (2)	66	127	0	1	1	12	12	18	13	20
Midlothian	29	140	4	5	14	27	20	159	52	30
Na h-Eileanan Siar	20	19	0	2	2	6	6	12	11	1
North Ayrshire	126	285	5	4	7	76	47	286	77	58
North Lanarkshire (2)	198	509	5	5	7	108	79	458	257	69
Orkney Islands	4	30	0	0	0	9	3	25	9	3
Perth and Kinross	36	236	0	0	4	40	31	175	146	22
Renfrewshire (3)	164	448	3	0	7	199	135	168	135	37
Scottish Borders	27	165	1	2	5	35	6	150	61	23
Shetland Islands	5	26	0	5	2	5	5	19	16	5
South Ayrshire	34	153	0	2	2	173	55	140	19	11
South Lanarkshire	463	277	7	2	4	32	30	149	142	51
Stirling	45	122	0	1	0	23	10	148	75	4
West Dunbartonshire (1)	65	406	3	3	8	37	40	216	98	-
West Lothian	84	295	1	2	2	53	39	262	95	32
Scotland	2,301	3,362	81	119	207	2,319	1,500	7,548	3,664	677

(2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023)

3.2 Context – Key Drivers

The work the Child Protection team undertake is underpinned by the following drivers:-

- National Guidance for Child Protection in Scotland 2019
- National Practice Model—Getting it Right for Every Child 2006
- Children Scotland Act 2020
- Children’s Rights UNCRC in Scotland
- The Promise Scotland 2021
- NHS Public Protection Accountability & Assurance Framework 2022

Commitment to these drivers links to the strategic priorities of the Partnership and is reflected in:-

- Fife HSCP Strategic Plan
 - ⇒ Local—A Fife where we will enable people and communities to thrive.
 - ⇒ Sustainable— A Fife where we will ensure services are inclusive and viable.
 - ⇒ Wellbeing—A Fife where we will support early intervention and prevention.
 - ⇒ Outcomes—A Fife where we will promote dignity, equality and independence.
 - ⇒ Integration—A Fife where we will strengthen collaboration and encourage continuous improvement.
- Fife HSCP Children’s Services priorities
 - ⇒ Delivering The Promise
 - ⇒ Supporting Wellbeing
 - ⇒ Closing the Equity Gap
 - ⇒ Promoting Children’s Rights

3.3 Meet the Team

The Child Protection Nursing Team

The Child Protection Nursing Team is a small team of specialist nurses with a Fife-wide remit to support and provide expertise, strategic leadership and quality assurance and improvement in relation to child protection.

The team's 4 core functions are:-

- Contribute to information sharing, risk assessment and decision making at daily multi-agency Inter-agency Referral Discussions (IRDs) Monday – Friday (except public holidays). IRDs consider all children and young people up to 16 years of age who may be at risk of significant harm and is a mechanism to coordinate child protection processes. An IRD also considers young people under age 18 who meet specific criteria for example where compulsory measures are in place, those who are victims of, or at significant risk of Child Sexual Exploitation (CSE), forced marriage, trafficking and Female Genital Mutilation (FGM). The Child Protection Team coordinate arrangements for Joint Paediatric Forensic Medical Examinations (JPFME) / Specialist Medicals as part of the outcome of an IRD. An extended IRD may progress with front line practitioners or a strategic IRD may progress with appropriate senior representation if required;
- Deliver child protection reflective supervision to key staff groups;
- Offer advice and support to all health staff in relation to child protection Monday to Friday 0830hrs—1700hrs
- Develop and deliver a program of child protection training, in accordance with the Revised Intercollegiate Document (2019) and the National framework for child protection learning and development in Scotland (2012).

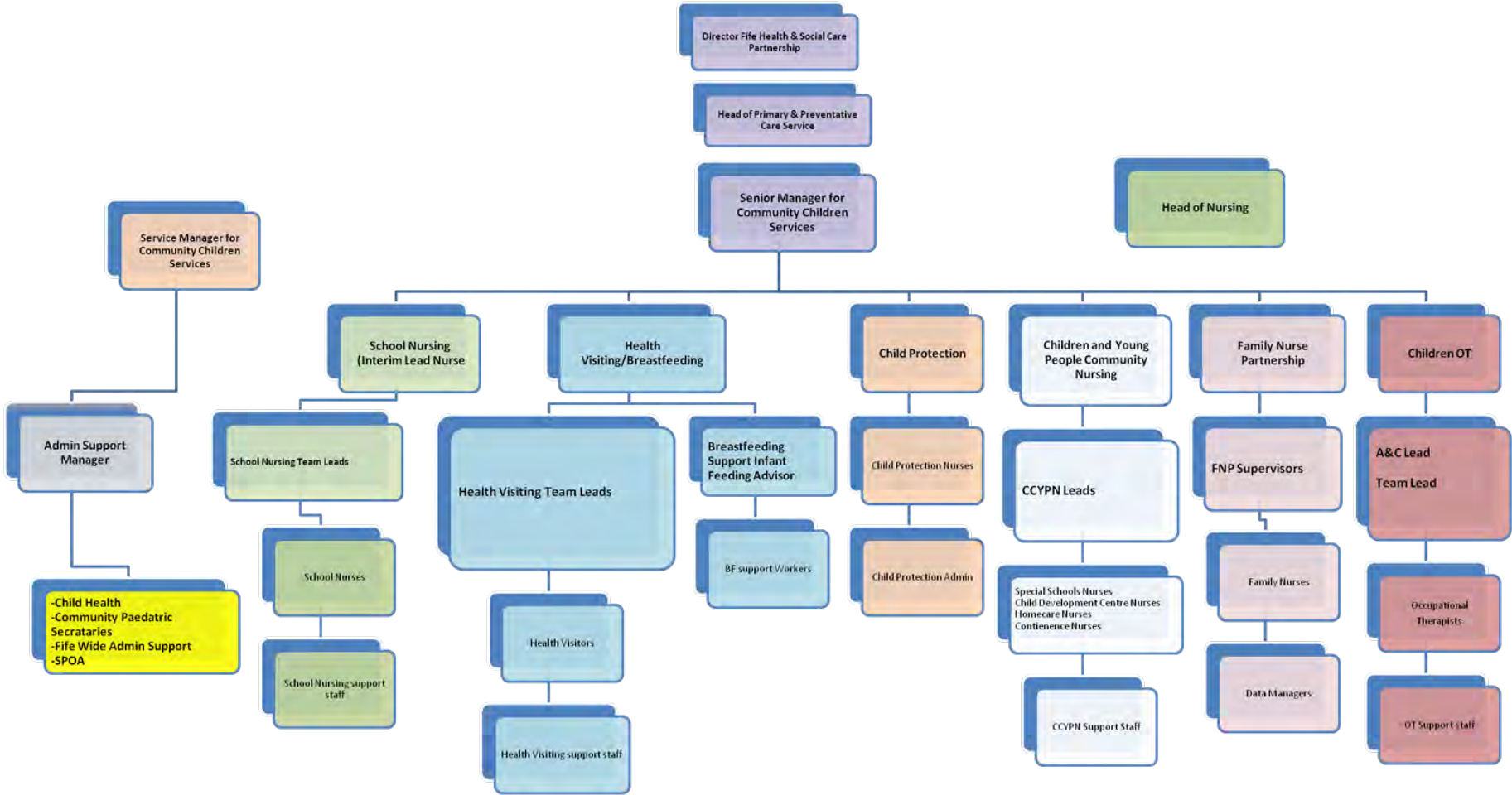
The team works collaboratively with Children's Services, partner agencies, Allied Health Professionals (AHPs), Sexual Health & Gender Based Violence (GBV), General Practitioners (GPs), relevant Community Adult Services and services within the acute sector, particularly Maternity, Paediatrics and Emergency Department (ED).

The Senior Child Protection Nurse Advisors (SCPNA) are aligned to portfolio areas to support visibility, networking and relationship building and quality improvement work.

The team consists of:-

- 1 WTE Lead Nurse Child Protection;
- 4.8 WTE Senior Child Protection Nurse Advisors;
- 1 WTE Personal Assistant;
- 1 WTE secretary.

Children's Services Organisational Structure



The Child Protection team is currently expanding with the addition of 1 WTE Multi Agency Improvement Team post, 1 WTE Child Protection Learning & Development Coordinator post, and 1 WTE Child Protection Clinical Effectiveness Coordinator post. An additional WTE administration post will support this expansion.

The Lead Nurse and the Lead Child Protection Consultant Paediatrician are members of the Child Protection Committee and other strategic groups, nationally and locally.

Interagency Referral Discussion Activity

A SCPNA attends the Monday -Friday (except Public Holidays) daily IRD meeting alongside partners from Police, Social Work and Education (when a child is currently within education services and representative appropriate). The Consultant Paediatrician on call for child protection is also invited to attend if available for specific cases. When possible we have moved away from individual SCPNA attendance for the full week to minimise the vicarious trauma from highly sensitive and distressing subject matter discussed at IRD meetings to support staff's physical, mental and emotional wellbeing. The IRD meeting previously convened as a face to face meeting within Police HQ, however due to Covid restrictions and safety measures this changed to teleconference and in July 2022 further progressed to Microsoft Teams Participants have agreed that using this application has been beneficial; supporting interaction and allowing the decision to be shared on screen at time of writing, particularly beneficial while chairing.

As a reflection of partnership working and in contrast to many health board areas, health participate in the weekly chairing rota alongside our colleagues in Police and Social Work.

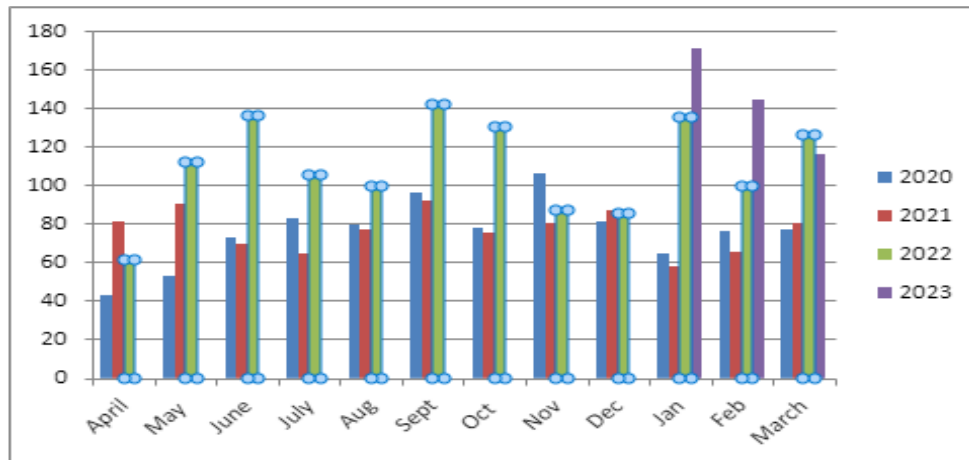
Following the IRD meeting there is an opportunity for the SCPNA to discuss and reflect on specific cases and practice processes as part of the daily huddle. Members of the nursing team, Lead Nurse for CP and associated medical staff can be included in the huddle. The team have had the addition of 2 new paediatric consultants in 2022 with a specialist role in Child Protection strengthening the availability of medical input, opinion and advice.

The Child Protection team are responsible for submitting IRD data to the Child Protection Health Steering Group (CPHSG) on a quarterly basis. The IRD Review Group is responsible for providing IRD closure and quality assurance in relation to the decisions made via the multi-agency IRD process, the resource required to support this process is significant resulting in challenges across the agencies, health to date has supported review of those with health specific actions however the CP Lead Paediatrician is now supporting the full review process when capacity allows.

A monthly IRD operational meeting has progressed since the end of 2022 to bring agency leads together to facilitate relationship building and resolve any operational issues arising.

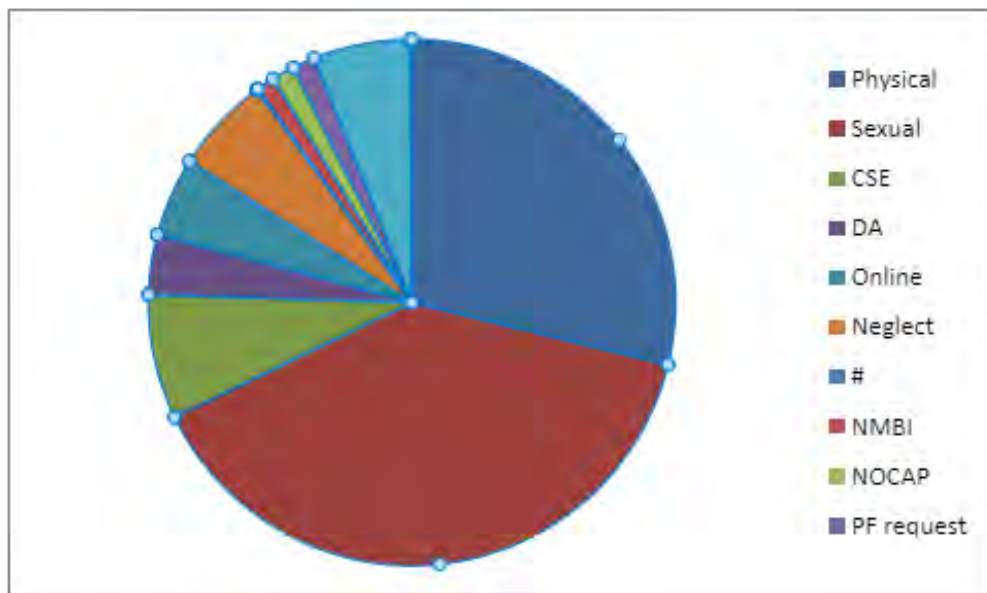
A face to face IRD forum which ceased during the pandemic has recently restarted with participation from all IRD representatives and line managers. There have been 2 meetings to date with a focus on representative feedback, peer learning, safety planning and review of the Underage Sexual Activity Protocol. Feedback has been positive and is a welcome opportunity for participants to be listened to and learn from each other whilst giving opportunity to build relationships lost with the limitations of virtual meetings.

IRD Data

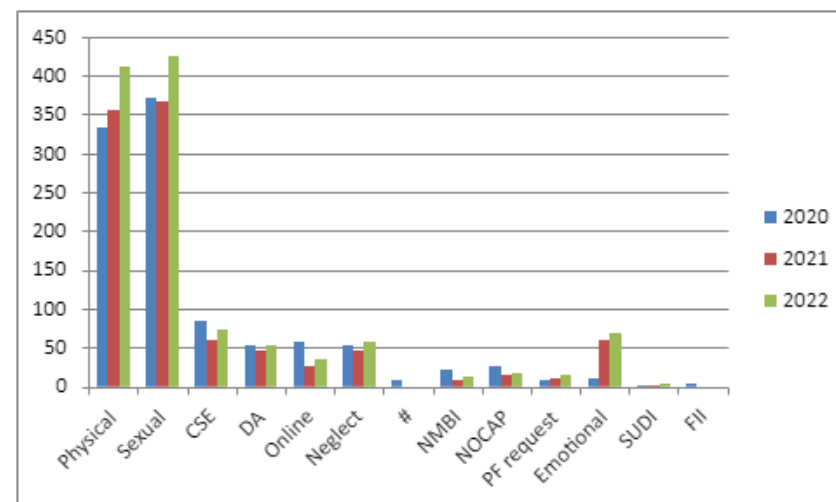


Number of IRDs 2020-2023

Number of IRDS	March 2021 - April 2022	March 2022 - April 2023
April	81	61
May	90	112
June	69	136
July	64	105
Aug	77	99
Sept	92	142
Oct	75	130
Nov	80	87
Dec	87	85
Jan	135	171
Feb	72	144
March	126	116
TOTAL	1048	1388



IRD Themes 2022/2023



Comparative data of IRD themes 2020—2022

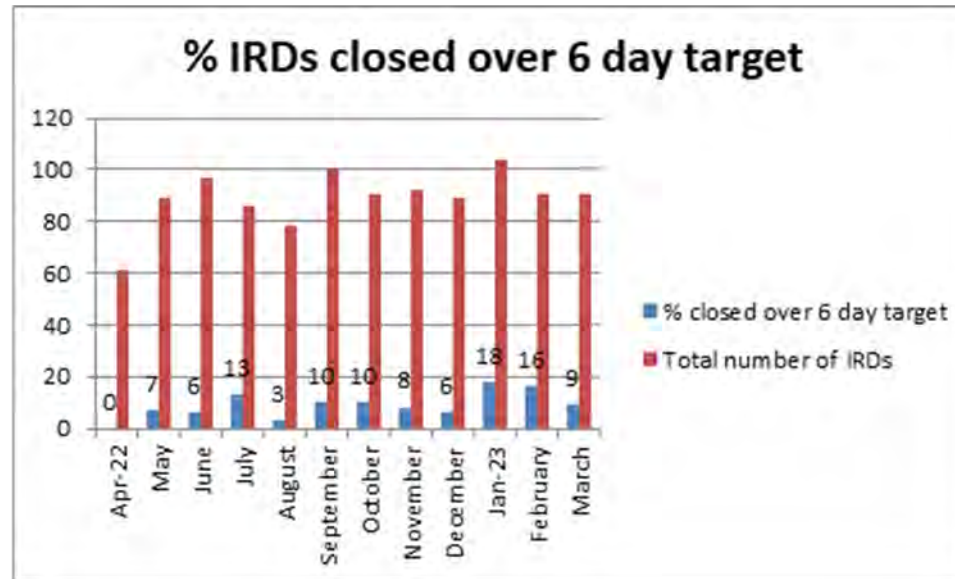
As part of monitoring and improvement, data is now explicitly captured in terms of the nature of the IRD concern to capture thematic findings.

The raw data illustrates that whilst concerns of a physical nature remain a significant proportion of cases being raised via the IRD forum, concerns of a sexual nature superseded perhaps for the first time in mid-2021 and again in mid-2022. Anecdotally, there is a sense that concerns of an online / sexual / CSE nature had risen particularly during the pandemic. This may have been anticipated with both adults and children / young people spending more time within the home environment and having increased access and activity online.

There had been a significant number of IRDs generated relating to children and young people being exposed to domestic abuse within the home during the pandemic, with trends noted at points as restrictions increased or eased, this may again potentially have been predicted and anticipated due to the impact of families spending more time within a highly pressurised home environment with less access to support systems. As we have moved to the recovery phase of the pandemic, numbers of IRDs relating to Domestic Abuse are comparable perhaps indicating a more consistent level.

Wider team discussion is ongoing regarding the nature of data captured to ensure data is meaningful and to allow identification of any targeted learning / service development. An example of this is revisiting our data capture to differentiate Non Mobile Bruising in Infants (NMBI) and fractures from physical concern. This will be supported by the appointment of the Child Protection Quality Assurance Coordinator.

There is an agreed core target of IRDs being completed within a 6 day time frame. Illustrated below are the number of IRDS that remain open for longer than this benchmark target, numbers are generally low but with variation month to month. This may be accounted for in some part when the IRD has been for a child currently out with Fife or to allow partners to undertake further work and feedback to IRD meeting to inform robust decision making.



Feedback

“..when I was Duty. The call was from Child Protection on how we could potentially work with a Child after an IRD incident and what we could offer. I thought it was interesting to have insight and reflection with the Child Protection Team and how we could be part of an outcome after an Joint investigation .

Looking at a the potential option of the CWB assessment as the intervention.”

Child Protection Supervision

The National Guidance for Child Protection in Scotland (2021) suggests that supervision is critical to child protection work to ensure the development of good practice and to improve the quality of a service in order to promote a learning culture. Supportive supervision builds resilience in staff and allows for the development of effective coping strategies (NHS Education Scotland 2021).

Child Protection Health Visiting Group Supervision 01/04/2022 – 31/03/2023

Number of sessions offered	Total Number attended	Total Number Cancelled	Total Number Booked but Did Not Attend	Number of Feedback Responses Received
17	67	3	6	8

Child Protection Group Supervision 01/04/2022—31/03/2023

FNP- TRI PARTITE	27
VIP MIDWIVES- TRI PARTITE	4
SNTL	1
SUPERVISION FOR SUPERVISORS	11 (2 sessions)
GRADUATE HVs	4 (1 session)

In 2023/24 the team hopes to expand the service which it will offer supervision to as capacity within the team stabilises.

Child Protection Supervision Feedback

In the second half of 2022 the Child Protection Team began collating feedback from supervision sessions. Response rate has been low, which may indicate that we need to review the method of collation, however in terms of the feedback collated to date, the main findings from the Child Protection Health Visiting group supervision sessions are that practitioners have agreed or strongly agreed with the sessions being positive. Below are some of the comments received from across the services:-

"I feel that hearing other cases and how other's work it helps a lot on the learning process"

"Good to have a platform to discuss difficult cases"

"I felt we went off topic at times, however it was very apparent that all staff needed to reflect on similar broad concerns and this was helpful for us all"

"I think the value for me is learning experience from others experiences."

"Attended CP Group supervision session which was beneficial for my growth and development. Session explored alternative interventions and actions that I hadn't thought about, many thanks".

"I have discussed only one case with the child protection team recently and found the advise and supports really useful, its great just to be able to have that second opinion. As you know we have not had group supervision for some time but did find this useful when we did. Always feel I can call and will be supported by the team though"

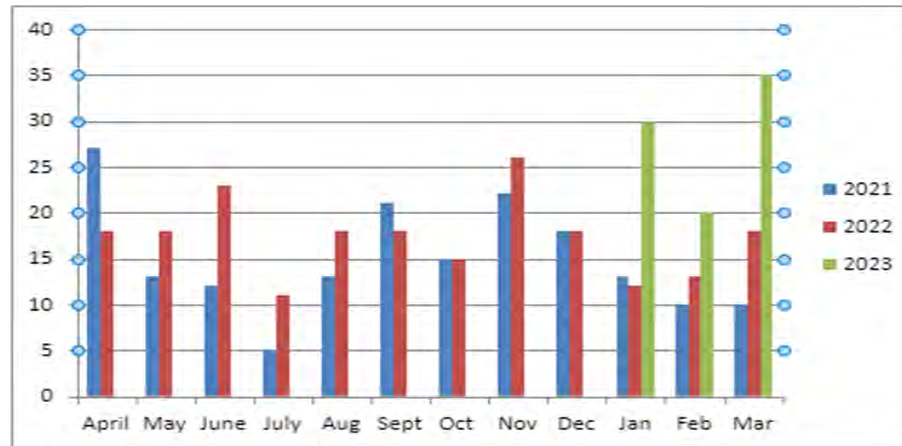
" It is a safe space to discuss any CP challenges and cases from practice that I have provided supervision for and is reassuring to have the offer of support. "

"CP group supervision sessions have been really supportive and offered a safe space and learning environment to grow and develop".

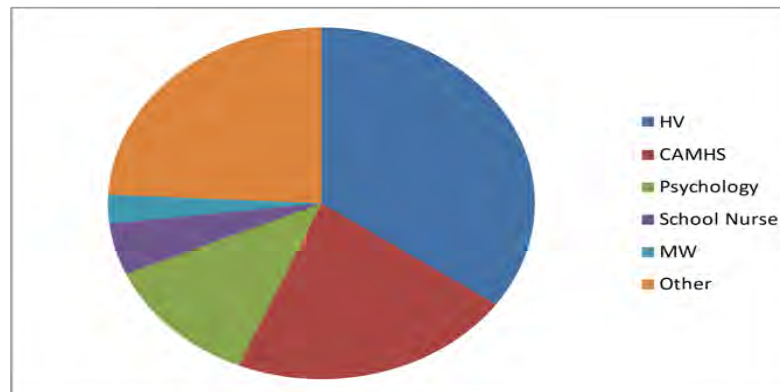
Child Protection Advice

The Child Protection Team delivers a service offering all NHS Fife staff telephone advice, support and guidance Monday to Friday 0830hrs to 1700hrs on **01592 648114**.

Team capacity has been reduced throughout 2022/2023 however, response to advice calls has been prioritised with all calls being responded to on same or next day at the latest. Practitioners are sent a written summary of the call by the SCPNA for review which can also be attached to the child’s record. SCPNAs have the opportunity to discuss and reflect on specific calls at planned or open door supervision or as part of the daily huddle. Members of the nursing team, Lead Nurse for Child Protection and associated medical staff can be included in the huddle.



Users of our service remain mainly from Children’s Services, as well as Psychology.



Emerging themes:

The calls received are in relation to an array of diverse child protection issues. No overt specific patterns are identifiable, however certain themes are consistent:-

- Advice/ reassurance regarding the need for escalation of concerns and/or progression to Social Work Notification of Child Concern (NOCC);
- Conflicts with differing professional thresholds - Child Wellbeing versus Child Protection - potential for implementation of escalation policy;
- Disclosure of historical sexual abuse;
- Parental mental health;
- Transient / unseen children and young people / non- engaging family;
- Information sharing.

The availability of this support has consistently received positive feedback. Qualitative and quantitative feedback indicates a highly valued service by NHS Fife staff. The prompt availability and discussions / advice given is extremely reassuring and supportive to staff in their decision making and planning for children and young people. The response rate to feedback is extremely variable, recognising the wider workforce pressures may impact on staffs' ability to prioritise a response and feedback from previous service users possibly negates a further feedback response.

Month	Number of calls	Number of feedback responses	Comments
April 2022	18	0	0
May 2022	18	2	1
June 2022	23	4	3
July 2022	11	5	3
Aug 2022	18	2	2
Sept 2022	18	7	7
Oct 2022	15	2	2
Nov 2022	22	3	3
Dec 2022	18	3	3
Jan 2023	30	10	10
Feb 2023	20	6	4
Mar 2023	35	9	8
TOTAL	211+	44	38

Plans to explore an electronic survey response may support practitioners' ability to provide feedback.

Child Protection Advice Feedback

"The nurse advisor I spoke with was very supportive and guided me through the concern, to which a decision was made that allowed me to feel we had considered all aspects and agreed on the professional judgment and decision"

"I found being able to discuss my rationale and future action plan helpful, along with the verification/ clarification I was acting within my named person role"

"CP team put me at ease when I have called for advice supporting me to escalate concerns through correct routes with my team leader. I feel confident to make contact and always supportive".

"As always the advice given is clear and salient. I always feel more comfortable with my own clinical decision making after speaking to the nurse advisors and feel more supported with the more difficult and risky cases. Thanks for your continued support."

"Excellent service as always. This was a follow-up to a previous concern and was handled very well with the advisor even recalling the initial discussion".

"It is a great support and reassuring to be able to speak to someone so promptly and discuss difficult cases to ensure all bases are being covered and there isn't anything I have missed in terms of child protection"

"CP team have been a fantastic resource for my team to readily access and have regularly provided support to myself when dealing with difficult

"It was very reassuring to have someone listen to my concerns and help me confirm in my own mind the appropriate course of action"

"I valued the nurse advisor's advice and conversation. She validated the advice I had already given on this case and made me feel reassured I was acting in the best interests of the child. I have in the past and will in the future continue to use this service as I certainly appreciated the expertise and confidence from this consultation. I was also equipped with onward escalation processes ie, Caldicott guardian and the NHS Fife legal team telephone numbers if this situation is not resolved"

Child Protection Advice Feedback contd/...

“Brilliant response from advisor in timely and confident manner. Sought further advice from associated colleagues and fed this back quickly, allowing me to complete our reporting process during the same working day. Would not hesitate to use again. Thank you”

“It was really good to talk through the scenario in question and the advisor gave me the confidence that I was doing the right thing. It was also really useful to have a concise summary of our conversation emailed to me the following day to put on the child’s record.”

“I am so pleased there is a feedback form for this service. I was planning on contacting the service to share feedback as I was extremely pleased with the support I received. This was the first time I have utilised the service; the nurse was very supportive and informative. She provided me with excellent advice. Following the call, I had a clear plan and felt supported and confident with the advice provided. The details documented by the nurse in the phone call record form was accurate; it was very beneficial to receive a copy of this. Many thanks to the nurse for her support and caring, approachable manner”

“ The nurse advisor was incredibly helpful and reassuring. She provided a written summary of our conversation within a few hours”

Training

The annual Child Protection Training Programme, developed and facilitated by the Fife Health Child Protection Team, is produced in line with the national 'Framework for Child Protection Learning and Development in Scotland' (Scottish Government, 2012 and the Intercollegiate Document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). This Programme offers learning opportunities across all 5 levels identified within the Intercollegiate Document. The content of training is reviewed and updated regularly to ensure that it is evidence based and that local and national developments and learning are incorporated. All the child protection training offered by NHS Fife incorporates information around GIRFEC and the CPC 6 key themes identified from significant case reviews / Learning Reviews. New and established local and national guidance and protocols are reinforced and discussed at training sessions including the Multi-agency Non-mobile Infant Bruising Guidance, the Fracture Guidance for Children under two years, and the Underage Sexual Activity Protocol.

The core training framework was updated and a training programme for the first 6 months of 2022 was produced to ensure incorporation of courses for all 5 levels. The Child Protection team entered a significant period of critical function and had limited capacity to facilitate training in the first 8 months of 2022, training places were offered between September 2022 to March 2023 but staffing constraints have continued to impact the delivery of a full training programme.

Training availability within Fife was further impacted by the inability to recruit to the CPC Learning & Development Lead Officer.

The Fife CPC recommended that partner agencies nominate a lead for Learning and Development to work in collaboration with the CPC to progress multiagency priorities. The addition of the role of a Child Protection Learning & Development Coordinator recognises the critical role that the health Child Protection team have within both NHS FIFE and FHSCP, partner agencies and the work of the Fife CPC. The role of CPC Learning & Development Lead Officer was filled in the last quarter of 2022 and it is anticipated a comprehensive single agency and multiagency training strategy will progress in 2023.

Training Activity 2022 / 2023

Training Needs Analysis (TNA) has been distributed annually to Service Leads across the Child Health Management Team In December 2022 with plans to further roll out to adult services. The form has been revised following feedback to support understanding an ease of completion.

Gaps in mandatory training were identified due to the below factors:

- Covid- staff absences and staff working from home and shielding;
- Lack of staff capacity in child protection team to deliver training;
- Lack of capacity of staff wishing to attend training;
- Lack of suitable days and times of training offered.

The returns from the TNA indicate that although there has been very limited access to training from the child protection team a large percentage of staff have taken advantage of other training recommended, such as e-learning; third sector training; and training provided by other health colleagues.

All services agreed that Child Protection training was valuable to ensure staff are able to:-

- identifying what is meant by child protection and child abuse;
- identify relevant legislation and guidance including the use of evidence based tools;
- Have an understanding of how to respond to child protection concerns they may have and encourage professional curiosity.

As there was no TNA circulation in 2020 due to the pandemic, the lack of response to the TNA in 2021 and restricted training delivery in 2022, it is very difficult to identify training needs for 2023. The priorities will continue to be the delivering of the Chronology and Risk Assessment & Analysis courses, which are currently mandatory for Health Visitors and Family Nurses and a key recommendation from Fife Learning Reviews.

Training Course / Session:	Number of sessions offered	Attendance numbers:
Core Induction with Child Protection introduction	N/A	
Turas e-learning module	N/A	
Introduction to Child Protection	4	76
Chronology	5	92

Training self-evaluation

As part of the ongoing continuous improvement aims of Health Child Protection Team, contributing to both self-evaluation processes and to provide organisational assurance of the impact on practice, all training courses delivered are evaluated using a training evaluation tool. This is distributed at the end of sessions which encourages a positive response rate, collecting both quantitative and qualitative information. The aim of this evaluation process is to identify what aspects of Child Protection training are well received and identify any areas for improvement.

Evaluation returns are noted to have been particularly poor throughout this period with only 50% of attendees completing the form and measures have been implementing to support improvement volume of returns.

Over 99% of respondents have rated the training as very good or good with some themes emerging:-

- The use of case studies along with the opportunity to liaise and have discussion with colleagues was identified throughout all the training programmes as extremely valuable in allowing reflection and learning from real cases;
- Child Protection is a difficult topic to discuss via TEAMS delivery;
- Respondents' report that use of chronologies and risk assessment tools as particularly advantageous to their practice;
- The participants consistently identify that shared learning with their peers in a multi-disciplinary group was very beneficial and a valuable networking opportunity;
- Opportunities for discussion was valued, particularly when training was delivered via TEAMS.

In 2020 a further question was added to the evaluation forms in attempts to understand how staff felt about the training being delivered via MS TEAMS. Early indications were that staff were divided, with some people feeling the lack of having to travel being advantageous. More recently, however, the results indicate a wish for training to return to face to face.

In response to self evaluation, in the second half of 2022:-

- The chronologies training was fully updated to reflect feedback received incorporating a new case example;
- The Court Preparation e-learning training was refreshed and re-launched with support from our colleagues in Scottish Children's Reporter Administration (SCRA) and NHS Fife Legal Team;
- The Introduction to Child Protection Training was replaced in February 2023 with the NES online Child Protection Level 2 Modules. These modules were developed with Health Improvement Scotland (HIS) as part of Public Protection modules and are evidence-based resources, reflecting current legislation, guidelines and learning from recent and historic learning reviews and will be regularly updated.

Of the training courses that were available for staff in 2022 / 2023, they all continued to be delivered on MS TEAMS. The team have worked extremely hard to adapt and compile training compatible with MS TEAMS delivery. There is recognition that the subject area can be highly emotive and this needs to be managed effectively by the trainers when delivering virtually. Recent guidance has been issued via the NHS Fife Learning & Development forum regarding safe delivery of face-to-face training and it is planned the Child Protection training programme will resume to face to face into 2023.

The Child Protection Medical Team

Medical Examinations

There is a rota for Child Protection physical medical, which the Acute and Community Consultants contribute to. This comprises of 15 Paediatricians. There is a Paediatrician on call 24 hours a day, therefore at out of hours there is always access to a Paediatric Consultant for urgent Child Protection advice.

Specialist Medical Examinations (SME) for cases with concerns regarding neglect are performed by 6 Paediatricians all with special interest in child protection.

A separate Child Sexual Abuse (CSA) rota is in place to cover both acute and non acute CSA medicals. In the event there is no Fife cover for this in hours, there is a Standard Operating Procedure in place for Lothian to cross cover. Out of hours (OOH) cover is provided via the Managed Clinical Network (MCN) for Child Protection. This covers Physical Abuse in Lothian and CSA in Fife and Borders. 3 Paediatricians in Fife contribute to this OOH rota.

In the period between April 2022 and May 2023:-

- We conducted 51 Joint Paediatric Forensic Medical Examinations (JPFMEs) for physical abuse concerns and 9 JPFMEs for sexual abuse concerns;
- We conducted 11 specialist medical examinations for suspected physical abuse (generally these were sibling medicals,) 5 specialist medicals for suspected sexual abuse (usually in cases of historic abuse or non specific symptoms/signs where there were some concerns these symptoms may be related to sexual abuse);
- We conducted 25 specialist medical examinations for concerns around neglect.
- 42 of these children were male and 50 were female.
- Ages ranged from 0-16. 19 medicals for ages 0-1,
- 28 medicals for ages 1-4, 29 medicals aged 5-11 and 25 medicals for ages 12-16.
- 3 of the children examined were Looked After Children (LAC),
- 1 child was in residential care.

Future Planning

User surveys:-

We have recently started work with multi-agency partners in obtaining feedback from families, children and young people undergoing the Child Protection process to include feedback on Child Protection medicals to guide our service upholding the United Nations Conventions on Rights of the Child (UNCRC) on including the voice of the child in shaping our service.

Forensic Standards

The 2017 Healthcare Improvement Scotland standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults cover the following areas:

- Leadership and governance;
- Person-centred and trauma-informed care;
- Facilities for forensic examinations;
- Educational, training and clinical requirements;
- Consistent documentation and data collection.

The standards ensure that the service are meeting the clinical criteria as set out by the Faculty of Forensic and Legal Medicine.

Stakeholders meet quarterly to review ensure these standards are being met. Self assessment has been completed and evidenced. Review of the forensic facilities highlighted a need for change to ensure facilities can be kept forensically clean. Changes were implemented such as removing unnecessary equipment, reduction in toys with a wipeable toy box and limiting access to the facilities with regular deep cleans after every medical. The service has passed a recent inspection by the Scottish Government on DNA contamination detection and a process is in place for continual monitoring.

Recent audit in May 2021 to May 2022 showed we are able to meet the needs of Children and Young People requiring same day acute medicals and providing the necessary aftercare for children and young people. Gaps identified were support for children under 13 and their families and vulnerable children and young people who struggle to engage with services. This audit highlighted the need for extra support in health for those children and young people at risk or undergoing CSE.

Pathways have been developed to ensure children and young people who have undergone CSA have their emotional and sexual health needs met whether or not they undergo a CSA medical.

Future Planning for Forensic Services

The Gender Based Violence Nursing Service is working with sexual health in developing children and young people appropriate leaflets / information on their role with contact information.

The Gender Based Violence Nurse will provide signposting support to under 13s and their families.

Ongoing discussions with colleagues in mental health and education around supporting particularly vulnerable children and young people including meeting their mental and physical health needs.

A mural has been commissioned by a charity to ensure the forensic suite in children's outpatients is child and young people friendly.

Education/Training

All Paediatricians and trainees working in NHS Fife complete their 3 yearly Level 3 Child Protection update on TURAS (NHS Education for Scotland's Training Programme Management System). In addition to this, Paediatricians attend a monthly Regional Peer Review for Physical and Sexual Abuse (for those who are CSA trained). The CSA Peer review includes Journal Club or Educational Topic. There is the ability for Paediatricians to attend a National Complex Case forum to share learning from around Scotland.

Paediatric trainees receive a Child Protection induction to ensure awareness of policies. Training is delivered to medical students and Junior Doctors in Child Protection. There is also periodic specialist training for Paediatricians, for example Radiology training and delivery of the National Trauma Training Programme.

GP training - this is arranged yearly by the Managed Clinical Network (MCN) which is preceded by a training needs analysis. The 2022 training included an overview of Child Protection processes, an update on the new Child Protection guidance, themes from learning reviews and Safe & Together training in domestic abuse.

East Region Managed Clinical Network for Child Protection

The Child Protection Lead Paediatrician attends and contributes to MCN work. The aim of the Managed Clinical Network for Protection is to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of children, young people and their families in South East Scotland who may have been victims of physical, sexual or psychological maltreatment or neglect. The MCN contributes to the national data collection strategy and collaborate with the other Regional Child Protection MCNs in Scotland.

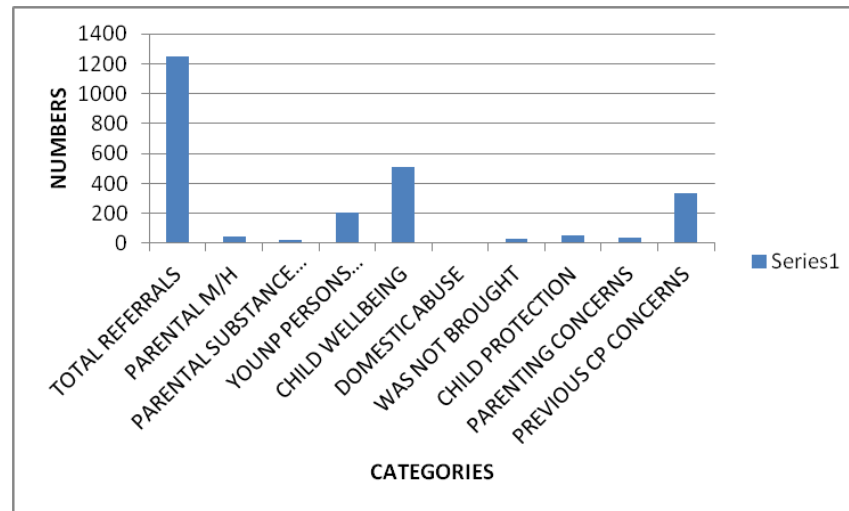
The MCN is currently has an interim lead while waiting for a permanent lead to be appointed.

Wellbeing Nurse Liaison Service

There are 2 Children's Wellbeing Liaison Nurses (CWLN) based within the acute sector. The service runs Monday to Friday 0900hrs to 1700hrs (except public holidays). Staffing constraints have resulted in the service operating over 3 to 4 days, impacting on the service that is currently provided to the children's ward and the ED.

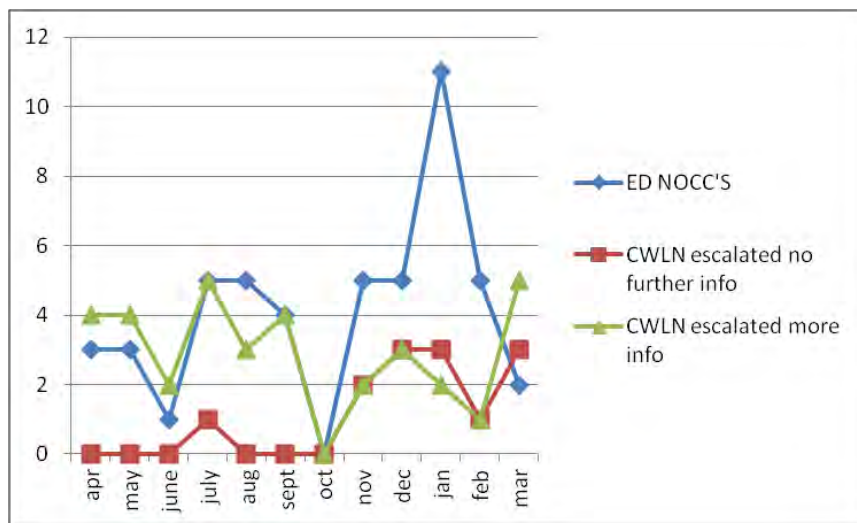
The CWLN:-

- Has daily liaison with children’s ward and ED;
- Reviews all Child Wellbeing Referrals generated and parental admissions from ED;
- Supports Children’s Ward and ED staff with advice, information sharing, and management of child wellbeing concerns;
- Supports opportunities for learning and teaching;
- Supports information sharing with Social Work and health colleagues to inform ongoing assessment and future planning for the safety and wellbeing of children;
- Supports discharge planning for children with complex needs or wellbeing concerns;
- Collates and reports on child wellbeing activity within children’s ward and ED.



The chart above shows the number of referrals to the CWLN between April 2022 to March 2023, a total of 1,245. A significant number of referrals are young persons presenting with mental health / risk taking behaviours. The complexity of these cases has also increased, often requiring longer admissions to ensure a safe discharge. The liaison and support from our Child & Adolescent Mental Health Service (CAMHS) colleagues has been greatly appreciated and in particular when providing supporting evidence when the young person requires new care arrangements.

The safety of the young person, other patients and staff when a young person is admitted to the ward has to be considered. To address some of the issues that are potential risks an information sheet for the parents / carer and young person has been devised by the CWLN and Unscheduled Care Assessment Team (UCAT). This allows the admitting staff to open the discussion of safety and what is expected of the young person and parents whilst in the ward.



The chart above shows the NOCC's raised from ED or subsequently escalated by CWLN. ED has had a winter with unprecedented ED attendances. Despite this ED has continued to submit NOCC's directly to SW when a need is recognised. When there has been a requirement for escalation by the CWLN it has in the main been due to further information becoming available. This evidences that the wellbeing referral strengthens the process for raising concerns.

A review of the Wellbeing Referral Form was made resulting in a number of amendments. It was recognised the SHANARRI tool was unfamiliar to many of the ED staff and within their busy department this was not being completed. The tool was removed and has allowed for CWLN checks to be recorded.

Forward Planning

Microsoft Office Training has been booked to support the service to improve on the analysis of data, allow ED referrals to be digital and in turn paper-lite. This will be a project for further discussion following the completion of the training.

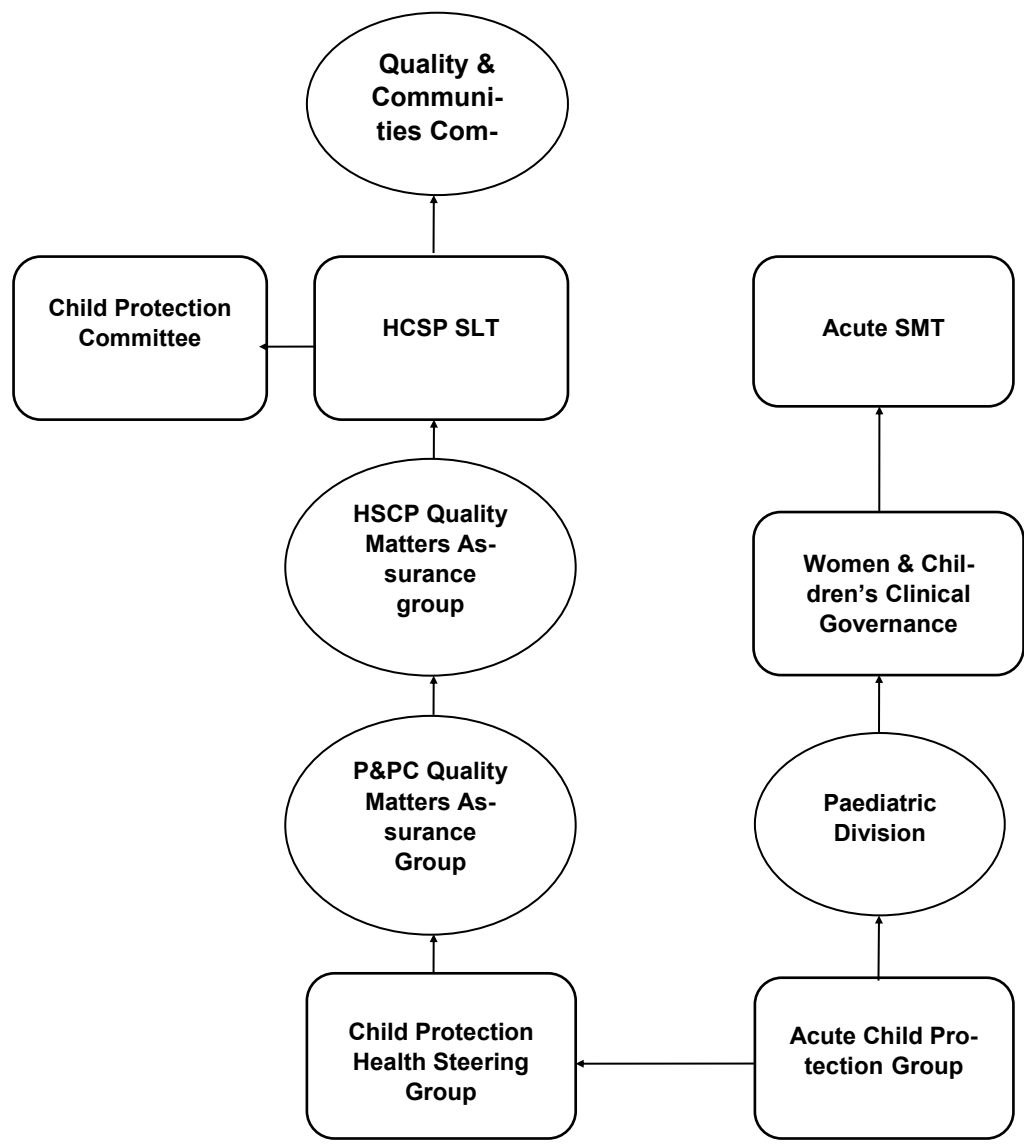
Section 2 — Leadership, Accountability, and Governance

NHS Fife / FHSCP has a duty to safeguard children and young people. The Child Protection Team is a dedicated resource / service within health to promote and support optimal safeguarding practice. The Child Protection team is an active contributor, educating and supporting practitioners and services to feel confident, knowledgeable and empowered within their roles and responsibilities to protect and promote the safety and wellbeing of children and young people including during the pre-birth period.

Contributing to our partnership's overarching vision: 'Making Fife a Place Where Every Child and Young Person Matters'. Our strategic objective includes supporting the development of a competent and confident NHS workforce that:-

- Recognises 'It's Everyone's Job to Make Sure I am Alright';
- Feel equipped and supported to access and apply policies and procedures to safeguard children and young people;
- Work in collaboration with partners to recognise, assess and analyse when a child or young person is at risk / suspected to have suffered harm and participate in collaborative working to mitigate risk of harm;
- Promote and enable effective and respectful relational working with partner agencies;
- Promote and participate in a multi-agency learning culture (Learning Reviews).
-

The Child Protection team provide strategic leadership and carry a governance responsibility reportable to the Primary & Preventative Care Clinical and Care Governance Group, Quality Matters Assurance, HSCP Senior Leadership Team and the Child Protection Committee.



4.1 Child Protection Health Steering Group

The Child Protection Health Steering Group (CPHSG) is chaired by the Senior Manager – Community Children’s Services on behalf of the Head of Primary & Preventative Care Services.

The purpose of the work of the CPHSG is to facilitate embedding robust child protection systems and processes into all the operational delivery units within all of Fife’s health services. Membership of the group is a representation of both NHS Fife and FHSCP staff.

The Terms of Reference for the group were reviewed and updated in 2022.

4.2 NHS Public Protection Accountability and Assurance Framework

The current Child Protection Quality Assurance Framework is currently under review following the transition to electronic records and the publication of the NHS Public Protection Accountability and Assurance Framework in October 2022. It is a framework to guide health boards in assessing adequacy and effectiveness of their Public Protection arrangements at strategic and operational levels. It provides child protection standards from which to benchmark and measure change and improvement with an aim to ensure greater consistency in what children at risk of harm and families can expect in terms of support and protection from health services in all parts of Scotland. It supports assurance for child protection (and adult protection) individual responsibilities together with potential for enhancing shared multi-agency governance. Within NHS Fife a gap analysis is under way with a proposed National toolkit in development to support health boards in providing the required assurances and with the potential to develop a National dataset in relation to child protection.

4.3 Child Protection Committee

Child Protection Committee (CPC) Scotland is a national organisation which supports child protection practice, policy and research across Scotland. Each local authority has its own local CPC, the purpose of which is to make sure that local agencies work together to protect children from harm. The CPC is made up of representatives from across the main statutory and voluntary organisations in Fife who work together with the community, to be assured that all children in our area are protected from harm and given the best possible chance in life.

The Children’s Services Manager, the Lead Nurse Child Protection and the Lead Child Protection Consultant Paediatrician are all members of the Child Protection Committee.

The Child Protection Committee has a number of sub-groups which take work forward on behalf of the Committee including the CPC Minimum Dataset Working Group, CPC Self-Evaluation and Audit Working Group, CPC Case Review Working Group and the CPC Guidance Implementation Workforce Development Group, of which the Lead Nurse Child Protection is a full member.

4.4 Care Inspectorate

The Care Inspectorate is a scrutiny body which considers quality of care in Scotland.

It carries out Joint Inspection of Services to protect Children and Young People in local authority areas to ensure they meet high standards and identifies and supports areas of improvement.

Section 3 - Child Protection Processes

5.1 National Guidance for Child Protection in Scotland (2021)

The National Guidance for Child Protection in Scotland was published in 2021, the timeframe set out by the Scottish Government for implementation of the guidance is 2 years with anticipated implementation by September 2023.

The National Guidance for Child Protection in Scotland (2021) sets out responsibilities and expectations for everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence. The revised guidance frames child protection within the context of the wider strategic policies of Getting It Right For Every Child (GIRFEC), The Promise and the UNCRC.

Many areas of the guidance are already existing practice however, there are areas of implementation requiring significant change to the multiagency child protection landscape resulting in complexities in implementation and agreement.

5.2 National Guidance for Child Protection Committees Undertaking Learning Reviews (2021)

The publication of the National Guidance for Child Protection Committees Undertaking Learning Reviews (2021) outlines a new single Learning Review model to replace the two-tier system of Initial Case Reviews and Significant Case Reviews and has now been fully implemented in Fife. This outlines a proportionate, timely approach to case reviews and fosters a learning culture, moving away from an emphasis on blame.

LR are an opportunity for in-depth analysis and critical reflection in order to gain greater understanding of inevitably complex situations and to develop strategies to support practice and improve systems across agencies. The Learning Review does not stop at the points when shortcomings in professional practice have been recognised, it moves on to explore the interaction of the individual with the wider context, including cultural and organisational barriers, in order to understand why things developed in the way they did. It is undertaken to better protect children in the future.

The CPC Case review working group supports identification of cases where there may be opportunities for corporate learning, considering these cases and undertaking Learning Reviews, where appropriate, on behalf of Chief Officers.

Following a learning review, coordinated strategic approaches to staff learning may consist of multiagency practitioner development days, 7-minute briefings, single and multiagency training. Learning is cascaded at case and Child Protection supervision and through Child Protection advice calls. Subsequent multiagency and single agency/service audit and data collection gives assurance that these measures have been embedded in practice.

Adverse event reporting via health Datix system records Child Protection categorisation and triggers the LAER/SAER/LR process. Monthly Children's Services governance reporting identifies CP Datix for early identification of CP themes and areas of concern. Additional assurance to promote staff learning and to help prevent recurrence of issues is provided that these controls are working effectively via the CPHSG action tracker.

5.3 Child Protection within Maternity Services

NHS Fife has a well established Vulnerable in Pregnancy (VIP) midwifery service. The team is divided into three teams:-

- Drug Liaison Team;
- Family Liaison Team;
- Perinatal Mental Health.

The Drug Liaison Team consists of two Midwives who provide caseload care for woman for whom substance use is a feature of their pregnancy, both illicit use and prescription use.

The Family Liaison Team consists of four Midwives and a Maternity Care Assistant (working across both teams), who provide caseload care to all other women who present with child protection concerns. Referral criteria for the Family Liaison team includes (but is not limited to) current domestic abuse, current criminal justice involvement (woman, father of baby, and / or current partner), women who have had previous children removed from their care (where children have not been returned), women under the age of 16, women who are potentially being trafficked, women with a partner who is a schedule one offender and women who have a diagnosed learning disability.

Referrals come from Community Midwives, Police, Social Work and occasionally self referrals from women themselves who have worked with the team before. In 2022 the VIP team looked after approximately 6% of all pregnant women in Fife.

Child protection case file notes are audited monthly and are reported to senior management on a twice yearly basis. Child Protection case file audit is an essential part of the quality assurance arrangements within NHS Fife's VIP Team and is part of a commitment to understanding our practice and finding ways to improve it. It also allows staff to foster a culture of continuous quality improvement within the team and ultimately to improve outcomes for babies in Fife.

The National Guidance for Child Protection in Scotland (2021) suggests that supervision is critical to child protection work to ensure the development of good practice and to improve the quality of a service in order to promote a learning culture. Midwives within the VIP team access quarterly tripartite and group supervision in line with their governance requirements, ensuring regular oversight of cases by senior staff. Support for the quarterly tripartite sessions is provided by a Senior Child Protection Nurse Advisor from NHS Fife.

Last year the VIP team held 70 unborn child wellbeing meetings and attended 65 ICPC/RCPC's. The team record outcomes for the women they look after, including data on birth weight, gestation at booking, type of birth, drug's taken in pregnancy, postcode areas, reason for referral, child protection registration and care outcomes for babies (whether a baby is removed from parents at birth or not).

Badgernet is the name of the maternity electronic record keeping system used in Fife. 2022 was the first year that the VIP team moved to recording all their notes on this system as previously they had been using handwritten paper files to document visits and details of their contacts with other agencies. However, chronologies, police cause for concerns, case conference reports and Fife wellbeing tools are still saved in a protected file on the shared drive.

VIP midwives will often seek the advice of their colleagues in the Child Protection Team. Working relationships between these two teams are very positive.

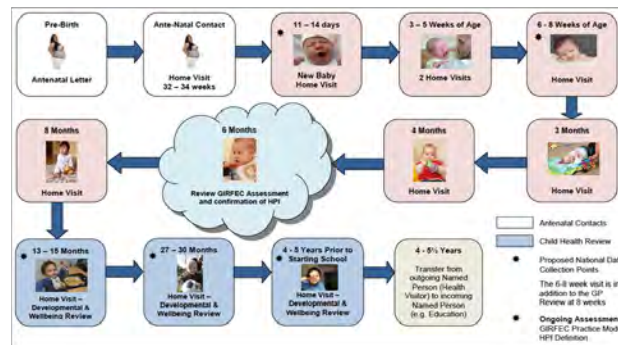
Midwives engagement and contribution for the Child Protection Case Conferences:-

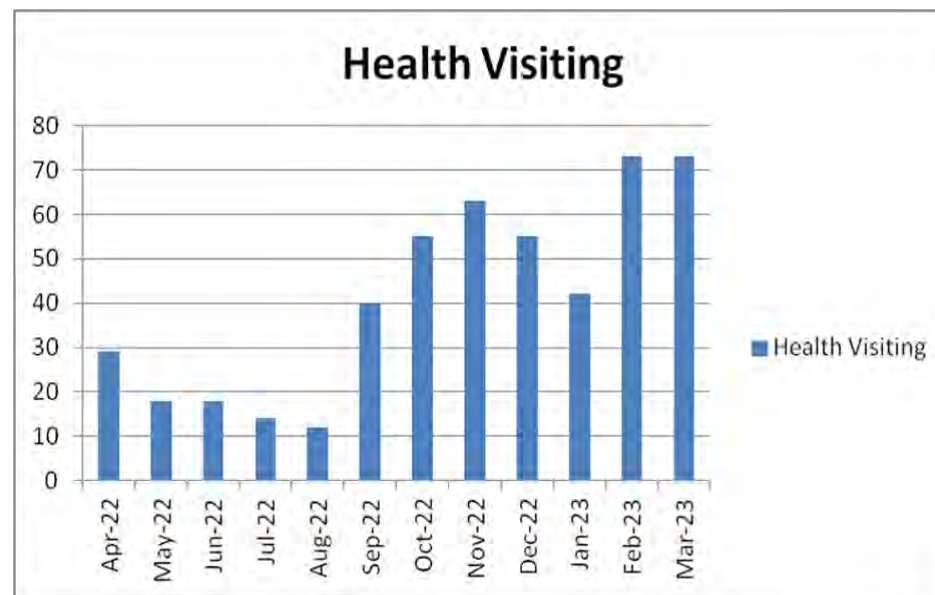
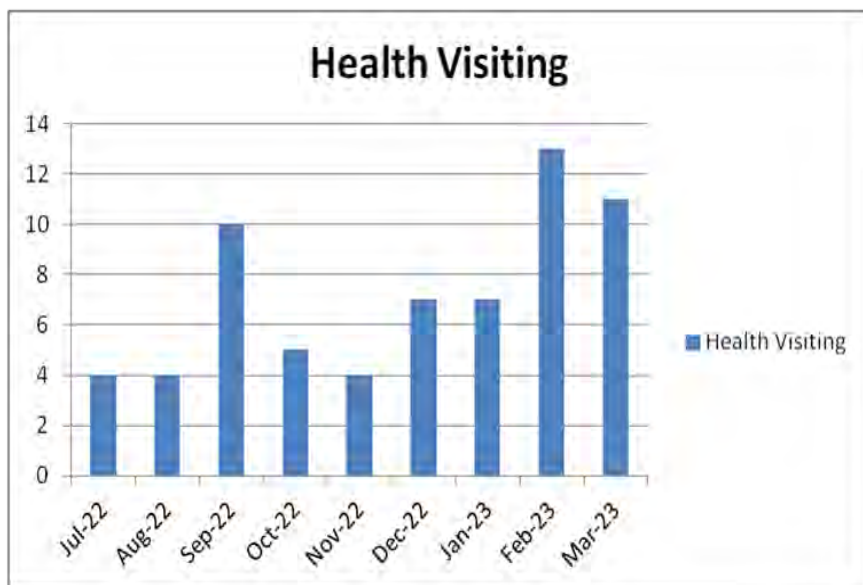
	December 22	January 23	February 23
Invited	3	2	7
Attended	3	2	6
Reports submitted	3	1	6
Meetings with no attendance or report	0	0	0

5.4 Child Protection within Pre-school Services

Health Visiting

Health Visitors provide a professional public health service based on best evidence of what works for individuals, families, groups and communities, enhancing health and reducing health inequalities through a proactive, universal service from the antenatal period until the child starts school and for vulnerable populations targeted according to need, taking into account their different dynamics and needs.





Health Visiting Child Protection Activity 2022/2023

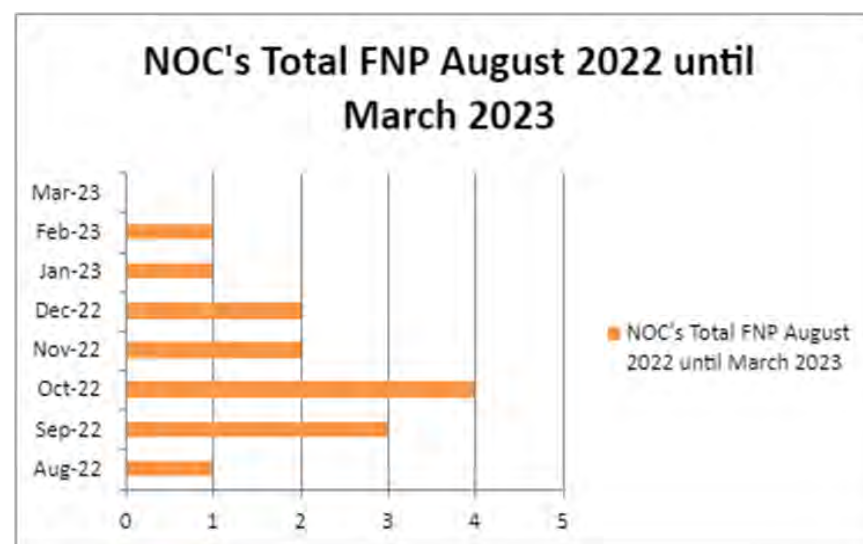
Health Visiting engagement and contribution for the Child Protection Case Conferences:-

	December 22	January 23	February 23
Invited	18	15	13
Attended	18	15	12
Reports submitted	14	12	8
Meetings with no attendance or report	0	0	0

Family Nurse Partnership

The Family Nurse Partnership (FNP) is an intensive, voluntary home visiting service offered to all eligible first time mothers aged 20 years and under, from early pregnancy until the first child turns 2 years of age. The programme is underpinned by a robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term. The programme is delivered, alongside the universal Child Health Surveillance programme, by Family Nurses who also undertake the role of the Named Person for the child.

Family Nurse Partnership Child Protection Activity 2022/2023



5.5 Child Protection within School Nursing Services

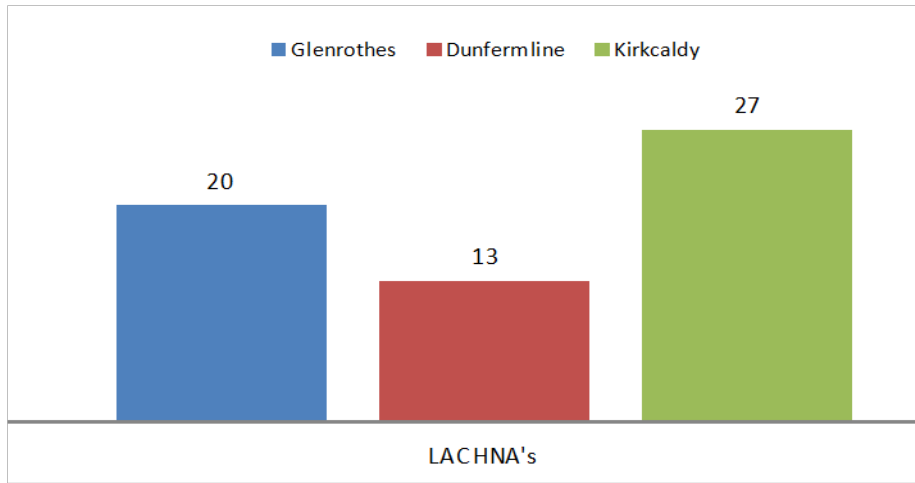
Fife's School Nursing Service continues to deliver safe, effective and person centred care based on the GIRFEC Framework and actively promoting children's rights and participation and engagement.

The School Nursing Service works in partnership with a variety of agencies to ensure that children, young people and families receive high quality, effective interventions which are designed to improve their health & wellbeing. The Service is Fife Wide and offers a universally accessible service.

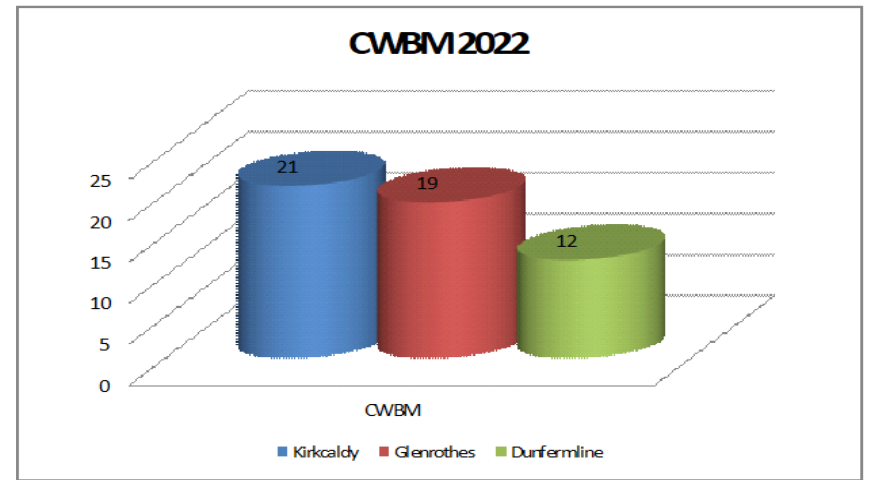
School Nursing Service Child Protection Activity 2022/2023

School Nursing Service engagement and contribution for the Child Protection Case Conferences for the period 1st April 2022 to 31st March 2023:-

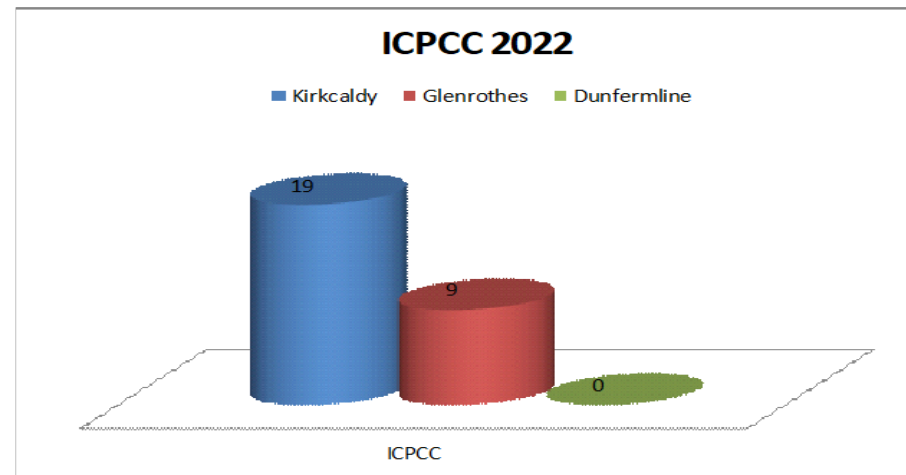
Looked After Children Health Needs Assessments undertaken within 28 days of LAC Notification 2022



Number of attendances at Child Wellbeing Meetings



Number of attendances at Initial Child Protection Case Conferences



Number of attendances at 72 Hour Planning Meetings



	December 22	January 23	February 23
Invited	6	6	5
Attended	5	5	2
Reports submitted	6	4	4
Meetings with no attendance or report	0	0	0

Section 4 – Challenges and Successes

4.1 Challenges

The Child Protection team have gone through a period of transition in 2022-2023 with significant vacancies and the appointment of a new Lead nurse and new CP Lead paediatrician. The turnover of staff and change in health management structure within Child Protection has inevitably impacted on the levels of experience within the Child Protection team. Capacity within the Child Protection team has resulted in a focus on the IRD core function with a significant pause of training and group supervision for key staff groups in 2022. The benefits of regular training and supervision for staff and the children and young people they work with are widely recognised and the consequences of this could be wide ranging.

As with our colleagues in all other areas of health and with our partners, we have continued to face challenges during the recovery phase of the pandemic in relation to resources, workload pressures and continually adapting to new ways of working.

The pandemic has impacted on effective Training Needs Analysis (TNA) resulting in challenges in informing future training. In recent years, the training and development opportunities for child protection team staff have been impacted by both the pandemic and capacity in the team. The lack of opportunity for health services and partners to come together and the subsequent networking, relationship building, support and learning that comes from such opportunities has become increasingly apparent, particularly in an area of work with significant vulnerabilities to vicarious trauma.

4.2 Achievements

Despite the highlighted challenges, throughout 2022/23, the Child Protection team have continued to support practitioners and service leads to develop a confident, knowledgeable and empowered workforce in their role to protect and promote the safety and wellbeing of children and young people. The Child Protection team have continued to adapt their service delivery and build on new means of working developed in response to the pandemic, maintaining and building positive working relationships with health services and partners alike.

Although some of the team's core functions have been severely impacted by staffing levels, the SCPNA have continued to facilitate tripartite supervision to Family Nurses with Family Nurse Supervisor supervisions been resumed by the Lead Nurse. Advice calls have been available to all NHS Fife/FHSCP health services throughout 2022/2023 as well as on request supervision. Recruitment of an experienced bank SCPNA towards the end of 2022 has also enabled group HV supervision sessions to recommence. Feedback has remained constantly positive indicating a highly valued supportive service for staff.

As we move into a new financial year, the nursing and medical team will be at full establishment, with the addition of new staff who bring with them a wealth of experience, skills and knowledge working with children, young people, and their families. Restorative supervision sessions facilitated by our colleagues in psychology have resumed monthly. These sessions are highly valued by the team, supporting positive working relationships, compassion fatigue and the effects of vicarious trauma with a focus on team identity, shared values, purpose and goals and self-care, particularly when working from home.

Development opportunities are becoming available with 2 SCPNA currently undertaking the Supervision course at Stirling University and a further SCPNA receiving an unconditional offer to commence the MSC in Child Welfare and Protection at the University of Stirling in 2023.

The Graded Care Profile 2 (GCP) tool was implemented in our Health Visiting, Family Nurse Partnership, Children & Young People's Community Nursing and Child Protection services in May 2022, supporting practitioners with a consistent and objective process for assessing the quality of care being given to a child and supporting practitioners to identify when sub-optimal care is putting a child at risk of harm/neglect. Bringing focus to areas that require support and enabling professionals to intervene in an informed way, reflecting improvement, or lack of it, in the level of care delivered and can evidence the care-givers capacity to change. Twenty trained GCP2 Champions, 2 of whom are SCPNA in the Child Protection team, have delivered 17 training sessions resulting in 154 licensed practitioners across Children's Services. There have been 26 GCP2's completed across Children's services since July 2022, predominantly within the FN teams. The importance of supervision to promote effective use of the tool is seen to be pivotal in embedding GCP2 in practice and regular supervision afforded to FN throughout 2022/2023 may support the predominant use within FN services to date. Evaluation of the tool and its implementation will progress in 2023 with early data indicating 100% OF practitioners indicate they felt fairly or very confident using the tool, with an appreciation of the relevance of the use of the tool in practice in evidencing their concerns in their assessment of a child or young person.

An audit was undertaken by the medical and nursing Child Protection team in partnership with social work colleagues to review outcomes for children and their families following the introduction of the NMIB policy in NHS Fife. This collaborative working supported interagency assessment, evaluation, and development with planned shared learning at child protection peer review.

Section 5 – Moving Forward / Vision / Transformation

As we move into 2023/2024, we will continue to establish and stabilise the Child Protection team to fully deliver on our 4 core functions with our full establishment of SCPNAs, the addition of a permanent Child Protection Learning & Development Post, a temporary Child Protection Clinical Effectiveness Coordinator post and additional Child Protection administration support. We will work towards a shared vision with our partners to support a programme of multiagency training for practitioners in Fife. As we better understand the implication of full implementation of the National Guidance for Child Protection (2021), we will explore our capacity to fully embed robust Child Protection supervision, with a vision to progress 1 to 1 mandatory supervision in Fife for named person services previously piloted in the Glenrothes locality.

The team will continue to be supported with their professional development, reflection, and wellbeing. We plan to formalise supervision in house between Paediatricians and the Child Protection team to discuss more complex cases. In addition, we plan to re-institute multi-agency peer review to discuss cases with our partner agencies to support us to work together and identify and resolve any issues/training needs.

The Child Protection service will undergo significant restructure and redesign in 2023/2024 to support the Implementation of the new National Guidance for Child Protection (2021), which will have a transformational impact on health services Fife wide.

The Bairns' Hoose/Barnhaus Standards have been developed by HIS and we responded with our recommendations in November 2022.

The CP lead attended the National webinar in October 2022 to gain insight into issues facing other Health boards in instituting Bairnshoose standards. CP multiagency leads attended a Bairnshoose governance group workshop to work through strengths and difficulties Fife may experience implementing the Bairnshoose standards. It is recognized work on the Bairnshoose model will go hand in hand with implementation of new guidance. Ongoing work within various workstreams take the draft standards into consideration as we move towards the principles of Bairnshoose whilst awaiting the final standards to be published.

We will review and develop our quality assurance and reporting measures in line with the new Public Protection Accountability and Assurance Framework (2022) supporting continued self-evaluation, quality assurance and improvement whilst building links and relationships with our colleagues in Adult Protection. We will be robust in our response to Learning Reviews, highlighting good practice alongside identified areas for learning and supporting staff throughout this difficult and emotive process.

We will developing a strong sense of working in partnership in the current changing landscape of Child Protection in Scotland, supporting a greater understating of roles, expectations, and limitations to support organisational responsibilities to provide optimal, effective safeguarding and protection to keep our children and young people safe.

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Health Promotion Service Annual Report 2022/23
Responsible Executive:	Nicky Connor, Director, Fife Health & Social Care Partnership
Report Author:	Ruth Bennett, Health Promotion Service Manager, Fife Health & Social Care Partnership

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- 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

This report has been requested by NHS Fife Public Health and Wellbeing Committee for information. To inform the committee of the role of the Health Promotion Service, strategic drivers, the range of work undertaken and services provided. The report is being brought to EDG for governance purposes and for assurance.

2.2 Background

The Fife Health Promotion Service Annual Report for 2022/23 provides information on the role of the service, the key national and local strategic drivers and commitments to early intervention and prevention with a focus on the upstream determinants of health. The report sets out the range of work undertaken, and the services provided, with selected examples to illustrate the way Health Promotion Service work to achieve this.

The report also provides examples to illustrate the response to recovery and remobilisation from the pandemic.

The Health Promotion Service has contributed to working in an integrated way across HSCP by participating in a range of work streams across all three portfolios. For example, engagement activities as part of the development of Home First Strategy and the High Risk Pain Medicines Patient Safety Programme: promoting Right Care Right Place messages in local settings; supporting remobilisation of HSCP locality planning groups and contributing to short life working groups taking forward the priorities identified at the 7 locality stakeholder events.

2.3 Assessment

‘Health Promotion is **the process of enabling people to increase control over, and to improve their health**’ *WHO Ottawa Charter for Health Promotion*.

The Health Promotion Service is a crucial part of Fife’s Health and Social Care Partnership. Its aim is to work towards improving health and wellbeing and reducing inequalities in health amongst people of all ages who live and work in Fife.

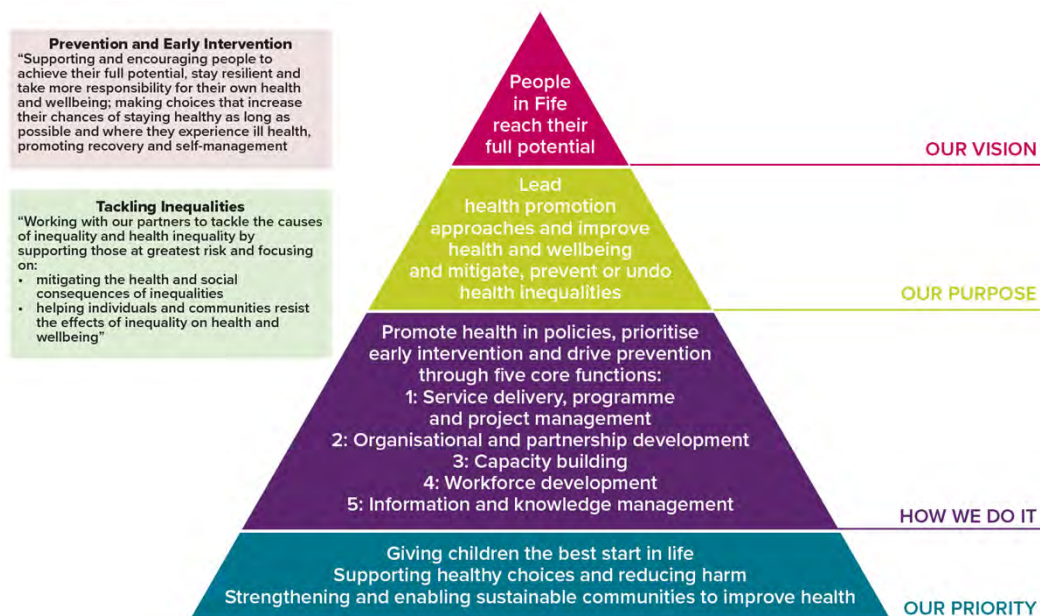
Health Promotion seeks to bring about positive change in population health and wellbeing by drawing on all relevant ‘thinking frameworks’ (e.g., social, medical, education, etc) and perspectives to promote good physical, mental and social health. It acknowledges that people need more than knowledge and skills to make appropriate choices concerning their health and so works in partnership at all levels with other agencies to improve life circumstances and reduce health inequalities.

Health Promotion Service promotes health in policies, prioritises early intervention and drives prevention through 5 core functions.

- Workforce development: education and training;
- Service delivery, programme and project management;
- Capacity building
- Organisational partnership development;
- Information and knowledge management.

The Health Promotion Service has Senior Health Promotion Officers who work to provide highly specialist health promotion advice within health topic areas and/or geographic areas or settings.

Health Promotion Strategic Framework



Covid-19 Recovery and Remobilisation

As with all services the pandemic posed us many challenges. Some staff were deployed to support other services, and we also worked in partnership to deliver services in different ways and add capacity across the Fife HSCP and public health system. Although it wasn't business as usual we were able to develop services, knowledge and skills to prioritise the provision of some critical Health Promotion services and to mitigate the impact of the pandemic on health inequalities recovery.

As we continue the journey of remobilisation, substantial progress has been made. This progress is reflected in the Health Promotion Service Annual Report for 2022/23 and demonstrated with examples contained within.

2.3.1 Quality/ Patient Care

The Health Promotion approach of working upstream, considering social determinants of health and health inequalities contributes to improving the health and wellbeing of the Fife population, and improving the quality of patient care through including in patient pathways; and improving access to services.

This approach is likely to improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; and improving access to services.

2.3.2 Workforce

The Health Promotion Service programmes of work are likely to contribute to improved health, wellbeing and reduced sickness absence across the workforce.

2.3.3 Financial

Overall, protective and preventive activities provide positive benefits to individuals and communities and are beneficial to minimise both financial and human costs from ill-health.

2.3.4 Risk Assessment/Management

None

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

Poor health and wellbeing disproportionately affect those on low incomes. The Health Promotion Service contributes to reducing health inequalities experienced by our staff, patients and population through targeted initiatives and preventative measures. Our outcomes will be strengthened through the NHS Fife Population Health and Wellbeing strategy and HSCP Prevention and Early Intervention Strategy.

Our approaches aim to improve health and wellbeing and mitigate, prevent or undo health inequalities. This supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

There are two areas of work which directly support our commitment to Anchor Institutions' Commitment 1 purchasing more locally and for social benefit (as outlined in page 17 of Appendix I) and Commitment 2 using buildings and spaces to support communities (as outlined on page 8 of Appendix I).

No impact assessment has been completed but the work will contribute to ensuring that population groups who may be disadvantaged are fully considered across all our work streams and programmes.

2.3.6 Climate Emergency & Sustainability Impact

The Health Promotion Service contributes to the Fife Sustainability Energy and Climate Action Plan through the areas of Food and Diet and Community Resilience building.

For example, our specialist food and health officers support delivery of local food initiatives and food waste and food re-distribution projects by:

- Supporting collective food procurement and distribution with local pantries and food banks
- Up skilling individuals and communities on the benefits of cooking their own food and how to reduce food waste

2.3.7 Communication, involvement, engagement and consultation

This report was developed with involvement from Health Promotion staff group, HSCP Head of Primary and Preventative Services, and communicated to HSCP Director.

This has been carried out through email communication and face-to-face meetings.

2.3.8 Route to the Meeting

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

- SLT Assurance, 15 May 2023
- EDG, 8 June 2023

2.4 Recommendation

- **Assurance** – on the diverse range of work being delivered through the Fife Health Promotion Service in support of NHS Fife’s ambitions to promote health and wellbeing of the people of Fife including focused work on prevention and early intervention and health inequalities.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Fife Health Promotion Service Annual Report 2022/23

Report Contact

Ruth Bennett

Health Promotion Service Manager, HSCP

Email ruth.bennett@nhs.scot

Primary and Preventative Care Services

Fife Health Promotion Service

Annual Report 2022-23

Fife Health
& Social Care
Partnership



Supporting the people of Fife together

NHS



Fife

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I am delighted to highlight and celebrate the work of the Health Promotion Service (HPS) team and their continued commitment to deliver a service which supports health and wellbeing, prevention and early intervention as well as ensuring opportunities for good health for all throughout 2022/23.

The HPS team has risen to the challenge of recovery and remobilisation over the last twelve months and has worked exceptionally hard to adapt and remobilise as many programmes as possible, by working innovatively and responsively to meet the needs of local communities.

The HPS is a crucial part of Fife's Health and Social Care Partnership, prioritising early intervention and driving prevention through a variety of activities within localities and communities with the aim of supporting people to improve their own wellbeing wherever possible. The work of the HPS is clearly aligned to the strategic priorities of the HSCP strategic plan for 19-22, and going forward, will absolutely align and underpin the priorities for delivery of the HSCP strategic plan 23-26.

Lisa Cooper
Head of Service
Primary and Preventative Care Services
Fife Health and Social Care Partnership

I am pleased to introduce the Fife Health Promotion Service (HPS) annual report for 2022-23. The HPS is part of Primary and Preventative Care Services. The role of our service is to work at a population level to provide services and lead on approaches which maintain and improve health & wellbeing, reduce health inequalities and prevent ill-health for people of all ages who live and work in Fife.

This report sets out the range of work undertaken and services we provide, with selected examples to illustrate the ways in which we work to achieve this. This includes capacity building and partnership working across HSCP, NHS Fife, Fife Council, Fife Community Planning Partnerships, third sector organisations and businesses in Fife.

Our work is driven by the HSCP and Public Health priorities. For the purposes of this year's report we were working towards the HSCP priorities for 2019-2022. As we move into the next year we will be working to the new HSCP priorities as outlined in refreshed strategic plan for 2023-2026 and the new NHS Fife Population Health and Wellbeing Strategy 2023-2028

We have provided examples to illustrate the ways in which we have responded to and are supporting recovery from the Covid-19 pandemic and the impact of the cost of living crisis and the challenges and new developments this presents. We also have examples to illustrate how we are contributing to the organisation's commitment to being an Anchor Institution. Finally, we have also included examples of our wider contribution to working in integrated ways across HSCP which has added value and brought development opportunities for staff and the HPS.

Ruth Bennett
Health Promotion Service Manager
Ruth.Bennett@nhs.scot
May 2023

Health Promotion Service participation in the UK Public Health Practitioner Registration Scheme (UKPHR)

The Health Promotion Service is committed to supporting our workforce to becoming registered practitioners through the development of their skills, knowledge and understanding around health improvement and public health.

The UKPHR scheme provides a structured programme for practitioners to work through using live work examples that meet the key competencies and standards that practitioners must evidence in order to achieve registered status.

Since joining the scheme in 2018 we have guaranteed full participation at all levels of the scheme from a local scheme co-ordinator, scheme verifier and 3 current scheme assessors.

Fiona Lockett, registered UKPHR practitioner and assessor: *“The benefits of registration for me are that I feel I am part of a quality assured public health workforce with a clear professional identification. I undertook the assessor training because I wanted to contribute to the development of current and future practitioners”.*

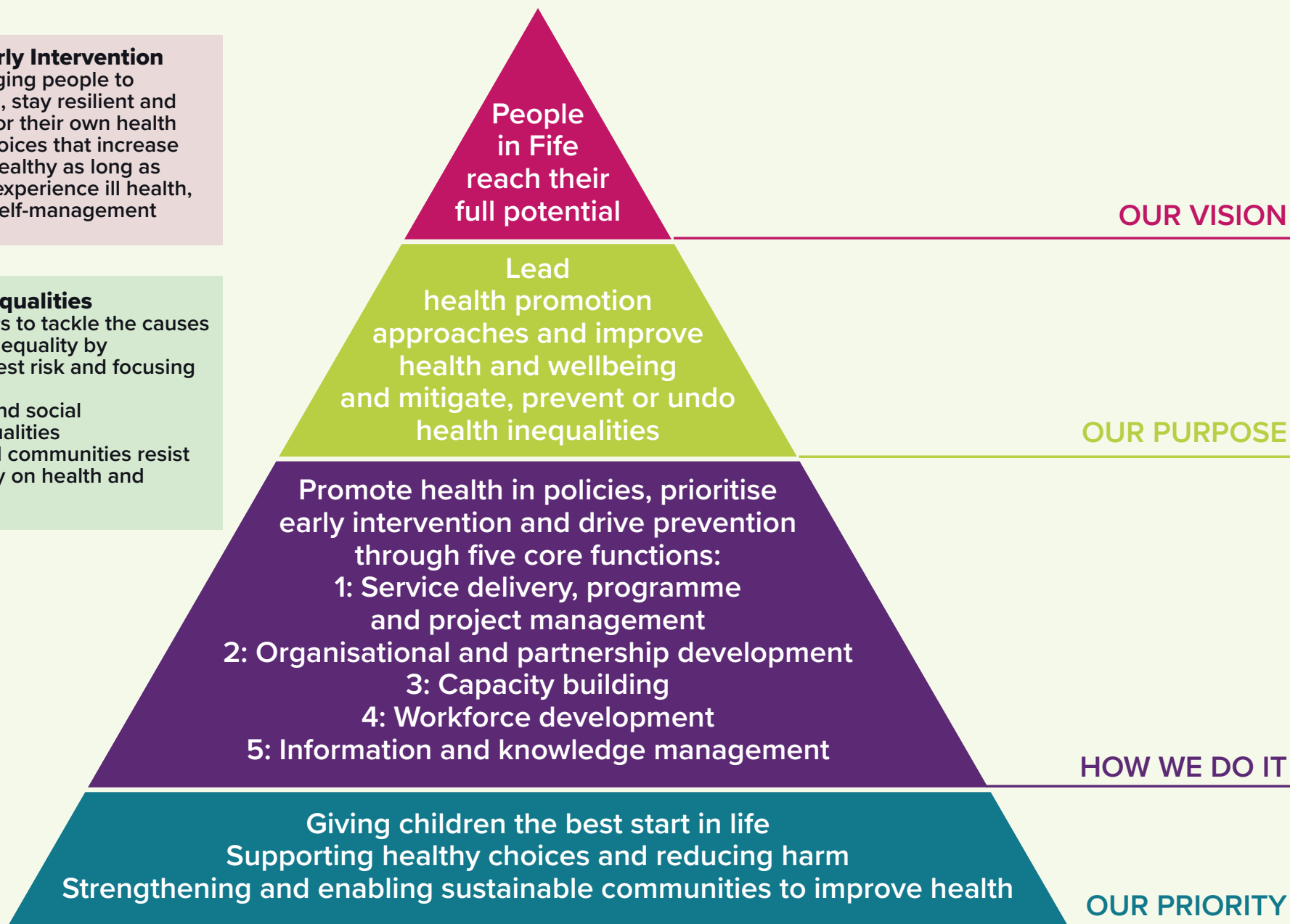


Fiona Lockett

Prevention and Early Intervention
 “Supporting and encouraging people to achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; making choices that increase their chances of staying healthy as long as possible and where they experience ill health, promoting recovery and self-management

Tackling Inequalities
 “Working with our partners to tackle the causes of inequality and health inequality by supporting those at greatest risk and focusing on:

- mitigating the health and social consequences of inequalities
- helping individuals and communities resist the effects of inequality on health and wellbeing”



The Health Promotion Service is part of Fife HSCP Primary and Preventative Care Services. Our staff have specialist knowledge, skills and experience in developing and delivering programmes of work, projects and services, which improve the health and wellbeing of people living and working in Fife. With a specific focus on working in ways to reduce health inequalities. As well as contributing to and working with services in Fife HSCP we are closely aligned to NHS Fife Public Health Department. For further information on any of our work please visit our [website](#), [Twitter](#), or email fife.healthpromotion@nhs.scot

Health Promotion Service Manager
Health Improvement Programme Manager

Teams and Workstreams

Workplace Team	Alcohol
Food & Health Team	Gambling
Localities and Communities Team	Mental Health
Tobacco Prevention and Protection Team	Physical Activity
Training Team	Suicide Prevention
	NHS Acute and Community Hospitals
	Staff Health and Wellbeing
	Poverty and Child Poverty

Services

[Health Promotion Information and Resources Centre](#)
[Health Promotion Training Service](#)
[Stop Smoking Service](#)
[Graphic Design](#)

Administrative Staff

As a service all of our work is driven by HSCP and Public Health priorities. Working upstream on prevention and early intervention means that there are many links across all of these priorities, but we can also clearly identify some priorities where our HPS work streams make a significant contribution.

Strategic priorities are highlighted for each work example.

Fife HSCP Priorities

Priority 1

Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife

Priority 2

Promoting mental health and wellbeing

Priority 3

Working with communities, partners and our workforce to effectively transform, integrate and improve our services

Priority 4

Living well with long term conditions

Priority 5

Managing resources effectively while delivering quality outcomes



National Public Health Priorities

Priority 1

A Scotland where we live in vibrant, healthy and safe places and communities

Priority 2

A Scotland where we flourish in our early years

Priority 3

A Scotland where we have good mental wellbeing

Priority 4

A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs

Priority 5

A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all

Priority 6

A Scotland where we eat well, have a healthy weight and are physically active

Green Area Development to support staff mental health.

Improving outdoor green spaces, to create a more mentally and physically restorative outdoor environment for staff, patients and visitors.

The Phase 1 entrance of the Victoria Hospital Kirkcaldy has been upgraded from a rundown area to a greener area with new planters and benches for staff, patients and visitors to enjoy. Phase 3 entrances for the children’s department and maternity unit had practically no green space. We have added new planters, bulbs, grounds works and benches for staff and patients to enjoy. This aligns with Health Promoting Hospital Principles and the NHS Fife Staff Health and Wellbeing Framework all supporting the strengthening of staff mental health and staff recovery from COVID.



Anchor ambition: using buildings and spaces to support communities and influencing health and wellbeing in education, housing and employment.

HSCP
1, 2, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 3

Good Conversations Training

Staff were still able to attend training and continue to develop their practice

Health Promotion and Public Health have been training staff across health and social care and the voluntary sector to use a personal outcomes approach. It has helped to create a shift from: “What’s wrong with you?” to “What matters to you?” and supports people to access both internal and external resources. ‘Good Conversations’ training is underpinned by the Solution Focused approach and introduces staff to the key values, tools and skills involved.

Due to the Covid pandemic and to continue these changes within the culture of care, the Good Conversations training had to move online. This involved having to rethink the delivery and adapting the content for a digital platform. However, these changes ensured staff were still able to attend training and continue to develop their practice, and it is now possible to offer both online and face to face training to HSCP staff, which offers increased flexibility and enables more people to attend these valuable sessions.

To encourage the spread and embedding of the approach in practice there are also peer support and refreshers sessions being held regularly with groups such as Local Area Coordinators and Link Workers, Volunteers and Befrienders, and Specialist Cancer Care Nurses. There are also champions meetings where people who use the approach get together to share good practice.

HSCP
1, 3, 4

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3

Loneliness Fife Campaign: #SmallStepstoReconnectinFife

Loneliness had been exacerbated by the Covid pandemic

Fife has a wealth of expertise, knowledge and understanding of tackling loneliness, from social prescribing, befriending to talking cafes, walking groups and mental health support services. Due to the impact of the Covid-19 pandemic's stay at home messages, self-isolating and lockdowns it was recognised that it would take a partnership approach to tackle loneliness by supporting people to reconnect with family, friends and make new connections.

A short life multiagency working group came together to develop the loneliness campaign. The aim of the campaign was to increase the awareness of partner organisations within Fife who can support people with feelings of loneliness. This was achieved by improving awareness of local support opportunities with the Fife population and professional services across public and third sector.

The Health Promotion Information and Resources Centre, Localities Team and Workplace Team were joined by Fife Voluntary Action, Active Fife, FHSCP Well and Link Life Fife, Fife Forum, Samaritans, OnFife Library Services, Kingdom Radio, Kirkcaldy 107FM, Heids and Herts Scotland to deliver a week of MS Teams information sessions and design a week of radio bytes and interviews. <https://www.nhsfife.org/services/all-services/health-promotion-service/mental-health-improvement/mental-health-awareness-week-9th-15-may-2022/>



HSCP
2

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3

Smoking Cessation

We have been able to fully remobilise our face to face stop smoking clinics to current capacity

With the changes to, and the eventual end of Covid 19 restrictions the service is now working from GP practices, Health Centres, community venues and out and about in our mobile consultation unit, working with Covid sense recommendations. The unit is used to extend our reach into communities across Fife increasing visibility of the service post pandemic and allowing us to answer questions and alleviate any fears relating to the stop smoking service and delivery of face-to-face sessions.

To further increase our engagement, we are making use of an online interpreter app on iPads as needed. This has allowed us to remove any language barrier for those coming to the service and increase provision in an accessible and professional way.

Working back face to face with people gives us the opportunity to carry out Carbon Monoxide monitoring which is a great motivator for people to see the benefit of stopping smoking as well as a validation of their quit.



HSCP
1, 2, 4

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
4

Wellbeing Toolkit

The Covid-19 pandemic has had a significant impact on people who are, or became, unemployed.

Following the publication of the ‘Mental Health – Scotland’s Transition and Recovery Plan’ 2020 and Fife’s Mental Health Strategy 2020-24, it was important to develop a project around unemployment and its impact on mental wellbeing. The project’s purpose was to support individuals to be better informed about wellbeing, be able to make positive health promoting choices and have a greater awareness of the support and help available.

The aim of the Wellbeing Toolkit is to promote the range of universal resources and organisations available to support the mental health and wellbeing of jobseekers. It is targeted towards those seeking employment across all age groups and not in receipt of additional mental health support.

This project was led by the Health Promotion Service using a multiagency partnership approach which included the Fife Lived Experience Team.

The project developed two resources;

1. Jobseekers Wellbeing Toolkit with wellbeing tools and signposting links
2. Workforce Wellbeing Toolkit with CPD opportunities to increase knowledge and confidence around mental health, wellbeing, suicide prevention plus a copy of the Jobseeker Wellbeing Toolkit for own use and confidence in promoting its use.

The Wellbeing Toolkit was piloted by members of the working group,

within their own organisations to validate the content before a final version was produced. The pilot supported the final development of the content.

The Final Wellbeing toolkit will be launched in May 2023 as part of Mental Health Week.



HSCP
2

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3

Fife Workplace Health, Safety and Wellbeing Conference

Poverty and inequality remain the biggest and most important challenge to Scotland's health

The Workplace Team recently organised the Fife Workforce Health, Safety and Wellbeing Conference. This included a week-long programme of virtual awareness sessions, workshops and a full day in-person conference.

The main aims and objectives of the week-long programme of events were obtained from a recent Needs Assessment Survey completed with Fife workplaces.

The virtual awareness sessions, which over 90 people attended, were delivered on diverse subjects including Gambling Awareness, Mental Wellbeing, Suicide Awareness, Sedentary Behaviour, Poverty Awareness, Flexible and Hybrid Working and Long Covid. 118 people, from Fife's Small to Medium Sized Enterprises (SMEs) as well as private and public sector organisations, attended the in-person conference.

There was also information provided on the help available from colleagues in Working Health Services, Health Promotion Service and a range of third sector and private sector organisations.

Initial evaluation feedback, from both the virtual and face to face events, has been positive.



HSCP
1, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3, 5

Information and Resources Centre User Survey

With the relaxation of Covid restrictions, the Information and Resources Centre was able to remobilise and offer lending services to service users.

To help us to re-connect with our service users we conducted a user survey to help identify gaps in provision, future service provision and marketing. A questionnaire was designed to collect quantitative and qualitative data. The survey ran over a 4 week period and had a total of 140 responses.

The results of the survey highlighted that service users still wanted the choice of both digital and hard copy resources and the need and desire for interactive health promotion models was still prevalent. Service users reported that they found our online health promotion catalogue HPAC easy to use, with accurate, relevant and up-to-date information. Comments were also received around the excellent service received from IRC staff with 95% of our service users rating IRC as either excellent or good.

The main areas for development were around publications in alternative formats and languages and increasing digital content within HPAC.



Information and Resources
Centre

HSCP
1, 2, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 4, 5, 6

Food4Fife Strategy

Creating a sustainable food culture for a healthy Fife

The Food & Health team have been integral to development of the Healthy Food For All 'pillar' forming part of the strategy as members of the Food4Fife Partnership. The "pillars" are based on the 'Sustainable Food Places' six-pillar model.

Healthy Food for All will ensure that everyone in Fife has equal access to affordable, healthy food. Good food is a right not a privilege and everyone should be able to eat healthily every day, no matter where they are, what they do or where they live. An action plan has been developed which includes work around building knowledge and skills around food in communities and increasing the understanding of the impact of good nutrition and physical activity on physical and mental health and wellbeing.



HSCP
1, 2, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 5, 6

Creating Hope Together, Creating Hope for Fife

Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area

Scotland's new Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022 and sets out how it will continue the work of the previous strategy, 'Every Life Matters'. Fife's Suicide Prevention workstream is a priority within Fife's Mental Health Strategy 2020-2024 and is represented in the Plan for Fife – Recovery and Renewal 2021-2024. To assist with the development of a new Suicide Prevention Action Plan for Fife, and to provide a forum for a wide range of stakeholders and partners involved in the delivery of suicide prevention activity to engage with the process, Health Promotion Service organised a Suicide Prevention Event which took place on Tuesday 28th February 2023.

The aim of the half-day event was to celebrate the work delivered in Fife against the previous strategy 'Every Life Matters', showcase key resources, provide the opportunity to network with a wide variety of partners and colleagues involved in suicide prevention activity across Fife, and crucially, provide the opportunity to influence the development of the new Suicide Prevention Action Plan for Fife. Approximately 110 participants attended on the day representing approximately 50 organisations from across Fife.

HSCP
1, 2

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 3

HENRY Core Training

Supporting families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour.

The Food and Health team obtained additional funding from Scottish Government, to build local capacity and strengthen support around childhood obesity prevention in the early years. It was a bid in partnership with Fife Council Early Years team and NHS Lothian to implement the HENRY core training train the trainer (TTT) package to produce 8 HENRY trained facilitators (4 in Fife). HENRY core training builds the skills, confidence and knowledge of the early years workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour.

Core training, as part of TTT model, took place across Fife and was offered to the early years workforce: Health Visitors, Family Nurse Partnership, AHPs, Child Smile, Early Years Education and Third Sector agencies that have a remit for children and families. Following each training course, every participant was asked to integrate the learning and messages into existing work and programmes with parents and families.



HSCP
1, 2

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 6

Supporting Menopause in the Workplace Toolkit & Info byte Awareness Session.

Menopause is an inevitable transition in life for many individuals and the symptoms experienced vary drastically from mild to severe and debilitating.

The Workplace Team have developed a Supporting Menopause in the Workplace Toolkit and a Menopause Awareness in the Workplace info byte. These are to support those who are experiencing menopause at work as well as guiding their colleagues/management on how to approach a sometimes taboo subject and implement tailored supportive practices/reasonable adjustments.

The toolkit and info byte sessions contain information to help reduce workplace stigma, empower organisations to consider supportive practices and also encourage policy development to outline expectations and quality improvement.

The digital toolkit has been downloaded 217 times and the info byte awareness session viewed 317 times.



HSCP
1, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3, 5

Dementia Awareness in the Workplace Toolkit, Infobyte & World Alzheimer's Day awareness campaign.

Although dementia is commonly thought to be a part of the ageing process, much can be done to prevent the disease and slow its development down.

The Workplace Team have worked in partnership with STAND – a peer support group for people living with the diagnosis of younger onset dementia, to raise workforce awareness of dementia through the development of a workplace digital toolkit and info byte awareness session.

The lived experience of STAND volunteers informed us of how their work lives were affected due to their symptoms and the impacts of the decisions made about their future at work from both a personal and work based perspective.

Within the toolkit and info byte sessions, Workplace Team has also added considerations to support carers in the workplace, who may have additional responsibilities for those living with dementia symptoms and diagnosis. Work life balance is often difficult to achieve in this instance and an empathetic approach from an employer can go a long way to support an individual and their retention at work.

Additionally, a digital Sway information session was developed and disseminated to Fife workforce contacts to coincide with World Alzheimer's Day on 21st September 2022. This Sway promoted our toolkit and info byte resources as well as signposting to further organisations and health improvement information.

HSCP
1, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3, 5

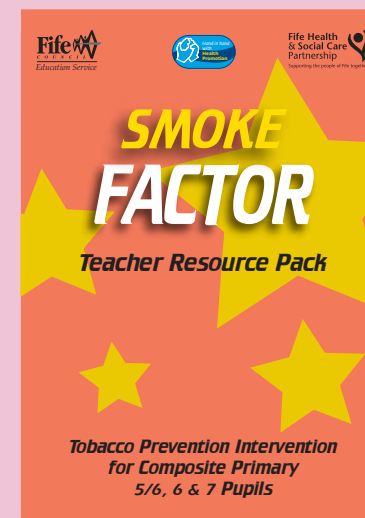
Tobacco Prevention and Protection

Preventing uptake of smoking during adolescence is an effective method of reducing smoking prevalence and preventable smoking related deaths.

Smoke Factor is an evidence-based tobacco education programme which provides Primary 6/7 aged children with an understanding of the health benefits of choosing not to smoke and the confidence to share this information with others. In 2022 the programme met its maximum capacity of 20 schools, reaching 891 pupils.

While this success was celebrated, it was identified that the programme running at maximum capacity, was not reaching all Fife primary school children in the 2 year window of P6-P7.

Therefore, in the year ahead, we aim to increase the capacity of the Smoke Factor Programme to reach a greater number of pupils.



HSCP
1, 2, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 4, 5

Poverty Awareness Training

Poverty is everyone's business

Poverty Awareness Training is an essential part of the wider Health Promotion Training Programme and is led by the multi-agency Poverty Awareness Training Group.

The courses are suitable for frontline staff and managers, increasing and updating their knowledge and skills, enabling increased support for service users. The group continue to steer this work and identify new and innovative training/workshops that reflect current issues around welfare reform and anti-poverty, particularly in response to Covid-19 and the current cost of living crisis.

There were 13 training courses on offer through the Health Promotion Training Programme 2022-2023. These took place through a number of different learning styles: face to face, virtual, eLearning, webinar and learning hubs. A total of 166 participants attended the face to face and virtual workshops.

Work has taken place in partnership with the Benefit Take Up Campaign Lead (from Citizens Advice and Rights Fife) to deliver Fife Benefit Checker and Our Fife Toolkit virtual training. To date a total of 337 participants have attended this training with 23 participants going on to become trainers. In addition to this, Tax Free Childcare and Fife Benefit Checker virtual training has taken place with 49 participants in attendance.

Overall there have been 552 participants attending Poverty Awareness Training.

HSCP
1, 2, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 4, 5, 6

Bereavement after a Suicide: Workplace Support Project

Scottish Fire & Rescue Service (SFRS) reached out to us for workforce support after sadly losing a Fife crew member to suicide

An immediate and longer-term support project was delivered to Fife Scottish Fire and Rescue Service (SFRS) local crews (approximately 160 fire fighters) through a video production series; exploring feelings and emotions and signposting to local and national support services.

Colleagues from HPS, NHS Fife, Cruse Bereavement Scotland, Families in Trauma & Recovery and SFRS in Fife worked to develop the video resources content, using reliable references as evidence.

6 topic videos were produced. In addition, a Supporting Services video - for safeguarding purposes - accompanied each title.

Videos were sent at fortnightly intervals through email communication with Fife crew Community Safety Advocate. Emails signposted video content as well as to local and national services that could support individuals with thoughts, feelings and emotions.



HSCP
1, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
3, 5

Health Events Calendar

Helping practitioners and workers in Fife to organise and plan health events throughout the year.

The health events calendar is intended to support workplaces by helping to plan health events throughout the year. Organisations can either order health campaign information via Health Promotion online catalogue HPAC or by visiting the campaign website.

Calendar of health events 2022 - 2023

April
 21st Mar - 2nd Apr World Autism Awareness Week
 1st - 30th Bowel Cancer Awareness Month
 7th World Health Day
 10th - 16th Parkinson's Awareness Week
 24th - 30th World Immunisation Week
 25th - 1st May MS Awareness Week
 28th On Your Feet Britain
May
 1st - 31st Action On Stroke Month
 National Walking Month
 Skin Cancer Awareness Month
 2nd - 8th Deaf Awareness Week
 Sun Awareness Week
 Viral Meningitis Week
 3rd World Asthma Day
 5th World Hand Hygiene Day
 8th - 14th Food Allergy Awareness Week
 9th - 15th Mental Health Awareness Week
 11th - 17th M.E. Awareness Week
 12th International Fibromyalgia Awareness Day
 15th - 21st National Epilepsy Week
 16th - 20th Walk to school week
 16th - 22nd Action For Brain Injury Week
 Dementia Action Week
 16th May - 16th June National Suvic Month
 31st World No Tobacco Day
June
 1st - 7th Volunteer Week
 6th - 12th Bike Week
 Carers Week
 Child Safety Week
 7th World Food Safety Day
July
 24th Samaritans Awareness Day
 28th World Hepatitis Day
August
 1st - 7th World Breastfeeding Week
 3rd National Play Day
 4th Optic to Work Day
 12th International Youth Day
September
 1st - 30th Childhood Cancer Awareness Month
 Urology Awareness Month
 9th - 16th Know Your Numbers (National Blood Pressure Testing Awareness Week)
 10th World Suicide Prevention Day
 12th - 18th World Male Cancer Awareness Week
 13th World Sepsis Day
 19th - 25th Organ Donation Week
 21st National Fitness Day
 World Alzheimer's Day
 22nd - 28th Fall Prevention Awareness Week
 24th World's Biggest Coffee Morning
 24th Sept - 1st Oct Sexual Health Week
October
 25th Ataxis Awareness Day
 26th - 30th Self Management Week
 1st - 31st Black History Month
 Breast Cancer Awareness Month
 Health Literacy Month
 National Cholesterol Month
 Menopause Awareness Month
 3rd - 7th Back Care Awareness Week
 3rd - 8th Challenge Poverty Week
November
 1st - 30th World Mover Month
 Lung Cancer Awareness Month
December
 1st - 31st Marie Curie Cancer Care Great Daffodil Appeal
 Ovarian Cancer Awareness Month
 Prostate Cancer Awareness Month
 8th International Women's Day
 No Smoking Day
 International Day of Persons with Disabilities
 9th World Kidney Day
 11th - 18th Nutrition and Hydration Week
 17th World Sleep Day
 21st International Day for the Elimination of Racial Discrimination
 13th - 20th National Obesity Awareness Week
 21st - 28th Cervical Cancer Prevention Week
January
 1st - 31st Dry January
 Love Your Liver Awareness Month
 13th - 20th National Obesity Awareness Week
 21st - 28th Cervical Cancer Prevention Week
February
 1st Breathing Space Day
 1st - 28th LGBT History Month
 National Heart Month
 Time to Talk Day
 4th World Cancer Day
 TBC International Infection Prevention Control Week
 Eating Disorders Awareness Week
 National HIV Testing Week
March
 1st - 31st Marie Curie Cancer Care Great Daffodil Appeal
 Ovarian Cancer Awareness Month
 Prostate Cancer Awareness Month
 8th International Women's Day
 No Smoking Day
 International Day of Persons with Disabilities
 9th World Kidney Day
 11th - 18th Nutrition and Hydration Week
 17th World Sleep Day
 21st International Day for the Elimination of Racial Discrimination

Information and support materials
 You can source information and support materials by contacting the national website addresses or by visiting
 Contact the Health Promotion Service Information and Resources Centre on
 Event dates, locations and times may change. Check out each entry fully before embarking on any campaign support.
 Inclusion in this calendar does not imply endorsement by Fife Health & Social Care Partnership.
 Use this QR code to order your own paper copy or get the pdf

Fife Health & Social Care Partnership
 Supporting the people of Fife together

Health Promotion Service

Improving Health: Developing Effective Practice digital training delivery in Fife

The principles and frameworks covered provides knowledge and competence which is an essential element and underpins all of the HSCP and PH priorities.

IHDEP was first delivered as a 6 day course and then as a blended course comprising of 3 face to face sessions and online modules. A small number of national IHDEP trainers from Glasgow, Lanarkshire and Fife worked collaboratively to remotely review and refresh the content of IHDEP and develop a course that could be delivered digitally.

As a result, the course can now be delivered as 7 x 3 hour digital workshops. Workshops are delivered 2 weeks apart to allow for reflection on learning and pre-course reading in preparation for the next workshop.

The pilot (Cohort 1) of the Fife Digital IHDEP course commenced in January 2022 with a total of 8 participants (maximum 9 can attend) from Health Promotion and Public Health.

In Fife, we also developed a 1½ hour introductory digital workshop called 'Creating a Fairer Healthier Fife' to ensure the theories, principles and values of the full IHDEP course and wider policy strategies continued to be shared amidst the pandemic and suspension of face to face delivery. This has been shared with colleagues nationally and is being rolled out across other board areas.

Delegate feedback: 'Learning more about health and inequalities, how a community flourishes and learning and using different planning tools'

HSCP
1, 2, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
 * Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 4, 5, 6

HSCP
1, 2, 3, 4, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
 * Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 4, 5, 6

Fife Benefits – a new approach to maximising Community Benefits in Fife

Enabling third sector organisations and community groups to benefit from contracts which offer a community benefit.

The NHS Scotland Community Benefits Gateway (NHS CBG) is a nationally driven initiative which is intended to benefit multiple organisations/groups nationally and locally in Fife, in turn improving local health and wellbeing outcomes.

The Workplace Team have worked in partnership with NHS Fife colleagues in Public Health and Procurement, along with the third sector interface Fife Voluntary Action (FVA) to devise and test a new approach to accessing the NHS CBG. This approach maximises the quality of bids and the numbers and resources involved. The overall aim is to make the whole process easier for all concerned and more productive and sustainable. Also to help maximise the chances of the bids being successfully matched by clients and delivered.



Anchor ambition - Purchasing good and services locally where appropriate to support businesses in Fife.

HSCP
1, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
5

Health in Pregnancy

Up-to-date information on what activities, groups and classes are available during and after pregnancy.

The Health Promotion Service worked with Health Visiting and Midwifery (NHS), Homestart Levenmouth, Fife Gingerbread, Woodlands Family Nurture Centre, ON Fife and Active Fife to design, implement and promote a shared Google calendar used to advertise groups, classes and events for new and young families in the Levenmouth area.

The aim of this calendar is to increase social interaction, improve mental wellbeing and increase the ability to access more support and activities for new mums and mums-to-be in the Levenmouth area.

Updated regularly, it is available to download to phones and provides information about free activities they can access each day.

To advertise the calendar, cards were created, containing a QR code and the URL (<https://tinyurl.com/ppdvz2w2>); these were given out at a launch held at Woodlands Family Nurture Centre. The cards were distributed throughout the Levenmouth area and by Health Visiting (NHS) who add one to each red book that is given out to pregnant women to help monitor their pregnancy.



HSCP
1, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
2, 3, 6

Action 15 Mental Health Communication

Action 15 funded projects provide access to dedicated mental health professionals in A&E and GP practices across Fife.

The Health Promotion Service received funding to support a communication strategy for all Action 15 funded projects across Fife, which included: Better than Well - Link Living; UCAT PI - Urgent Care Assessment Team Psychological Intervention; CAHMS Primary Care Mental Health Nurses; Extended UCAT; Women's Justice Mental Health Team; Growing Peer Support in Fife; Peer Support - Sam's Cafe SAMH; Peer Support - FRASAC; Mental Health Triage Nurses; Local Area Coordinators - Link Life Fife.

The secondment post planned and co-ordinated an information and communication working group with key members of staff responsible for updating mental health and wellbeing information across Fife. The group:

- undertook a mapping exercise of all funded projects, showing how each project fits into a pathway from Early Intervention/ Prevention to Crisis
- produced a Keeping Well Fife resource.



Food Champion Training

Remobilising Food Champion Training to increase capacity within communities.

With food insecurity on the rise it is now even more crucial that we work with vulnerable/low income families to help them maximise their budgets and encourage them to eat better to help improve their health and wellbeing.

The 3 day training programme consists of REHIS Food Hygiene, REHIS Elementary Food and Health and REHIS How to Cook with Groups. Once participants have completed the 3 days training they then deliver cooking sessions of which 2 are assessed and if successful they will become a Fife Food Champion and be able to access support from the Fife Food Champion network.

All participants who have under gone the training since 2019 have been sent a survey to ascertain if the current training is robust and provides them with the skills, knowledge, understanding and support that they require to support Fife's communities to improve their health by eating well.

Food Champion Training is a partnership project between the Health Promotion Food and Health Team and Fife Council Community Food Team.



HSCP 2

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health 3

HSCP 1, 2, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health 1, 6

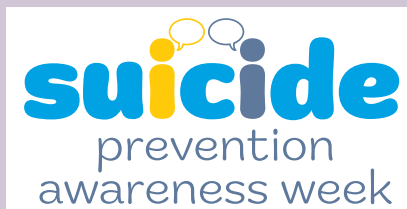
Suicide Prevention Campaign: Cost of living crisis

Suicide in Scotland is a significant public health issue which affects all age groups and communities.

As we recovered from the Covid-19 pandemic, we faced a series of new financial challenges such as increasing energy, food and petrol costs, all of which contributed to additional pressures on household budgets and additional strain on emotions and wellbeing. Suicide Prevention is everybody's business, and the Partnership is supporting the Scottish Government's vision where suicide is preventable in Scotland, where help and support is available to anyone contemplating suicide, and for those who have lost a loved one to suicide.

The Health Promotion Service worked with partners including FVA Lived Experience Team, Samaritans and Fife Council to deliver a Suicide Prevention campaign which took place in September. The Fife Suicide Prevention Cost of Living Campaign focussed on the emotional impact related to the cost-of-living crisis.

The campaign was widely promoted through radio adverts on Kingdom FM and digitally via social media platforms. A campaign resource pack was disseminated to over 350 locations across Fife. A series of learning opportunities ranging from one hour bite-size sessions to two-day courses were offered to staff to support the development of skills, knowledge and confidence, and the Samaritans provided information stalls at various library locations across Fife.



HSCP
1, 2

Public Health
1, 3

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Community Food Providers – small grants

Funding to alleviate financial and food pressures for households over the winter months.

Fife Council allocated funding to help support voluntary sector organisations, community groups and community food providers to alleviate financial and food pressures that many households may experience over the winter period. Financial assistance was made available through a small grants scheme to constituted community groups and organisations across Fife, to support increased demand for food related support. Eligible projects were food banks, food pantries/ larders, community fridge projects, community cafés or lunch groups. The Food and Health Team supported Fife Council to advertise and allocate funds. The team will also support the evaluation of the funded projects.



HSCP
1, 2, 5

Public Health
1, 6

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

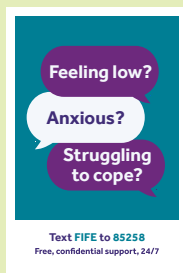
Fife Shout Text Messaging Service Partnership

Suicide in Scotland is a significant public health issue which affects all age groups and communities.

The Health Promotion Service partnered with Our Minds Matter and the UK-wide Shout text messaging service to offer free, confidential mental health support to young people living in Fife who are experiencing distress. The service went live in December 2022, funded by the Children & Young People’s Community Mental Health & Wellbeing Fund.

Following the launch, the service was widely promoted through radio adverts on Kingdom FM and digitally during December. In January 2023, promotional posters were disseminated across Fife to GP surgeries, pharmacies, high schools, further education establishments, health centres and acute hospital settings and community hospitals. We also worked with Stagecoach to provide posters for display inside all Stagecoach buses on all routes across Fife.

The service is part of ongoing activity to support the implementation of the Scottish Suicide Prevention Strategy “Creating Hope Together”. Suicide Prevention is everybody’s business, and the Partnership is supporting the Scottish Government’s vision where suicide is preventable in Scotland, where help and support is available to anyone experiencing crisis and distress or contemplating suicide.



HSCP
1, 2

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 3

Health Promotion Training

A total of 78 online, face to face and virtual courses were offered, a 34% increase in courses from the 2021-2022 Training Programme.

The Health Promotion Training Team developed and produced an annual Health Promotion Training Programme to provide the Fife workforce with knowledge, skills and experience in relation to improving health outcomes and reducing health inequalities.

Workshops covered topics such as Core Skills for Health Improvement; Groupwork and Facilitation; Working with Key Groups and Priority Health Improvement Topics such as trauma; poverty; workplace; mental health; tobacco and physical activity to name but a few.

This programme supported a return to face to face delivery of key courses such as Scottish Mental Health First Aid and Applied Suicide Intervention Skills Training. To further increase our training capacity, funding was secured through the Tackling Poverty Preventing Crisis Board for a full-time, fixed term Health Promotion Officer with a remit for Poverty Awareness Training. The post holder started in March 2023 and will work to increase training capacity in a sustainable way, in direct response to tackling the cost-of-living crisis.



HSCP
1, 2, 3, 5

Preconception / Pregnancy * Infancy & Early years (0 to 5)
* Children and Young People (5 to 18) * Working age adults (16 to 64) * Older adults

Public Health
1, 2, 3, 4, 5, 6

The pandemic has had a major impact on health and wellbeing, and some groups have been impacted more severely than others. As part of Covid-19 recovery we must focus on those groups that have been most impacted by the pandemic. Covid-19 has challenged us to adapt service provision, and we will continue to develop and work innovatively to meet the challenges ahead.

- Over 2023/24 period our key strategic drivers will continue to be the national public health priorities and Fife’s HSCP commitments.
- We will contribute to the delivery of the Plan4Fife Recovery and Renewal priorities, taking a particular focus on reducing health inequalities and working in ways that strengthen and reinforce partnerships to address the wider determinants of health.
- Fife HSCP Prevention and Early Intervention strategy will be developed over the next 12 months. The HPS will contribute to the development of the strategy and associated delivery plan.
- We will contribute to the development and delivery of a number of key strategies, including Fife Mental Health Strategy, Fife Child Poverty Action Plan, Fife Tobacco Strategy, and NHS Fife Population Health and Wellbeing Strategy.
- We will work with partners in ways to build links across strategies, workstreams and service delivery plans, translating strategic plans into operational action.
- We will build on our existing integrated ways of working across HSCP teams and our multiagency partnership working to achieve the best outcomes for the people of Fife and make the best use of our collective resources for the wellbeing of our communities.

Example of integrated working

The HPS have contributed to working in integrated ways across HSCP by participating in a range of workstreams across all 3 portfolios. For example, engagement activities as part of the development of Home First Strategy and the High Risk Pain Medicines Patient Safety Programme; Promoting Right Care Right Place messages in local settings; supporting the remobilisation of HSCP locality planning groups and contributing to short life working groups taking forward the priorities identified at the 7 locality stakeholder events.



Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2022
Title:	Annual Immunisation Report 2023 & Review of Immunisation Strategic Framework 2021-2024
Responsible Executive:	Joy Tomlinson, Director of Public Health; Nicky Connor, Director of Health & Social Care
Report Author:	Dr Esther Curnock, Consultant in Public Health Medicine / Fife Immunisation Coordinator; Chris Conroy, Programme Director

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- People Centred

2 Report summary

2.1 Situation

The purpose of the attached Annual Immunisation Report is to provide an overview of vaccine preventable disease surveillance data and vaccine uptake data vaccine in Fife.

This accompanying paper also provides an assessment of progress against the Fife Immunisation Strategic Framework 2021-2024, and summarises the key developments that have been made in the delivery of immunisation programmes in NHS Fife. The 2023 Annual Immunisation Report and review of the Fife Immunisation Strategic Framework is being brought to the Public Health & Wellbeing Committee for **assurance**.

2.2 Background

Immunisation is a global health success story, saving millions of lives every year. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. When a large proportion of a population have immunity to a particular disease which is normally spread from person to person, chains of transmission are disrupted and the spread of diseases to those not immune can be prevented ('herd immunity'); this protects those who are unable to build up immunity such as those who are immunosuppressed. As a public health measure, they are very effective in reducing the burden of disease and underpin global health security. Monitoring the proportion of the eligible population vaccinated enables continuous improvement, and is complemented by monitoring of vaccine preventable disease surveillance data.

In 2021, NHS Fife and Fife HSCP worked collaboratively to develop a 3 year Immunisation Strategic Framework 2021-2024, which was supported by Fife IJB, with direction given in September 2021 to deliver the Strategic Framework. The Strategic Framework set out the shared vision of NHS Fife and Fife HSCP for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course. Through implementation of the strategy, the aims were to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes
- Contribute towards improved wellbeing and reducing health inequalities
- Ensure immunisation services are safe, effective and of a consistent high quality
- Raise people's awareness of the public health benefits and people's trust in vaccinations.

To realise this vision and ambitions four priorities for action have been identified:

1. Optimise immunisation coverage ensuring equitable access for all eligible groups.
2. Enhance the monitoring & evaluation of immunisation programmes.
3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.
4. Community engagement and promotion.

The delivery of the Strategic Framework is overseen by the Community Immunisation Services (CIS) Programme Board, with further scrutiny of vaccine uptake across Fife by the Area Immunisation Steering Group, who seek assurance that Fife's population is protected from vaccine preventable disease.

2.3 Assessment

Priority 1: Optimise immunisation coverage ensuring equitable access for all eligible groups

The 2023 Annual Immunisation Report (appendix1) outlines in detail vaccine uptake across all immunisation programmes and provides inequalities data where this is available; it includes a summary table mapping progress against the specific uptake rate performance

measures identified within priority 1 in the 2021-24 Strategic Framework. A narrative summary of the main findings within the report are outlined in section 2.3.1 below.

Priority 2: Enhance the monitoring & evaluation of immunisation programmes

Driven by Quality and Clinical Care Assurance Group, reporting to CIS Programme Board, there is continued scrutiny of the quality of immunisation services, including robust review of Datix's and complaints. A number of detailed adverse event reviews have taken place during 2022-2023 to focus on system wider learning.

Priority 3: Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services

The CIS is now fully established as an integrated single service across adult and children's vaccine delivery. A comprehensive workforce plan is in place, which takes account of the skill mix requirements and safe staffing levels to meet the demand of all aspects of the immunisation Service. This workforce plan takes cognisance of the requirement to be responsive to changes in mass vaccines as well as responding to the requirement for urgent vaccine delivery, as was the case in 2022 with the outbreak of mpox (previously known as monkeypox) virus.

Priority 4: Community engagement and promotion

Supported by a comprehensive communication and engagement plan, there is a focus on engaging and discussing with the seven localities across Fife to better understand local needs and drivers and barriers in vaccine uptake. This work will help to focus improvement work across the immunisation programmes.

Key Priorities for 2023-2024

The CIS Programme Board oversaw a review of the Immunisation Strategic Framework to review progress and agree key priorities for 2023-2024, recognising changing dynamics across our Health and Social Care System following the Covid-19 Pandemic. The key priority areas for 2023-2024 are:

- Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population – this includes carrying out multiple tests of change to evaluate the most effective outreach models to increase vaccine uptake across our whole population
- Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond to an ever-evolving immunisation need, in particular seeking to better integrate CIS and Community Treatment and Care workforces.
- Targeted actions to improve the quality of our Immunisation services, which includes improvements to delivery of Children's immunisations via dedicated QI group
- Develop plans to make sure CIS delivers on key operational priorities, which includes
 - Increase uptake of Covid vaccinations in Pregnant women.

- DTP/MenACWY from S3 to S2
- Workforce sustainability to deliver Children's 18 month visits
- Robust communication to internal and external stakeholders
- Commence planning for Immunisation Strategy post March 2024

2.3.1 Quality/ Patient Care

Vaccine Preventable Disease

Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2022 in Scotland and in Fife. However, some infections saw increases from the very low rates during 2020-21 when transmission pathways were disrupted by pandemic restrictions. There were several emerging concerns within the UK relating to vaccine preventable disease in 2022 including an outbreak of mpox (previously known as monkeypox) virus and detection of polio virus in wastewater supplies. Disruption of routine immunisation schedules due to the pandemic in Europe and other countries globally mean there is an increased risk of imported vaccine preventable disease cases in Scotland, such as measles.

Childhood & teenage programme

There have been declines in vaccination uptake across childhood vaccinations in both Fife and Scotland over the past 10 years, and this decline continued in 2022, with childhood uptake in Fife sitting below the Scottish average. Inequalities have also widened over this period. Uptake in the teenage vaccination programme saw less disruption in the 2020-21 school year in Fife than elsewhere in Scotland, but catch-up programmes in other areas of Scotland mean that rates in 2021-22 are now similar to Fife; at both local and national level these remain below the WHO target of 95%.

Adult routine & seasonal programme

Responsibility for the delivery of the adult shingles & pneumococcal programmes transferred from general practice to the health boards in April 2022. Uptake of vaccination among both those newly eligible (70 years) and the routine catch up cohort (71 – 79 years) for 2021-2022 shingles programme was similar in Fife and Scotland. Data for pneumococcal vaccination uptake for 2021-2022 are not available at local or national level due to data quality issues. Uptake of seasonal flu and COVID vaccination in Winter 2022/23 was similar in Fife to elsewhere in Scotland and highest in the oldest age groups; uptake demonstrates a socioeconomic gradient with highest uptake among the least deprived and inequalities in uptake by ethnicity are also evident.

Selective programmes

Pertussis uptake among pregnant women in Fife remains stable. Data issues affecting all Boards mean that comparisons with the rest of Scotland and with uptake of seasonal vaccinations among this cohort are challenging, however uptake of COVID vaccination among this cohort is indicated to be low. Over a five year period 2017 to 2022, all babies born to mothers infected with hepatitis B in Fife received their first dose of hepatitis B within 1 day of birth; whilst this is a small cohort timely vaccination is significant for reducing the risk of chronic hepatitis B infection in this group. The existing pathway for delivery of BCG

vaccination for at risk children below 1 year was disrupted in 2021 and 2022; mop-up clinics have been running to ensure catch-up for this group and a new pathway implemented in February 2023. Vaccinations delivered through sexual health for men who have sex with men (MSM) include HPV and Hepatitis A & B. In addition, pre-exposure mpox vaccinations for an at-risk sub-group were offered in 2022 as part of the outbreak response. The availability of routine uptake data for the MSM cohort remains limited.

2.3.2 Workforce

A comprehensive workforce plan is in place and further work in progress to develop a sustainable and flexible workforce model that is fit for purpose for future challenges.

2.3.3 Financial

The annual report has no direct financial impact or capital requirements. The Community Immunisation Service budget is monitored and reviewed at the CIS programme board.

2.3.4 Risk Assessment / Management

An overarching risk relating to localised outbreaks of vaccine preventable disease and inequalities in disease incidence if there is inadequate immunisation coverage sits on the Public Health Risk register and is reviewed at the Public Health Assurance Committee (PHAC) meetings. Updates to the assessment and management of this risk are provided to PHAC by the chair of the Area Immunisation Steering Group. This risk is currently rated at 9 (possible likelihood; moderate impact).

Delivery risks sit within the Community Immunisation Service Risk register and are reviewed regularly at the Community Immunisation Service Programme Board.

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

The annual report includes analysis of the uptake of immunisation programmes by socio-economic deprivation and other equality data where possible. Inequalities in vaccine uptake are monitored where data is available and inform improvement actions. An Immunisation Inclusivity group meets regularly under the CIS programme structures, with a remit to contribute towards improved wellbeing and reducing health inequalities in Fife

A new EQIA has been conducted as part of the Immunisation Strategic Framework action plan.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact.

2.3.7 Communication, involvement, engagement and consultation

The Fife Area Immunisation Steering Group (AISG) has a remit to *'provide assurance to the NHS Fife Board that the Fife population is protected from vaccine preventable disease'*. The group meets 3 x / year to review the data across immunisation programmes.

2.3.8 Route to the Meeting

The key findings of the Annual Immunisation Report were shared at the Public Health Assurance Committee meeting on 14 June 2022. The meeting of the Area Immunisation Steering Group scheduled for 12 June 2022 was cancelled and the report will be shared at the rescheduled date.

This paper was considered at the Fife HSCP Senior Leadership Team on 19 June 2023 and the NHS Fife Executive Directors Group on 22 June 2023.

2.4 Recommendation

Focused work to improve vaccine delivery based on the priorities within the Fife 2021-2024 Strategic Framework have been progressed over across all immunisation programmes. However, we recognise more needs to be done and our priorities for 2023-2024 reflect this. It is recognised that to achieve our ambitions and reverse longer term trends of declining uptake we will need to be innovative and seek support to test different approaches to improve uptake by those within our population who currently are not engaging. The Public Health & Wellbeing Committee are asked to:

- Note the findings of the NHS Annual Report
- Note progress of the delivery of the Immunisation Strategic Framework and outlined priorities for 2023-2024, for **assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Immunisation Annual Report 2023
- Appendix 2, Fife Immunisation Strategic Framework 2021 - 2024

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NHS FIFE ANNUAL IMMUNISATION REPORT 2023

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Abbi Noble
Senior Public Health Intelligence Officer

Public Health Department, NHS Fife
June 23

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ANNUAL IMMUNISATION REPORT 2023

1 EXECUTIVE SUMMARY

- 1.1 Delivery of effective population immunisation programmes is an NHS Scotland priority. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population and are very effective in reducing the burden of disease. This report highlights the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes.
- 1.2 Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2022 in Scotland and in Fife. However, some infections saw increases from the very low rates observed during 2020 & 2021 when transmission pathways were disrupted by pandemic restrictions. Emerging concerns relating to vaccine preventable disease in 2022 included the detection of polio virus in wastewater samples in London; an outbreak of mpox (previously known as monkeypox) virus across the UK; and toxigenic *C.diphtheriae* cases in asylum seekers arriving into England. Disruption of routine immunisation schedules in Europe and globally due to the pandemic mean there is an increased risk of imported vaccine preventable disease cases in Scotland, such as measles.
- 1.3 There have been declines in vaccination uptake across childhood vaccinations in both Fife and Scotland over the past 10 years, and this continued in 2022, with childhood uptake in Fife sitting below the Scottish average. Uptake rates in Fife were below the 95% target for the primary childhood vaccinations, other than pneumococcal, at 12 months but improved by 24 months. Uptake by deprivation category shows that Fife is has similar uptake to the rest of Scotland in the least deprived quintiles, but has lower uptake among the most deprived than the equivalent population elsewhere in Scotland. The decline in Fife in 2022 at 12 months is associated with declines in uptake among children living the most deprived areas, however, uptake of MMR1 (offered at 1 year) at 24 months improved slightly for the most deprived population in Fife from 2021. By 5 years uptake of the vaccines given at 1 year of age meet the 95% uptake target and are similar to rates seen elsewhere in Scotland. Rates of pre-school vaccinations (given from 3 year 4 months) remain below 90% and have declined slightly from uptake in 2021.
- 1.4 Uptake in the teenage vaccination programme saw less disruption in the 2020-21 school year in Fife than elsewhere in Scotland, but catch-up programmes in other areas of in Scotland mean that rates in 2021-22 are now similar to Fife; at both local and national level these remain below the WHO target of 95%. Inequalities in uptake in the teenage programme are significant and worsened slightly in 2021-22 school year. Uptake of one dose of HPV vaccination in S4 was >90% among S4 girls in Fife. Uptake of HPV among boys is lower than girls, but was above the strategic framework target of >80% among S3 boys.
- 1.5 Responsibility for the delivery of the adult shingles & pneumococcal programmes transferred from general practice to the health boards in April 2022. Uptake of vaccination among both those newly eligible (70 years) and the routine catch up cohort

(71 – 79 years) for 2021-2022 shingles programme was similar in Fife and Scotland. Data for pneumococcal vaccination uptake for 2021-2022 are not available at local or national level due to data quality issues. Uptake of seasonal flu and COVID vaccination in Winter 2022/23 was similar in Fife to elsewhere in Scotland and highest in the oldest age groups. Uptake demonstrates a socioeconomic gradient with highest uptake among the least deprived. Inequalities in uptake by ethnicity are also evident.

- 1.6 Pertussis uptake among pregnant women in Fife remains stable and above the Fife strategic framework performance measure target. Over a five year period 2017 to 2022, all babies born to mothers infected with hepatitis B in Fife received their first dose of hepatitis B within 1 day of birth. Vaccinations delivered through sexual health for men who have sex with men (MSM) include HPV and Hepatitis A & B. In addition, pre-exposure mpox vaccinations for an at-risk sub-group were offered in 2022 as part of the outbreak response. The availability of routine uptake data for the MSM cohort remains limited.
- 1.7 Actions progressed against the priorities set out in the Fife Immunisation Strategic Framework provide the platform for ongoing close monitoring of uptake rates and governance for improvement the work required to improve uptake and address inequalities identified within the findings of this report.

2 INTRODUCTION

- 2.1 This is the fifth Annual Immunisation Report for NHS Fife¹. The purpose of the report is to provide an annual monitoring report of vaccine preventable disease surveillance data, along with uptake data for each vaccine delivered within Fife.
- 2.2 Immunisation is a global health success story, saving millions of lives every year. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. When a large proportion of a population have immunity to a particular disease which is normally spread from person to person, chains of transmission are disrupted and the spread of diseases to those not immune can be prevented ('herd immunity'); this protects those who are unable to build up immunity such as those who are immunosuppressed.² As a public health measure, they are very effective in reducing the burden of disease and underpin global health security.
- 2.3 Monitoring the proportion of the eligible population vaccinated enables continuous improvement, and is complemented by monitoring of vaccine preventable disease surveillance data. Inadequate coverage makes the possibility of disease transmission and outbreaks of vaccine preventable disease more likely. High levels of coverage are needed to eliminate highly infectious diseases such as measles. The Scottish Government, as with the rest of the UK, have adopted recommendations made by the World Health Organisation (WHO) that at least 95% of children should be immunised against vaccine preventable disease on the routine schedule.
- 2.4 The routine childhood & adult schedule in the UK (appendix 1) is based on advice from the independent Joint Committee on Vaccination and Immunisation (JCVI) and provides protection against the following vaccine preventable infections:
- Haemophilus influenza type b (Hib)
 - Hepatitis B
 - Human Papilloma Virus (HPV)
 - Influenza
 - Meningococcal disease
 - Mumps
 - Pertussis (whooping cough)
 - Pneumococcal disease
 - Polio
 - Rotavirus
 - Rubella
 - Shingles
 - Tetanus
- 2.5 Additional vaccinations that are not on the routine schedule are offered to specific high-risk groups. For example, BCG vaccine which protects against tuberculosis (TB) is offered to those babies who are more likely than the general population to come into contact with someone with TB. In addition, certain travel vaccinations are provided via

¹ Previous Annual Reports submitted 2018, 2019, 2021, 2022 (no submission 2020 due to COVID pandemic).

² Herd immunity does not protect against all vaccine-preventable diseases; exposure to tetanus for example is from the environment rather than another person

the NHS such as hepatitis A and typhoid. Vaccination to protect against COVID-19 was introduced in December 2020 and JCVI policy for eligibility for primary and booster programmes continuing to be regularly updated.

- 2.6 The most recently published data has been used throughout the report. Variation in data release timings and reporting intervals mean that the period covered in this report varies by programme. There are time lags between when a vaccination is first offered within the routine childhood schedule and when uptake is evaluated, for example MMR2 appointments are scheduled from 3 years 4 months but uptake is evaluated based on the cohort of children who reach 5 years in the 2022 reporting period. Therefore uptake data in a particular reporting year reflect delivery practices over a longer period of time preceding this.

Summary of period covered in this report

Cohort	Reporting Period
Childhood routine programme	1 January 2022 – 31 December 2022
Teenage routine programme	2021 – 2022 School Year
Adult Shingles programme	September 2021 – August 2022
Seasonal Flu Programme	September 2022 – March 2023
COVID Winter Booster	September 2022 – March 2023

3 VACCINE PREVENTABLE DISEASE

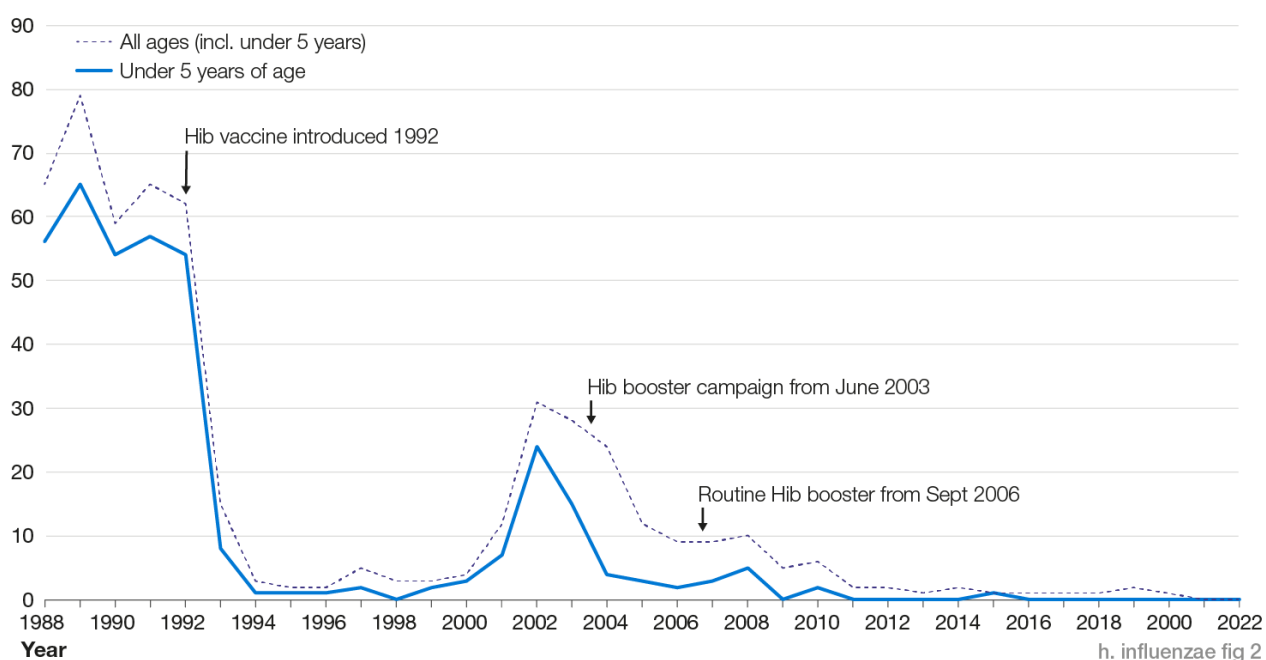
3.1 Data for vaccine preventable diseases are summarised at both a national and Fife level where data is available. Cases notified to Public Health, meeting clinical case definitions but without laboratory confirmation are not included, and individuals may not present to healthcare, or be tested if they have milder presentations of diseases.

3.2 The number of reported cases of vaccine-preventable diseases in Scotland increased in 2022 for some infections from the low rates seen in 2020 & 2021 over the period of COVID restrictions. Figures 1 to 5 show trends in selected vaccine preventable diseases across Scotland over time based on Public Health Scotland surveillance data³.

Haemophilus influenza

3.3 Haemophilus influenzae can cause acute invasive disease including meningitis and septicaemia. Across Scotland there were 74 H.influenzae cases in Scotland in 2022, of which <5 were within Fife. Vaccination provides the most effective strategy for prevention of the most severe type (*H. influenzae* type b) having a significant impact on disease rates across Scotland since it was introduced in 1992 (figure 1). In Fife, there have been <5 cases of invasive *H. influenzae* type b infection since 2009, and there were no cases in 2022. .

Figure 1: Laboratory reports of invasive Haemophilus influenza type b disease in Scotland, 1988 to 2022

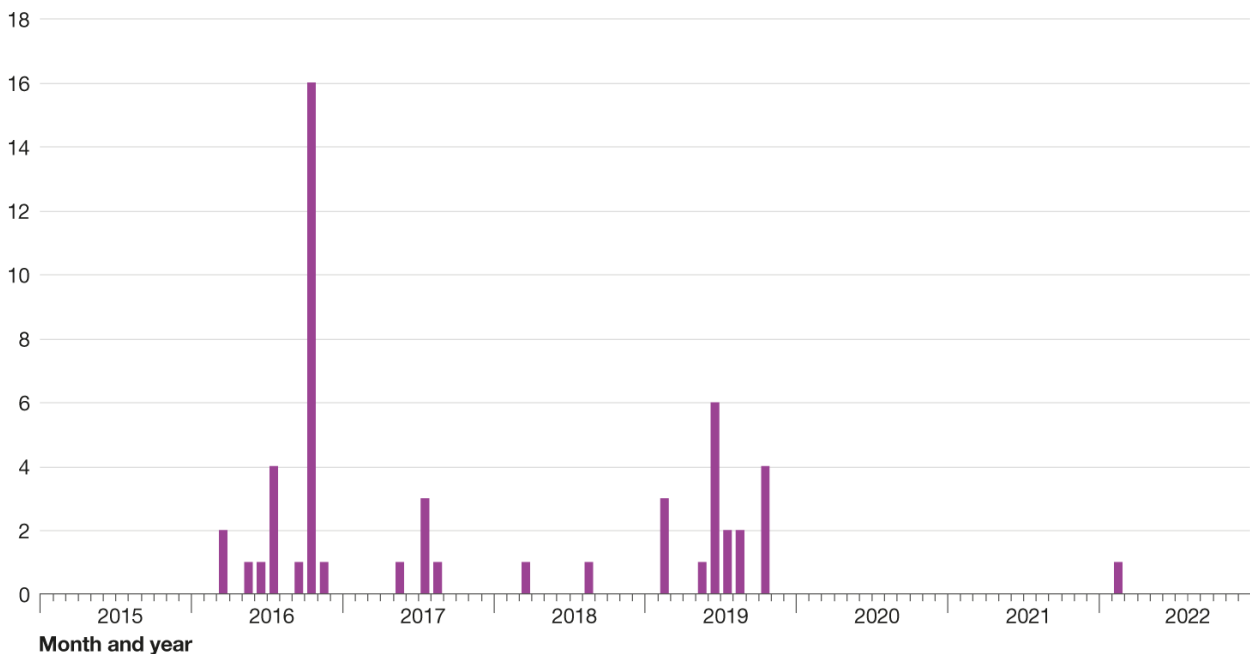


³ Source: Public Health Scotland Immunisation and vaccine-preventable diseases quarterly reports, published March 2023

Measles

- 3.4 Measles is highly infectious and can lead to serious complications, particularly in immunosuppressed individuals and young infants. It is also more severe in pregnancy, and increases the risk of miscarriage, stillbirth or preterm delivery. Measles is a vaccine-preventable disease targeted for elimination in most WHO regions, including the European Region. Sustaining at least 95% routine coverage with 2 doses of a measles-containing vaccine will interrupt transmission of the virus and prevent the return of large outbreaks.
- 3.5 After briefly achieving measles elimination status in 2016 and 2017, by 2018 measles virus transmission had re-established in the UK. In 2019 there were 880 lab confirmed measles cases in the UK. The last laboratory confirmed cases in NHS Fife occurred in 2019, during which year there were a total of 18 cases across Scotland. There were no cases in Fife or elsewhere in Scotland during 2020 & 2021. There was a single laboratory-confirmed case in Scotland in early 2022 (figure 2).
- 3.6 An alert issued by WHO Europe in February 2023 identified that missed doses of measles vaccines during the pandemic due to disruption of routine immunisation programmes was resulting in increasing measles activity during 2022 in some European countries. In May 2023, UKHSA issued a press release noting that there had been 49 cases of measles between 1 January and 20 April in England, compared with 54 cases in the whole of 2022. Most of these cases had been in London. Measles activity in Europe and elsewhere in the UK means that Scotland will continue to face an elevated risk of imported cases.

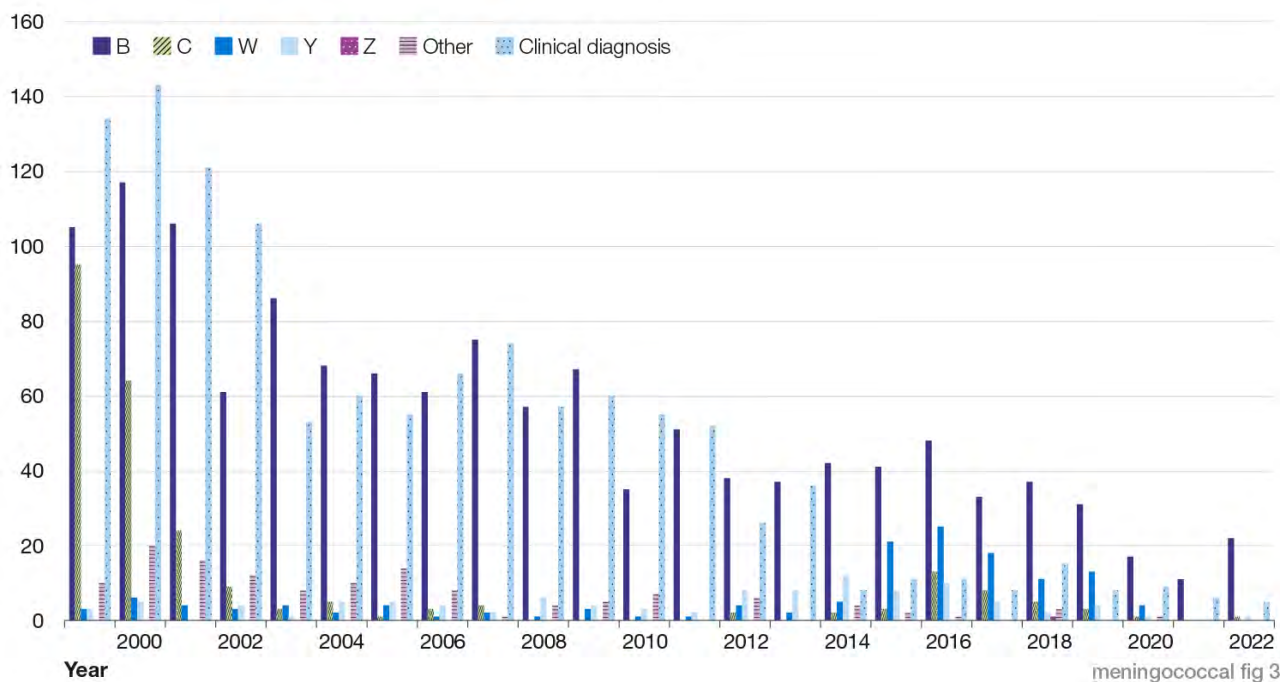
Figure 2: Laboratory confirmed cases of measles in Scotland, 2015 to 2022



Meningococcal disease

3.7 Meningococcal disease can be a significant cause of morbidity and mortality in children and young people. Across Scotland, the number of cases of meningococcal disease increased in 2022 across Scotland from the low case numbers in 2020 & 2021 (figure 3). There was one confirmed invasive meningococcal case in Fife in 2022, and a total of 29 across Scotland, of which 20 were in those aged under 25 years.

Figure 3: Confirmed meningococcal cases by serogroup in Scotland, 1999 - 2022



Pneumococcal disease

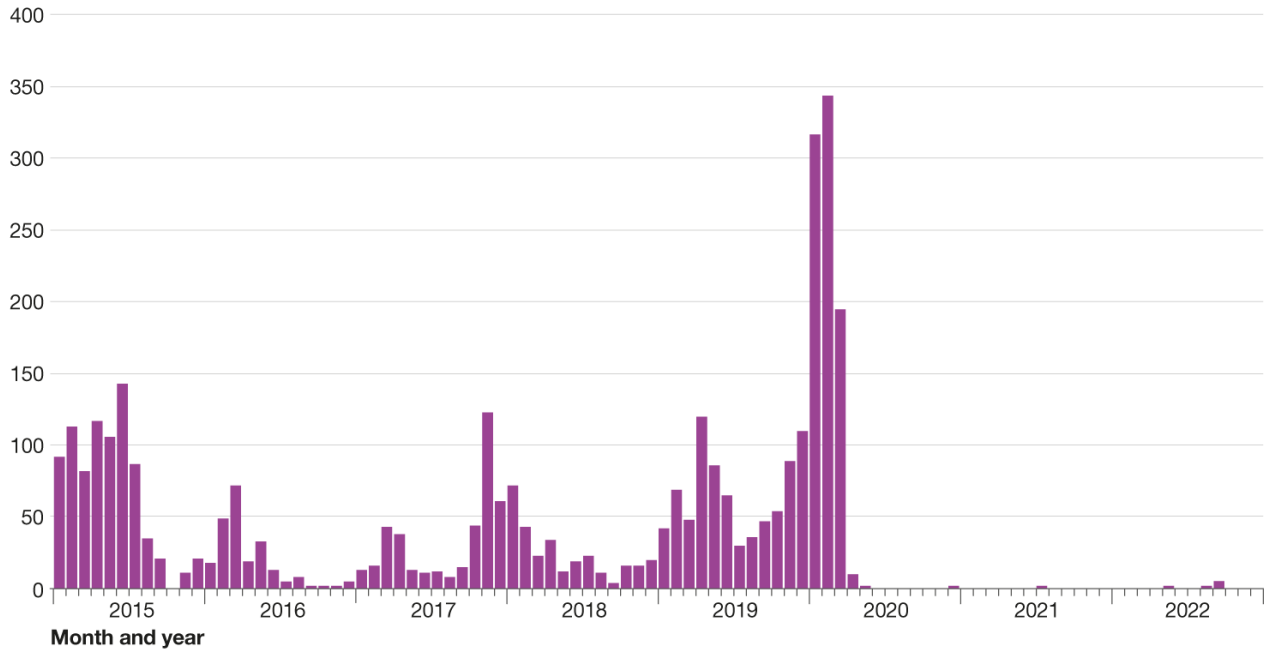
3.8 Invasive pneumococcal disease is caused by infection with the bacterium *Streptococcus pneumoniae* in normally sterile sites (mainly blood and cerebrospinal fluid) and can be a cause of morbidity and mortality among the very young, the elderly and those with impaired immunity. The total number of cases across Scotland in 2022 was 374, which is higher than the numbers in 2020 & 2021, but remains lower than the average rate in the years prior to the pandemic. Within this total, 45 were aged <5 years (5 of which in Fife). Septicaemia and pneumonia were the most common clinical presentations in children aged under 5 years, and most of those aged under 5 across Scotland had an underlying condition.

Mumps

3.9 Whilst mumps infection may be mild, it can lead to serious complications. Following the introduction of the MMR vaccine in 1988, the incidence of mumps substantially decreased. However, since 2004, there had been ongoing widespread increased incidence of mumps throughout the UK until the introduction of lockdown restrictions in 2020 (figure 4). There were no confirmed cases of mumps reported in Fife in 2022, and only 7 across the rest of Scotland. Laboratory reports will represent an underestimate of

mumps cases, as some cases will only be diagnosed clinically without laboratory confirmation, and cases may not attend healthcare settings for diagnoses.

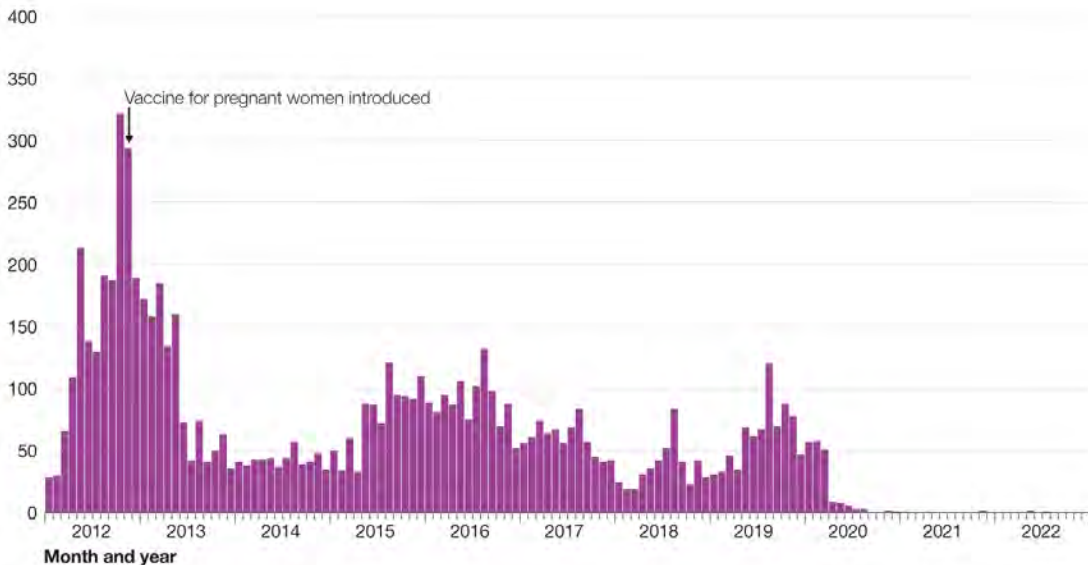
Figure 4: Number of laboratory confirmed cases of mumps in Scotland by month & year, 2015 to 2021



Pertussis (whooping cough)

3.10 Young infants are at particular risk of complications from infection with pertussis which can require hospital treatment and can sometimes be fatal. Since 2012 pertussis vaccination has been offered to all pregnant women. There were no laboratory confirmed cases of *Bordatella pertussis* reported in Fife in 2022. Rates across Scotland also remained low with only 3 confirmed cases reported (figure 5),.

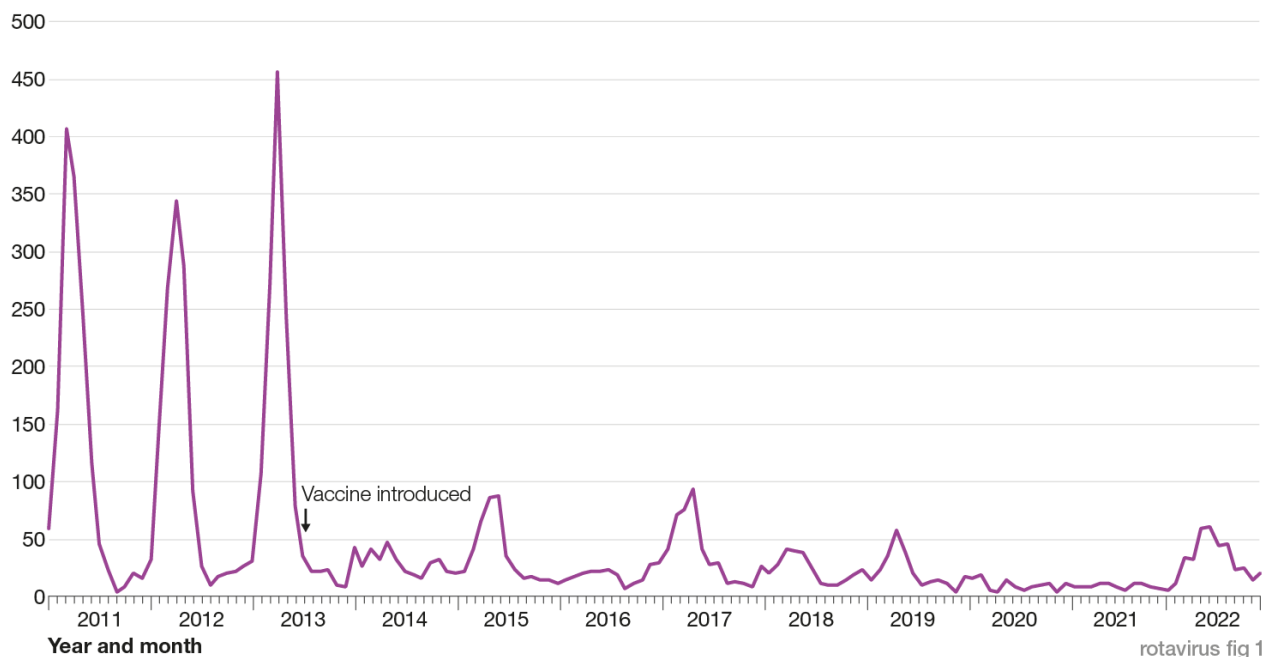
Figure 5: Number of laboratory reports of Bordatella pertussis in Scotland by month & year, 2012 to 2022



Rotavirus

3.11 Rotavirus infections can cause severe diarrhoea, vomiting, stomach cramps and mild fever. Rotavirus infections have reduced significantly across Scotland since the introduction of the immunisation programme in July 2013 (figure 6). Hospitalisation rates for children <5 years and GP consultations gastrointestinal illness for infants <1 year are also monitored and have reduced since introduction of the vaccine.

Figure 6: Laboratory reports of rotavirus in Scotland, 2011 to 2022



Polio

3.12 Poliomyelitis (polio) is an acute viral illness where most infectious cause no symptoms. However, in a small number of people infection can cause temporary or permanent paralysis and can be life threatening. Poliovirus is targeted by the World Health Organization (WHO) for eradication and, due to the efforts of countries worldwide, polio is now eliminated from four of the six WHO regions. Polio outbreaks do occur in countries when the disease is spread amongst people who may not be fully vaccinated. The last imported case of polio in the UK as 1993.

3.13 Vaccine-derived poliovirus type 2 (VDPV2) was detected in sewage samples from London sewage works in 2022, suggesting spread between linked individuals. This led to an offer to all children in London aged 1 year to 9 years of an additional dose of polio-containing vaccine, irrespective of vaccine status in order to prevent cases of paralysis and interrupt transmission. No associated cases of paralysis or human infections of poliovirus have been reported in the UK, but wastewater surveillance activity has increased. Elsewhere, poliovirus detections in wastewater have been associated with clinical cases in Israel and the USA.

Diphtheria

- 3.14 Diphtheria is an acute bacterial infection caused by the diphtheria toxin produced by toxogenic *Corynebacterium diphtheriae* and toxogenic *Corynebacterium ulcerans*. Symptoms of upper respiratory tract diphtheria infection include membranous pharyngitis, which can lead to life-threatening airway obstruction. Cutaneous diphtheria may cause pus-filled blisters on legs, hands and feet and ulceration of the skin. The last case of toxigenic diphtheria in Scotland was in 2020. The UK Health Security Agency reported an increase in cases of toxigenic *C.diphtheriae* among asylum seekers newly arriving into England in 2022, with similar increases reported in Europe.

Rubella

- 3.15 Rubella is generally a mild illness, but if acquired by women in early pregnancy (in the first 16 weeks) can cause congenital rubella syndrome leading to serious birth defects. Before the introduction of rubella vaccination, more than 80% of adults had evidence of previous exposure to rubella. The UK has achieved eliminated status under WHO criteria in 2016 and this has been maintained since. There have been no cases across Scotland since 2017.

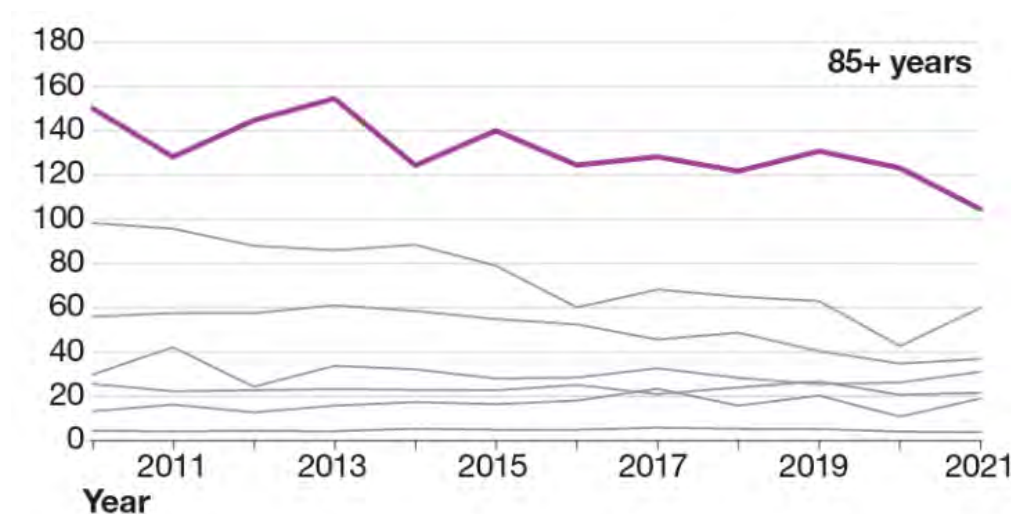
Human Papilloma Virus

- 3.16 Human papillomavirus (HPV) infections are very common and over 225 types of HPV have been identified, 40 of which infect the genital tract. In Europe HPV types 16 and 18 are responsible for approximately 75% of cervical cancer cases, 90% of anal cancer cases, 85% of head and neck cancers and 50% of penile cancers; HPV types 6 and 11 are responsible for approximately 90% of genital wart cases. Surveillance data has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland.

Shingles

- 3.17 Herpes zoster or shingles is caused by reactivation of latent varicella zoster virus. The main complication of shingles is post-herpetic neuralgia which can persist and severity increases with age. The vaccination programme was introduced in 2013 with a routine offer to those aged 70 and opportunistic offer to those aged 71 to 79 who have not been immunised. Shingles is not a notifiable disease, so the number of hospital admissions are used for surveillance purposes. The latest surveillance data published by Public Health Scotland shows a gradual downward trend for the oldest age group (figure 7).

Figure 7: Rate of admission per 100,000 population for shingles and related complications for those aged >85 years, 2010 – 2021



Tetanus

3.18 Tetanus is a disease resulting from a neurotoxin produced during infection with *Clostridium tetani*. Immunisation against tetanus is the most effective method of disease prevention, and has been part of the childhood immunisation schedule since 1961. Tetanus is now very rare in the UK due to the success of the immunisation programme⁴.

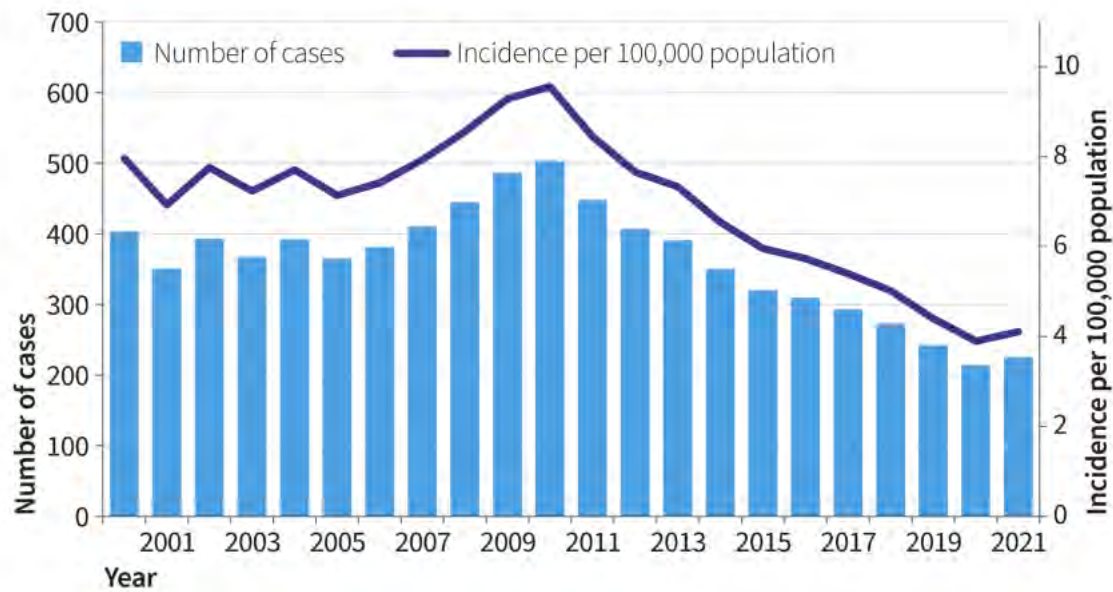
Tuberculosis

3.19 Transmission of tuberculosis (TB) is by inhalation of infected droplets. After infection, the bacteria can remain latent in the body for a long time causing no symptoms of disease. The latest release of the national surveillance report was March 2023 which included data to 2021⁵. The number of TB notifications in Scotland showed a consistent downward trend during the period 2010 to 2020. In 2021, 225 tuberculosis cases in Scotland were reported, which was a small increase from 2020. More than two thirds of cases in 2021 were born outside the UK and the most reported risk factor was being a refugee or asylum seeker. Around a third of cases live in the most deprived quintile on the Scottish Index of Multiple Deprivation. Incidence in Fife in 2021 was 1.9 per 100,000 which is lower than the Scottish average (4.1 per 100,000; figure 8).

⁴ <https://www.gov.uk/government/publications/tetanus-in-england-annual-reports/tetanus-in-england-2022>

⁵ <https://publichealthscotland.scot/publications/tuberculosis-annual-report-for-scotland/2021-tuberculosis-annual-report-for-scotland/>

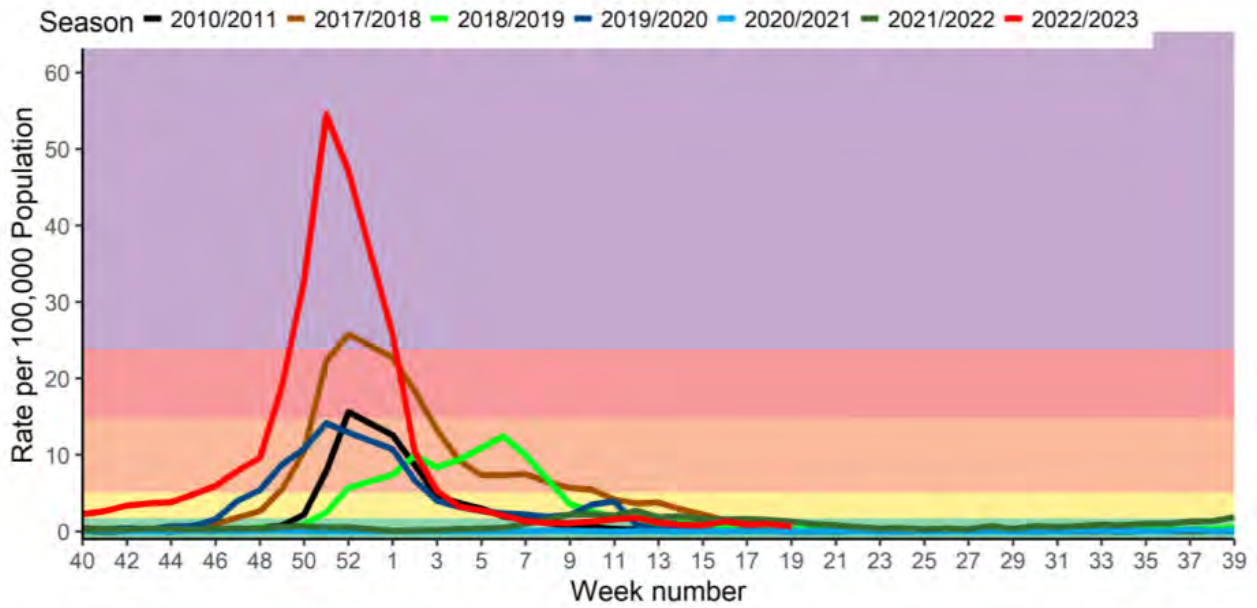
Figure 8: Number of tuberculosis cases and incidence per 100,000 population in Scotland, 2000 to 2021



Influenza

3.20 Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications of flu, e.g. the elderly, those with chronic health problems, and pregnant women. The spectrum of influenza illness varies from asymptomatic illness to mild/moderate symptoms to severe complications, including death. Spread can occur rapidly in the community, and especially in hospital and institutional settings. The most effective means of prevention is flu vaccine, which is tailored to the likely viruses in circulation each season. The annual UK influenza surveillance report for the 2022-23 season has not yet been published. Influenza activity peaked at extraordinary levels in Fife in weeks 50-52 of 2022, which rapidly reduced to moderate levels of activity by week 2 2023, a similar pattern to that seen across Scotland (figure 9). A sharp rise in hospital admissions due to influenza was also seen over this period. Across Scotland, 94% of laboratory confirmed samples have been influenza A.

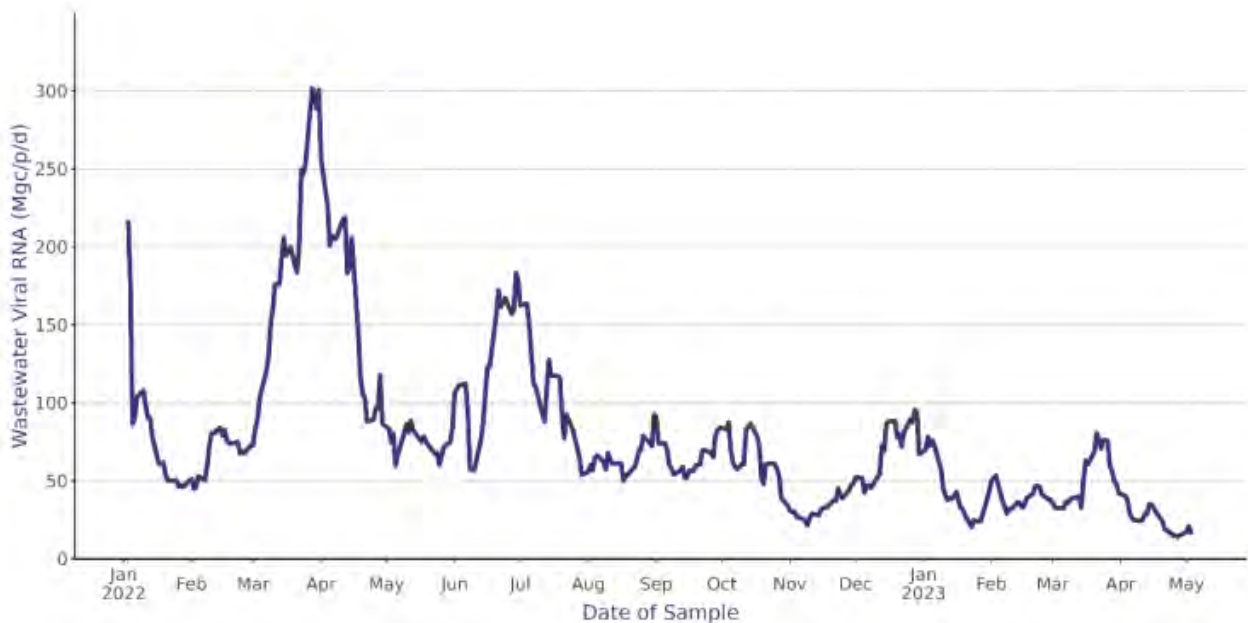
Figure 9: Influenza incidence rate (per 100,000 population) in 2022/23 compare with previous seasons, Scotland.



COVID

3.21 Changes in testing policy through 2022 mean that trend data for COVID infection based on samples taken from community or hospital data are difficult to interpret. An estimate of community prevalence can be derived from analysis of wastewater concentrations of the virus, taken from sites across Scotland (figure 10).

Figure 10: Average trends in wastewater COVID-19 from January 2022 to May 2023



Mpox

- 3.22 Mpox is a zoonotic infection, caused by the monkeypox virus, that occurs mostly in West and Central Africa. Prior to 2022, cases diagnosed in the UK had been either imported from countries where mpox is endemic or contacts with documented epidemiological links to imported cases. Between 2018 and 2021, there had been 7 cases of mpox in the UK. There was no documented community transmission in previous outbreaks.
- 3.23 Detection of cases of mpox infection acquired within the UK were confirmed in England from 6 May 2022. The outbreak has mainly been in gay, bisexual, and other men who have sex with men, without history of travel to endemic countries. Up to 31 December 2022 there were 3,732 confirmed and highly probable mpox cases reported in the UK. Of these, most were in England, with 97 in Scotland⁶. Cases peaked in England in mid-July 2022, and had rapidly declined by September 2022⁷.

⁶ <https://www.gov.uk/government/publications/monkeypox-outbreak-epidemiological-overview/mpox-monkeypox-outbreak-epidemiological-overview-4-may-2023>

⁷ <https://www.gov.uk/government/publications/monkeypox-outbreak-technical-briefings/investigation-into-monkeypox-outbreak-in-england-technical-briefing-8>

4 VACCINE UPTAKE

4.1 Vaccination coverage is the percentage of people from the target population who have received a specific vaccine. The risk to public health increases if immunisation rates fall below herd immunity levels as this makes the possibility of communicable disease transmission more likely. In line with the WHO target, the standard for routine childhood immunisations up to five years of age is set at 95% uptake.

Childhood routine immunisations

4.2 The standard reporting ages for childhood vaccine completion rates in the UK is 12 months, 24 months and five years of age. The data presented is based on the published data from Public Health Scotland and relates to year end data to December 2022.

4.3 In 2022 (babies born 1 Jan 2021 to 31 December 2021), the 95% target for uptake at 12 months for the primary immunisations delivered at the 8 week, 12 week and 16 week appointments was met in Fife for PCV, but not for the 6-in-1 (DTP/Pol/Hib/Hep B), MenB and Rotavirus vaccinations (table 1, figure 11). In 2022 Fife rates saw a small decline in uptake, which was comparable to that seen in the rest of Scotland. A fall in rates has been recorded in Fife since 2021 for vaccinations delivered during the first 12 months, only PCV has remained above 95%.

4.4 Uptake of the completed two dose course of rotavirus vaccine is lower than completed courses of the other vaccines offered in the first year of life because it is given within strict age limits, with the first dose before 15 weeks and second dose before 24 weeks of age. It is also a live vaccine and so may be contraindicated if a child has other health conditions.

4.5 Scottish Index of Multiple Deprivation (SIMD) data is available based on GP practice level data, these are matched onto national reference files to obtain information on SIMD, with SIMD quintile assigned based on the postcode of the practice. A socioeconomic gradient can be seen in uptake at 12 months, with lower uptake in quintile 1 (most deprived). In 2022 the 95% target is met across all vaccines for quintiles 4 and 5 (least deprived), which is a pattern seen across Scotland. Uptake of the 5-in-1/6-in-1 vaccine at 12 months follows this trend (figure 12), however uptake in the most deprived (quintile 1) in Fife has been lower than uptake for quintile 1 in Scotland since 2019.

Table 1: Immunisation uptake rates by 12 months of age in NHS Fife, by year 2018 to 2022

	2018	2019	2020	2021	2022
5-in-1/ 6-in-1	95.7	95.7	95.3	94.6	94.6
PCV	96.0	96.2	96.0	96.0	95.9
Rotavirus	93.7	94.0	94.3	92.7	92.1
MenB	95.6	95.9	95.7	94.4	94.2

Figure 11: Immunisation trend by 12 months for 5-in-1/6-in-1 and Meningitis B, NHS Fife (solid lines) & Scotland (dashed lines); 2012 to 2022

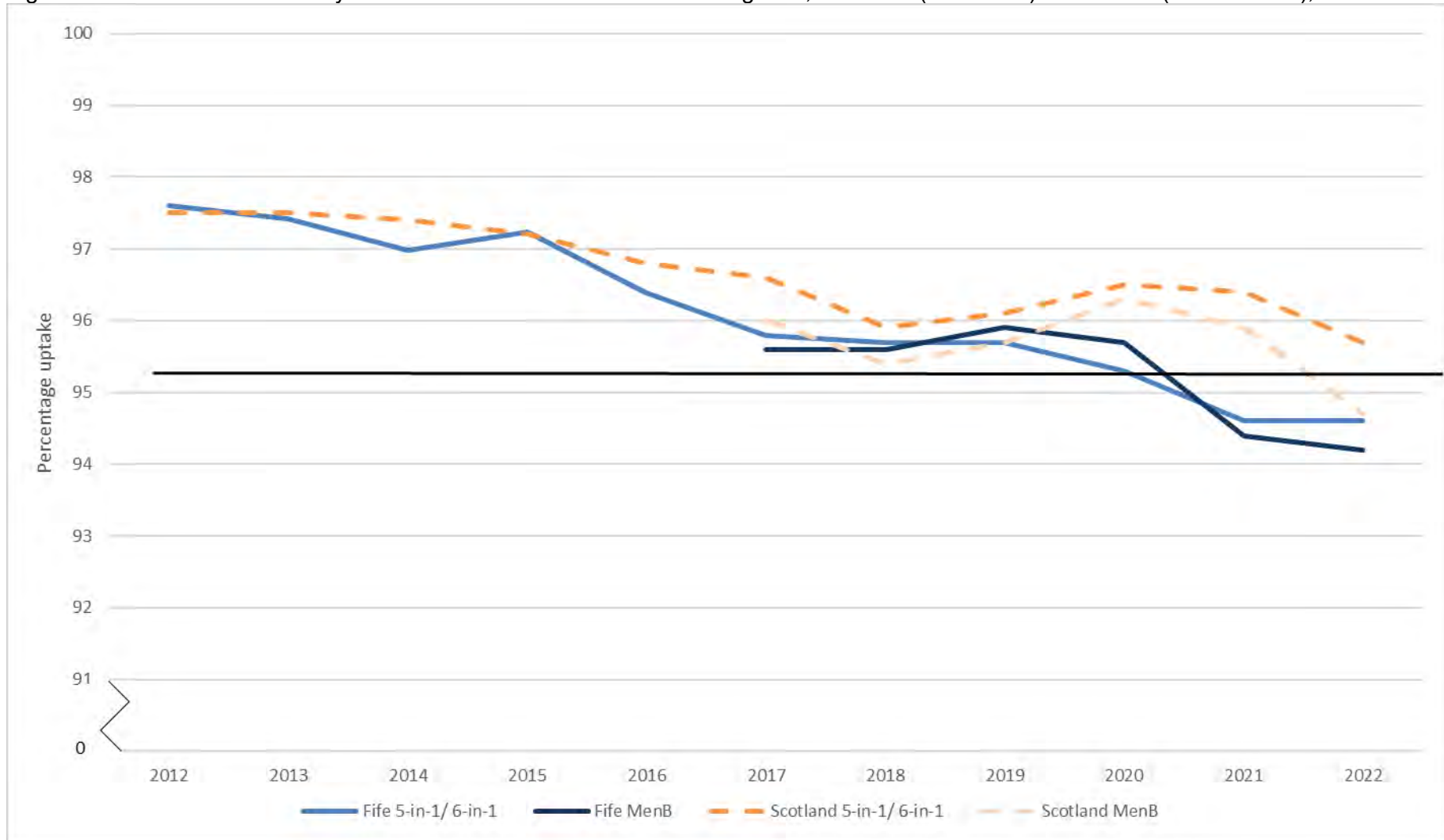
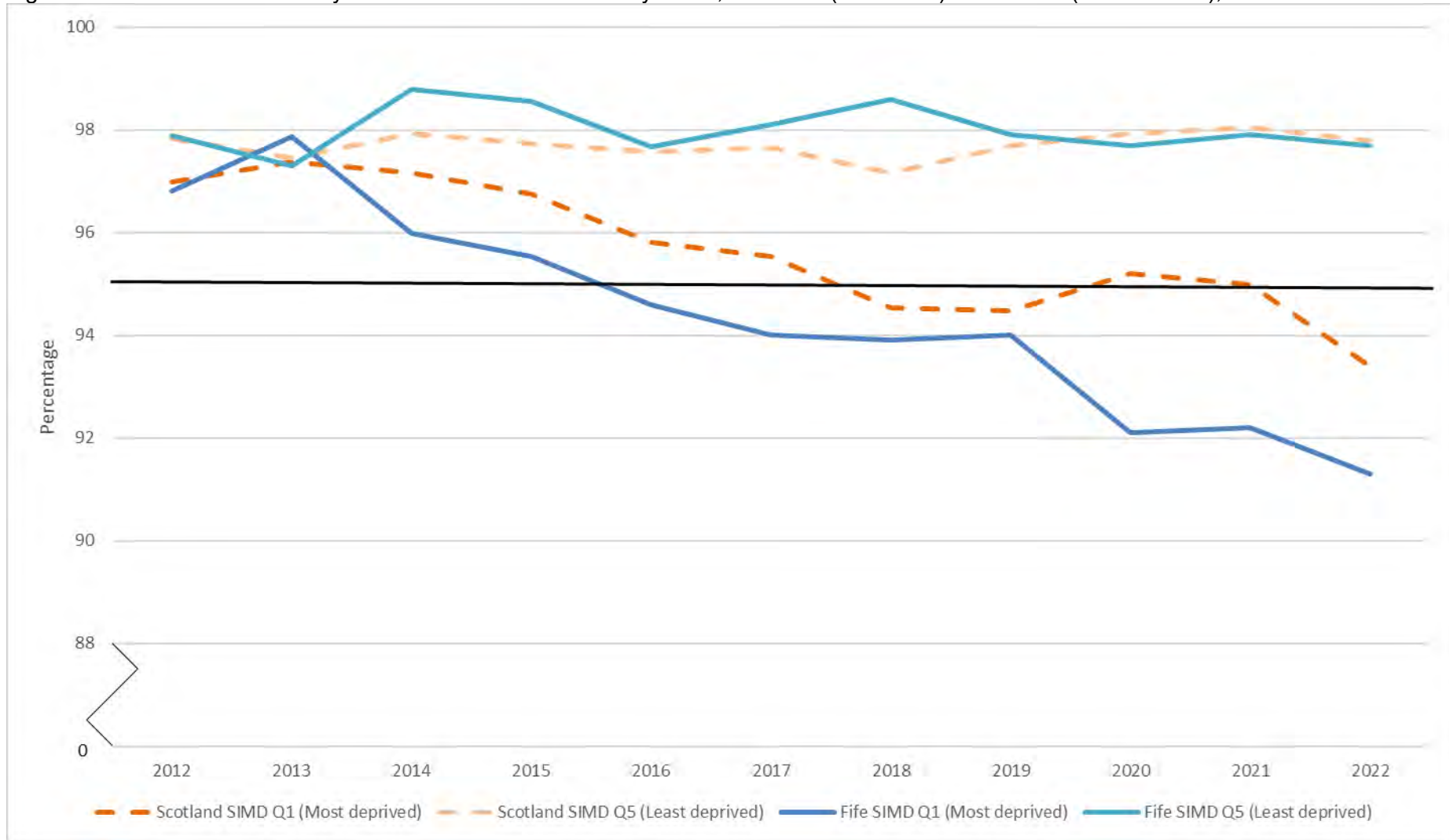


Figure 12: Immunisation trend by 12 months for 5-in-1/6-in-1 by SIMD, NHS Fife (solid lines) & Scotland (dashed lines); 2012 to 2022

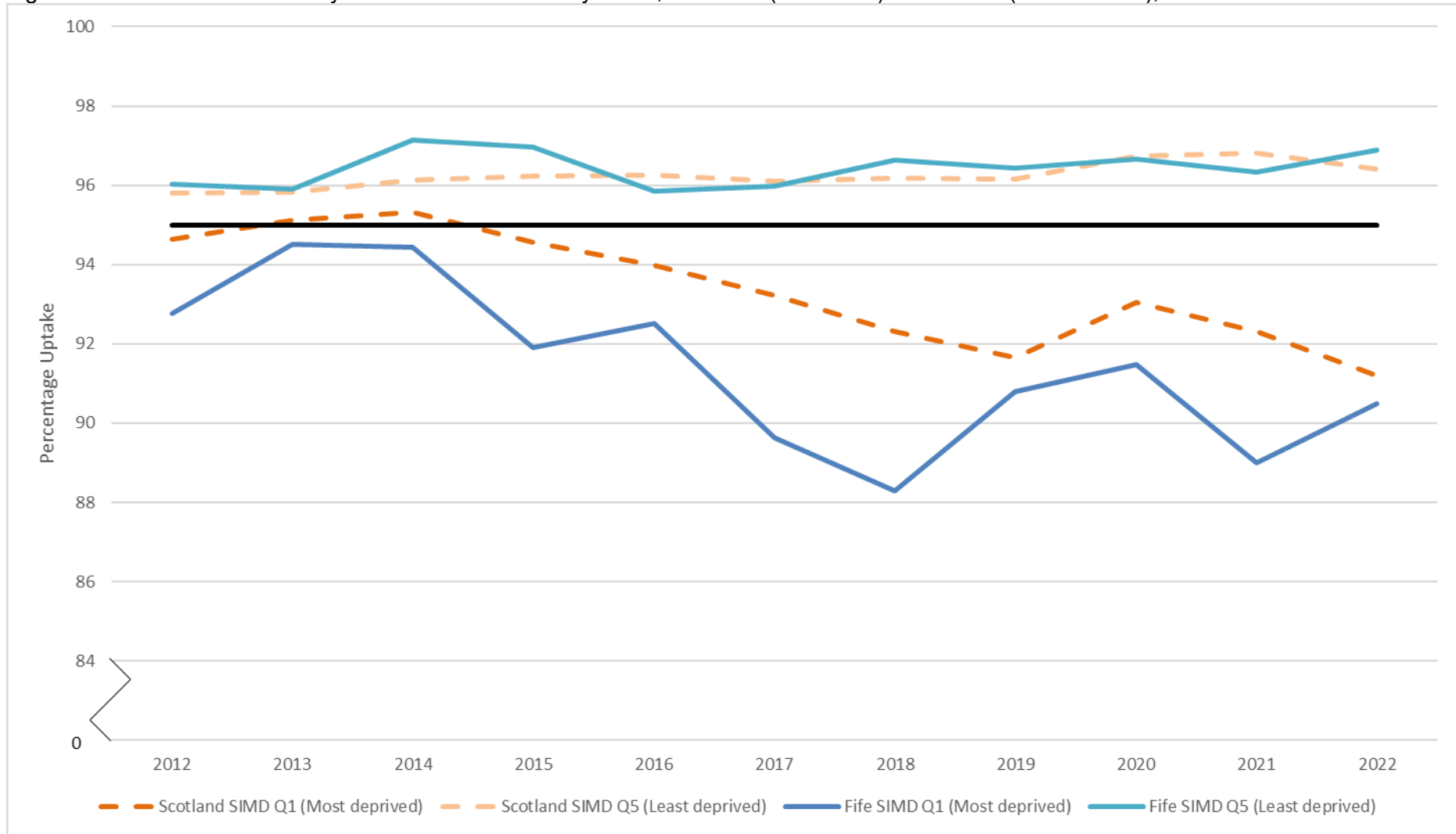


- 4.6 Uptake rates by 24 months of age (children born 1 January to 31 December 2020) show that by 24 months, uptake of the primary 6-in-1 vaccine are above the 95% target (table 2). However, rates are below 95% for the vaccine doses given on or after a child’s first birthday: first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster are below 95% at 24 months and are lower than rates in the rest of Scotland. The fall in rates in 2022 is mirrored in the rest of Scotland.
- 4.7 Again, uptake of immunisations at 24 months of age is lowest in the most deprived areas (quintile 1) compared to the least deprived (quintile 5). This trend is in line with the trend across Scotland. However, the 95% target is met by SIMD quintiles 3 to 5 for all vaccines at 24 months. Uptake rates in 2022 for MMR 1 in Fife were similar to those in Scotland for the most deprived and least deprived (figure 13).

Table 2: Immunisation uptake rates by 24 months of age in NHS Fife, by year 2018 to 2022

	2018	2019	2020	2021	2022
Primary:					
5-in-1/ 6-in-1	97.3	96.8	96.5	96.4	95.8
MMR1	93.2	93.9	93.7	93.2	92.9
Booster:					
Hib/MenC	93.2	94	93.7	93.0	92.6
PCVB	93.3	93.7	93.6	93.3	92.8
MenB Booster	92.6	93.3	93.2	92.7	92.1

Figure 13: Immunisation trend by 24 months for MMR1 by SIMD, NHS Fife (solid lines) & Scotland (dashed lines); 2012 to 2022



- 4.8 By 5 years, the Hib/MenC and MMR1 vaccines (given at 1 year) are similar in uptake in Fife to elsewhere in Scotland, suggesting that catch-up activity has taken place between 2 and 5 years (table 3). However, uptake of the vaccines normally given around three years four months of age (4-in-1⁸ and 2nd dose MMR) remains below 95% at 5 years in Fife. This is also the case elsewhere in Scotland; Fife has continued below the Scottish average since 2017 on MMR2, but the gap appears to have narrowed in the second half of 2021 (figure 14).
- 4.9 SIMD data was made available for the 4-in-1 and MMR2 vaccine in 2022. As with SIMD trends at earlier reporting ages uptake is lower for quintile 1 (most deprived) compared to quintile 5 (least deprived) (figure 15).

Table 3: Immunisation uptake rates by 5 years of age in NHS Fife, by year 2018 to 2022

	2018	2019	2020	2021	2022
MMR1	96.3	96.4	96.1	96.1	95.4
Hib/MenC	95.5	96.1	95.6	95.8	95.2
4-in-1	88.7	87.6	88.7	89.7	88.3
MMR2	88.4	87.4	88.4	89.3	88.0

⁸ Diphtheria, tetanus, pertussis (whooping cough), and polio

Figure 14: Immunisation rates by 5 years for MMR1 and MMR2, NHS Fife (solid lines) & Scotland (dashed lines); 2012 to 2022

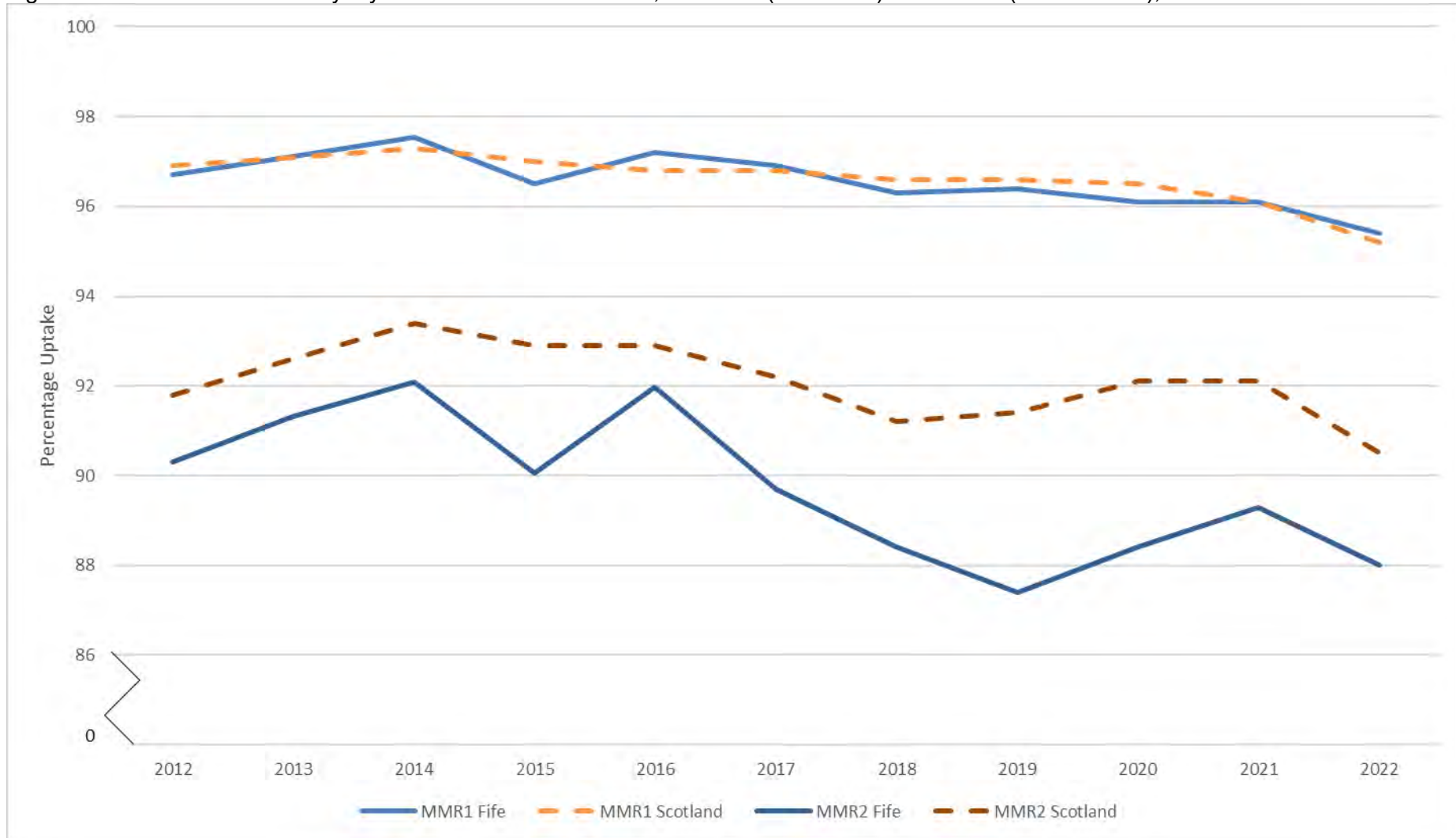
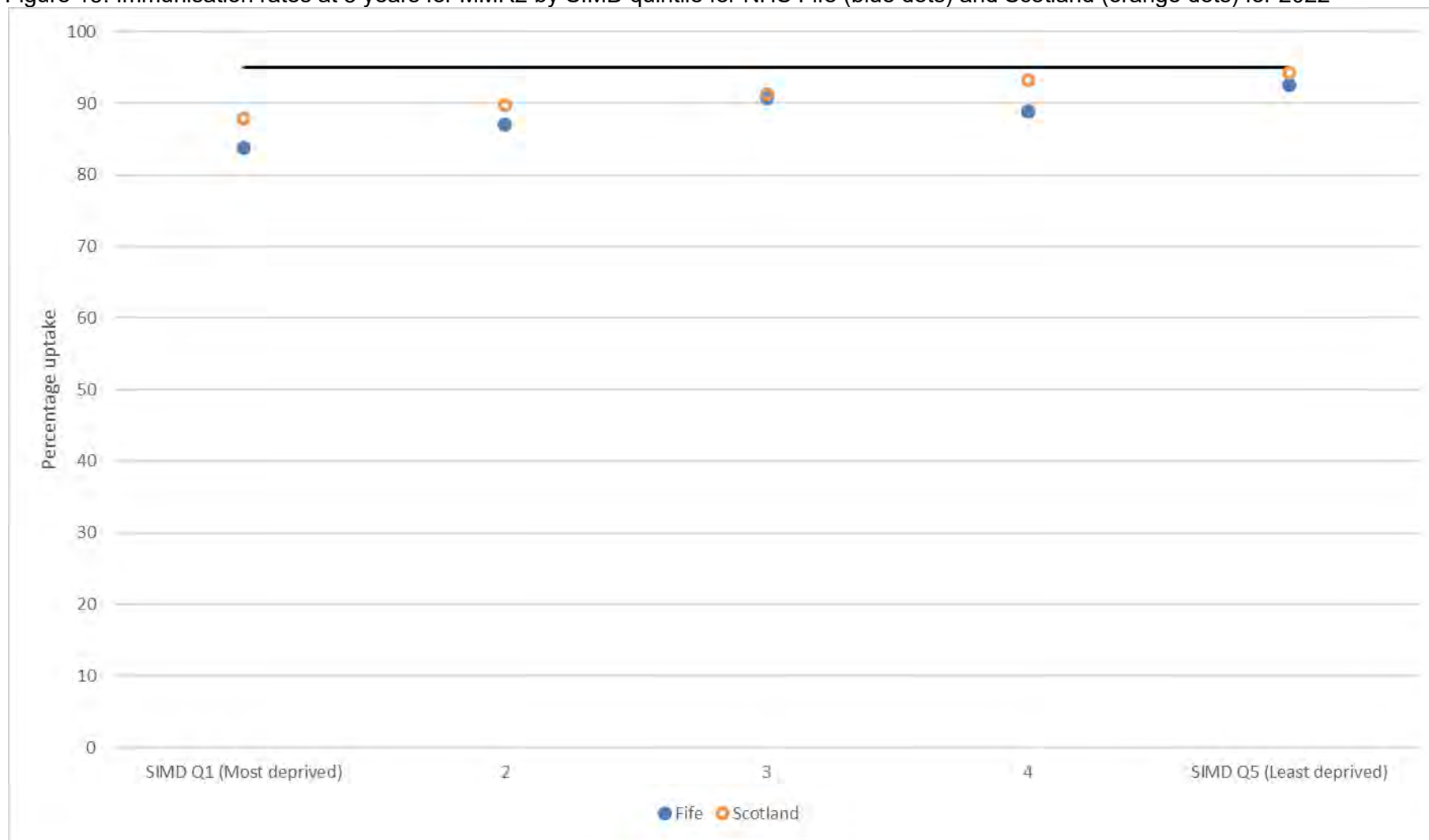


Figure 15: Immunisation rates at 5 years for MMR2 by SIMD quintile for NHS Fife (blue dots) and Scotland (orange dots) for 2022



4.10 Data is also available at six years of age (prior to 2006 this was the standard reporting age instead of five years); rates are slightly improved at this age indicating that some children are receiving pre-school immunisations after 5 years (table 4). At 6 years MMR 1 (delivered at 1 year) is similar to that seen elsewhere in Scotland, but MMR2 and the 4 in 1 booster remain below the Scottish average.

Table 4: Immunisation uptake rates by 6 years of age in NHS Fife, by year 2018 to 2022

	2018	2019	2020	2021	2022
MMR1	96.3	96.4	96.2	95.6	95.6
4-in-1	92.8	91.6	90.9	91.4	91.5
MMR2	92	91.2	90.7	91.1	91.3

Teenage immunisations

Teenage Booster

- 4.11 A combined booster immunisation is delivered for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age) along with an immunisation protecting against four strains of meningococcal bacteria (MenACWY). Due to the pandemic, delivery of the teenage programme was disrupted to varying degrees across health boards in Scotland depending on where they were in their delivery plans at the time of lockdown. This should be considered when comparing the Fife data to the Scottish average (table 5, figure 16) where it is clear that the 2020-21 school year delivery was disrupted to a far greater extent in the rest of Scotland than in Fife.
- 4.12 The teenage booster programme in Fife demonstrates clear socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland (figure 17). Mop-up activity means that by the end of S4 the uptake rates are slightly higher.

Table 5: Td/IPV and MenACWY uptake rates by end of S3 and end of S4, Fife & Scotland, 2021-22

	S3		S4	
	Fife	Scotland	Fife	Scotland
Td/IPV	67.3	71.6	86.7	74.9
MenACWY	67.5	71.7	86.3	73.8

Figure 16: Immunisation rate for MenACWY uptake at S3 & S4, NHS Fife (solid lines) & Scotland (dashed lines); school year 2017/18 to 2021/22

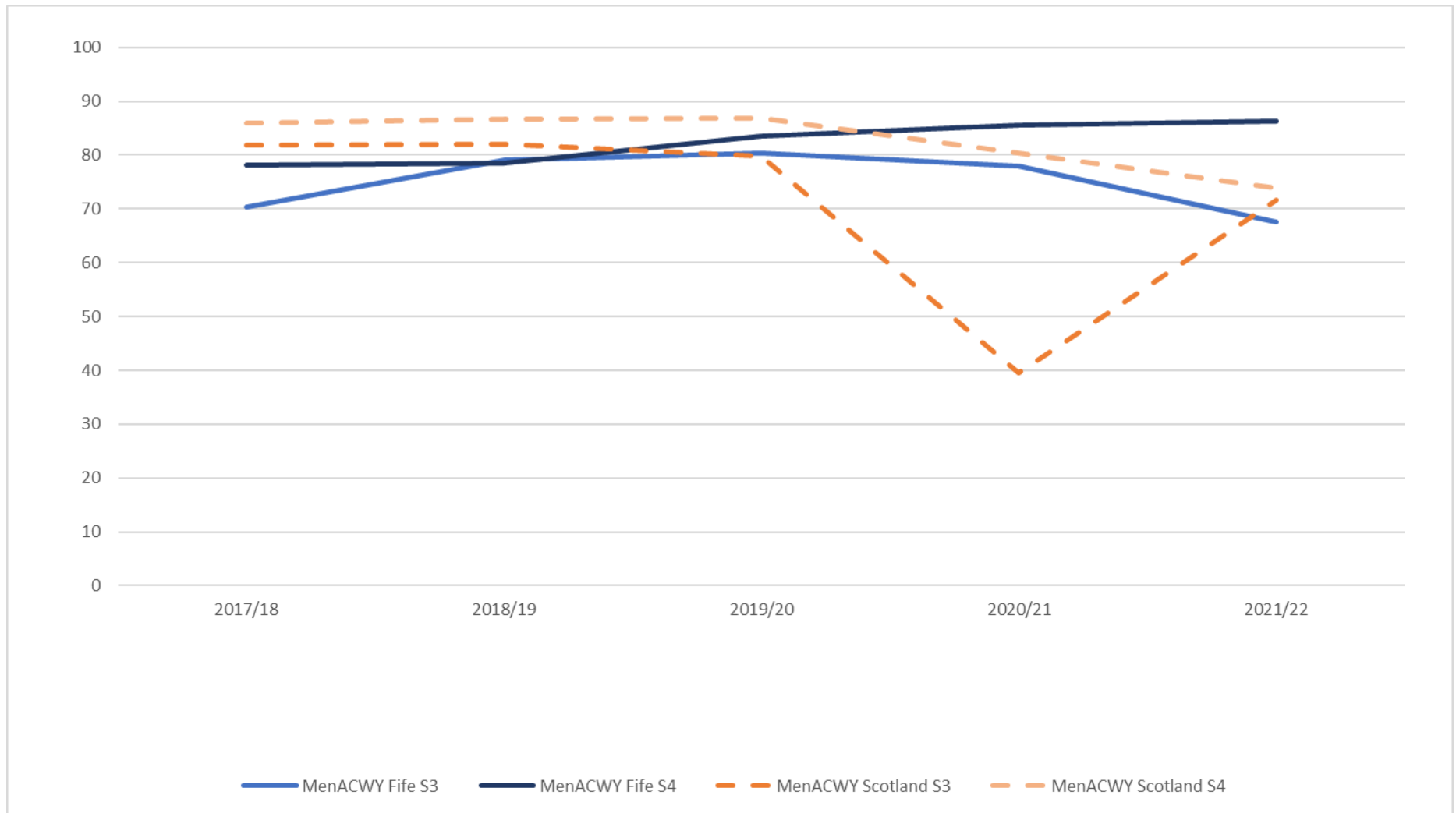
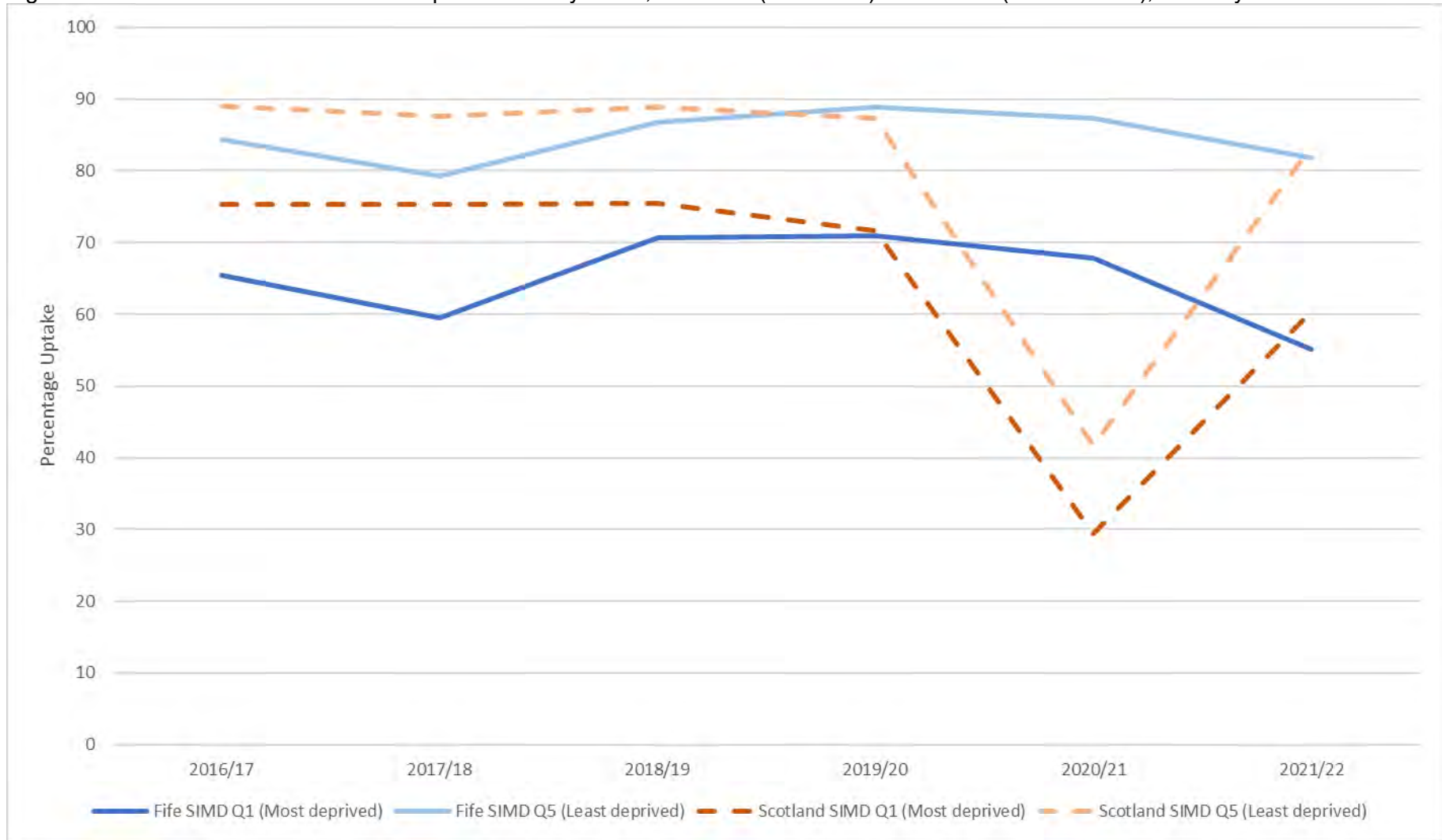


Figure 17: Immunisation rate for Td/IPV uptake at S3 by SIMD, NHS Fife (solid lines) & Scotland (dashed lines); school year 2016/17 to 2021/22



Human Papilloma Virus (HPV)

- 4.1 The Scottish HPV immunisation programme started in 2008, with inclusion of secondary school boys from 2020. Until January 2023 two doses of HPV vaccine were offered to all children (males & females) in Fife in S1 and S2, usually within the Spring term. Follow up opportunities are offered at S3 for those that miss their HPV vaccination at S1 or S2. Although the two-dose schedule was still being implemented during the 2021-22 school year, this report focuses on dose 1 uptake only given that a single dose programme has now been implemented based on JCVI advice.
- 4.2 HPV vaccination uptake in Fife at S1 and S2 for males and females is shown in table 6, figures 18 and 19. In general, uptake among males is slightly lower than females. Uptake of dose 1 at both S1 and S2 is higher in Fife than elsewhere in Scotland. There is a substantial socioeconomic gradient between the least and most deprived quintiles at S3 (figure 20). Uptake fell for the most deprived quintile in the 2021-22 school year compared with 2020-21; it is not clear whether the inclusion of boys in the SIMD data for 2021-22 is the cause, or if it reflects a decrease in uptake for both girls over this period.

Table 6: HPV uptake at S1 and S2 by sex, NHS Fife & Scotland, 2021-22

	Dose 1 S1		Dose 1 S2	
	Female	Male	Female	Male
Fife	68.9	55.8	83.6	76.2
Scotland	77.5	69.6	86.4	80.9

Figure 18: 1st dose HPV immunisation uptake rates for girls by the end of the school year 2016/2017 to 2021/2022, at S1 and S4, NHS Fife (solid lines) and Scotland (dashed lines)

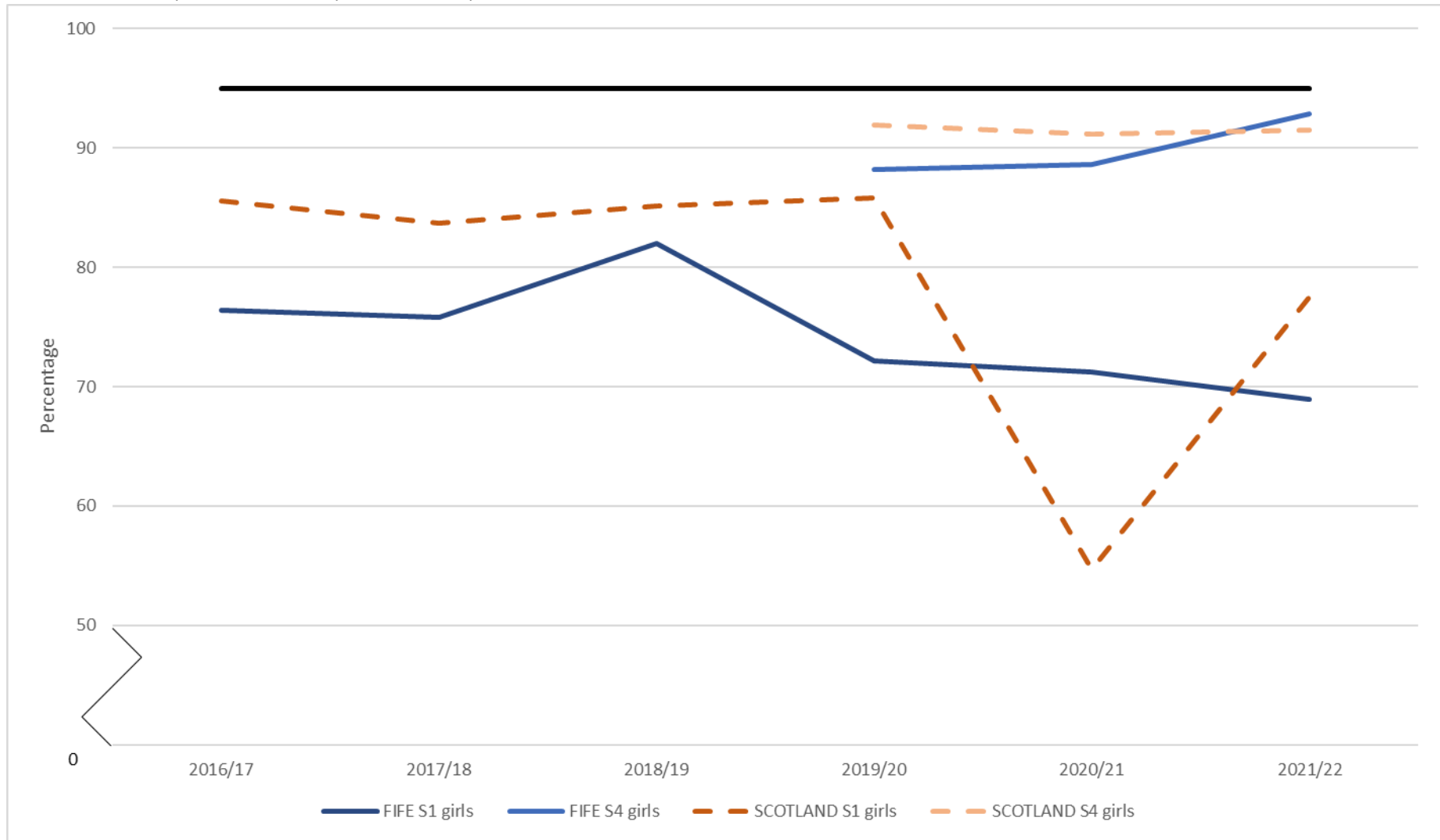


Figure 19: 1st dose HPV immunisation uptake rates for boys by the end of the school year 2019/2020 to 2021/2022, at S1 and S2, NHS Fife (solid lines) and Scotland (dashed lines)

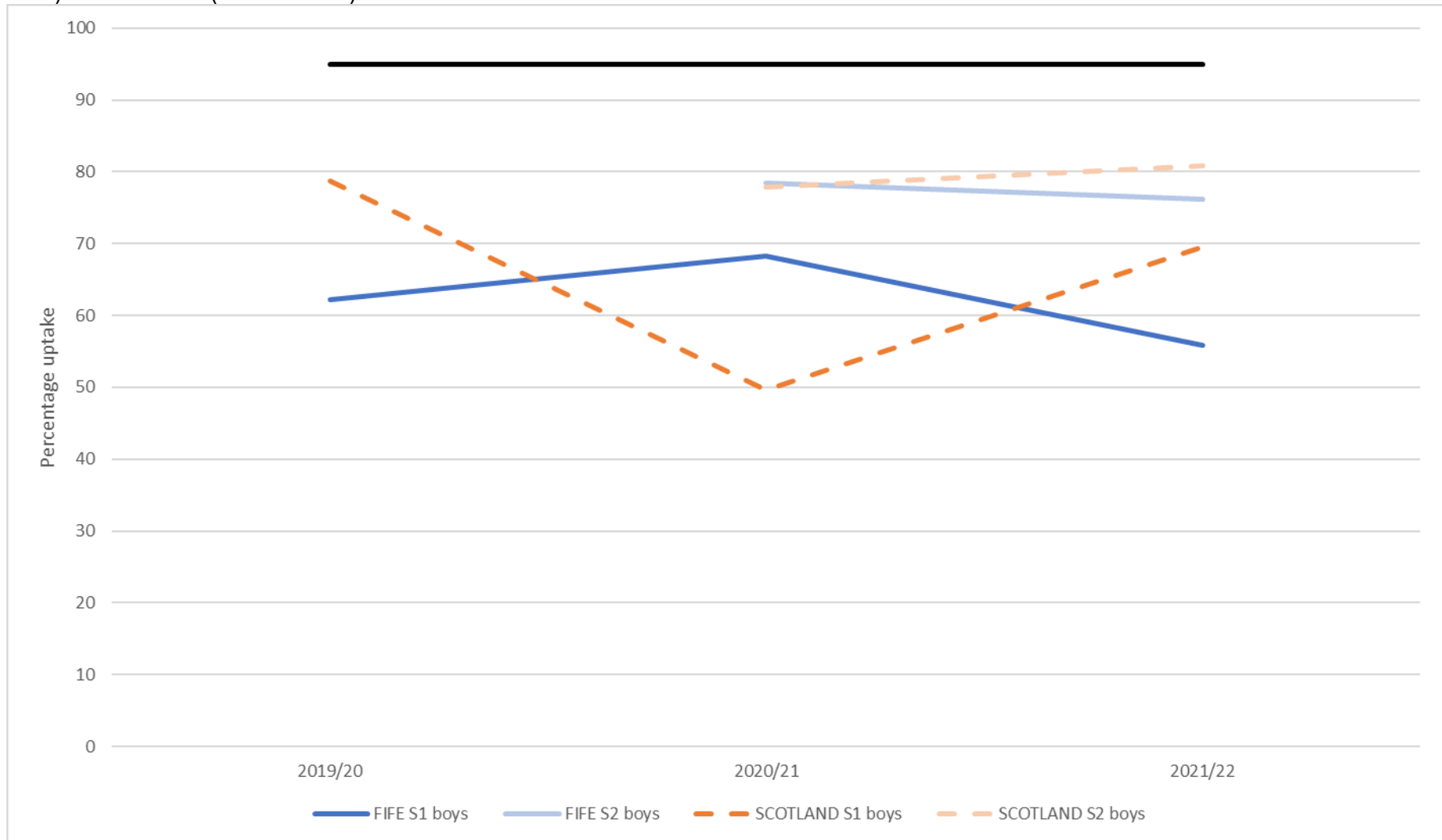
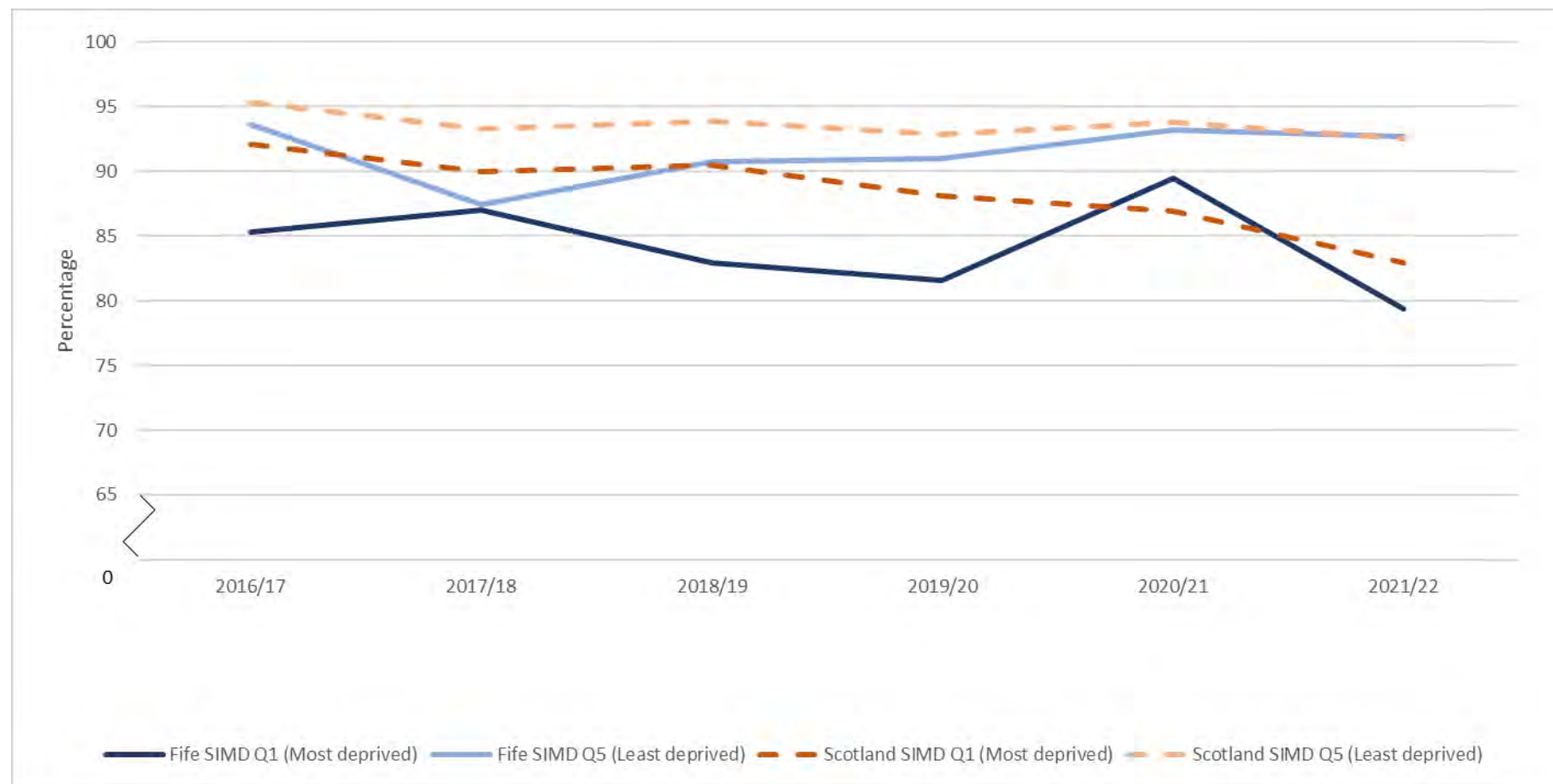


Figure 20: 1st dose HPV immunisation uptake rates by the end of the school year 2016/17 to 2021/22, at S3, NHS Fife (solid lines) and Scotland (dashed lines)⁹



⁹ SIMD data up to 2020/21 was reported for girls. From 2021/22 onwards data is reported for all pupils.

Summary of vaccine uptake inequalities in childhood and teenage programmes

- 4.3 Appendix 2 provides a summary of inequalities in vaccination uptake using four different measures of inequalities. Data from previous years are shown for comparison. The first two measures are straightforward calculations of the absolute range (difference between rates in the most and least deprived quintiles) and the relative range (the ratio of the uptake in the most deprived group compared to uptake in the least deprived group). These two measures overlook the changes in the intermediate groups and do not take into account the sizes of the groups being compared. As such, two alternative measures of absolute and relative inequality - the Slope Index of Inequality (SII) and Relative Index of Inequality (RII) are also calculated. The SII can be interpreted as the absolute effect on uptake of moving from the most deprived to the least deprived grouping. The RII is a measure of the relative inequality of uptake rates and compares ratios rather than absolute differences.
- 4.4 Both the SII and RII suggest that inequalities increase in older childhood age groups and are greatest in the teenage booster programme. The data also suggest that at 24 months inequalities have slightly improved from 2021, however in other age groups they have worsened. We will continue to measure inequalities in the annual data to see if these trends continue.

Adult and selective immunisation programmes

- 4.6 Responsibility for the delivery of the adult shingles & pneumococcal programmes transferred from general practice to the health boards in April 2022.

Pneumococcal (PPV23)

- 4.7 PPV23 is one-off vaccine for those aged 65 years and over and those under 65 with underlying conditions, that protects against 23 serotypes of pneumococcal disease. A small cohort require repeat vaccination every 5 years. Data for pneumococcal vaccination uptake for 2021-2022 have not been published as yet by PHS.

Shingles

- 4.8 Shingles vaccine is offered routinely to those aged 70 years, and individuals aged between 71 and 79 who have not previously been vaccinated remain eligible for the one-off vaccine. The programme was first introduced in 2013 using Zostavax, however, as this was a live vaccine it could not be given to those who were severely immunosuppressed. From December 2021 a non-live vaccine, Shingrix, was introduced following recommendation from the JCVI, and can be given to those for whom Zostavax is contraindicated.
- 4.9 There was a formal temporary suspension of the shingles programme in Scotland from 09/04/20 to 01/09/20 due to the pandemic, and although opportunistic vaccination could take place if the patient presented for another scheduled appointment and was well, activity during this period was very limited.
- 4.10 Shingles vaccination data is reported annually by PHS starting in September each year. Uptake of vaccination among both those newly eligible (70 years) and the routine catch up cohort (71 – 79 years) for 2021-2022 shingles programme was similar in Fife and Scotland and has improved from rates in 2020-21.

Table 7: Shingles Zostavax vaccination coverage among eligible routine cohort (70 years) and eligible catch up cohort (71 – 79 years) NHS Fife & Scotland, September 2021 – August 2022

	2020 - 2021		2021 - 2022	
	Fife	Scotland	Fife	Scotland
Routine eligible cohort (70 years)	29.1%	24.5%	45.8%	45.1%
Routine catch-up cohort (71 to 79 years)	62.3%	59.7%	66.9%	63.1%

Influenza

- 4.11 For the 2022/23 flu season adults aged 50 and over, health and social care workers and individuals at risk aged 18 years or over were eligible to receive the flu vaccine between the 5th of September 2022 and the 31st of March 2023. Most vaccines were co-administered with the COVID-19 winter booster vaccine (89%). Vaccination activity also took place in community pharmacies who offered a flu ‘mop-up’ offer to eligible groups.

4.12 During the 2022/23 season, 130,961 adult flu vaccinations were administered, which is a 64.5% uptake in the total eligible population. This is similar to that reported for Scotland of 63.7% at the end of the programme. Vaccination uptake was high amongst the over 65s at 86% (Scotland 85%) (table 8).

Table 8, Uptake Seasonal Flu Vaccine Adults 2022/23

	18-64 at risk	50-64	65+
Fife	56.7%	55.8%	86.0%
Scotland	56.9%	55.5%	85.5%

(Source: PHS FVVCV Delivery & Planning flash report, PHS COVID-19 statistical report (dashboard))

COVID-19

4.13 As with the seasonal flu vaccine the COVID-19 winter booster programme ran from the 5th of September 2022 to the 31st of March 2023. Eligible groups for the 2022/23 COVID-19 winter booster programme included adults aged 50 years or over, frontline health and social care workers, and at-risk individuals aged 5 years and over.

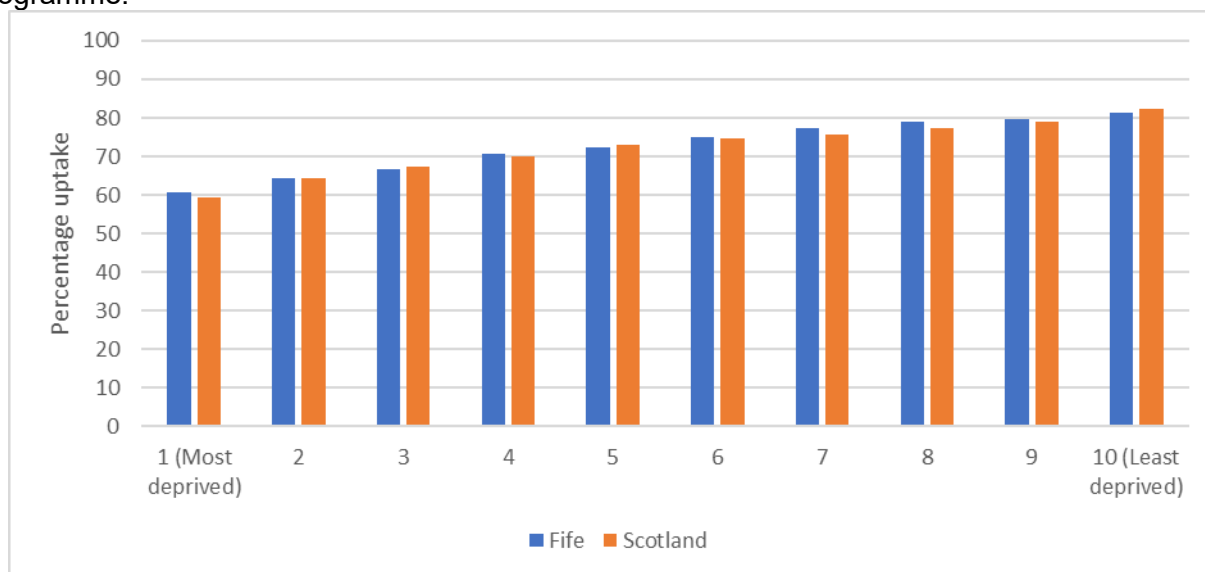
4.14 A total of 133,096 vaccines were administered during the programme, 72.9% uptake among the total eligible cohort, which is similar to the uptake reported for the rest of Scotland. During the 2022/23 season the uptake rates in Fife were lower than for the rest of Scotland for individuals aged 50-64 years and those aged 65 and over, however uptake in the over 65s continued to be high at 86% uptake (table 9). Uptake amongst the at-risk cohort was comparable in Fife with elsewhere in Scotland. Uptake is lower in areas which are most deprived (figure 21). Uptake is also lower in some ethnic minority groups, specifically the Polish, African and Pakistani communities.

Table 9: Uptake COVID-19 Winter Booster Vaccine 2022/23

	5-64 at risk	50-64	65+
Fife	63.9%	55.8%	86.0%
Scotland	63.8%	66.0%	90.6%

(Source: PHS FVVCV Delivery & Planning flash report, PHS COVID-19 statistical report (dashboard))

Figure 21: Uptake of COVID-19 winter booster vaccine by SIMD decile for eligible groups 2022/23 programme.



(Source: PHS Performance reporting, FVCV Autumn/Winter programme 2022/23)

Other Selected vaccinations

Pertussis in pregnant women

4.15 Uptake of pertussis was 88% among pregnant women who registered a birth between 1/4/22 to 31/3/23 (badgernet data). Due to different approaches to recording data across Scotland it is difficult to make a direct comparison with the rest of Scotland. Data issues affecting all Boards mean that comparisons with the rest of Scotland. Uptake of seasonal vaccinations among this cohort are challenging, however uptake of COVID vaccination among this cohort is indicated to be significantly lower.

Babies born to mothers with Hepatitis B

4.16 The risk of developing chronic hepatitis B infection depends on the age at which infection is acquired. Chronic infection occurs in 90% of those infected perinatally but is less frequent in those infected as children (e.g. 20 to 50% in children between one and five years of age)¹⁰. Post-exposure immunisation is provided to infants born to hepatitis B infected mothers, identified through antenatal screening, to prevent mother to child transmission at or around the time of birth. Immunisation of the infant should start as soon as possible after birth, and no later than 24 hours, and be followed by a dose four and eight weeks later and a further dose at one year of age. From August 2017, as hepatitis B is included in the routine childhood immunisation programme, the dose at eight weeks in the selective neonatal programme is provided in DTaP/IPV/Hib/HepB as part of the routine programme, as well as additional doses given at 12 and 16 weeks.

4.17 Over the 5 year period 2017 to 2022, a total of 15 babies were born to mothers infected with hepatitis B resident in Fife, and all newborns received the first dose of vaccine within 1 day of their DOB (100% dose 1 delivered on schedule). Over the same period, 11

¹⁰ <https://www.gov.uk/government/publications/hepatitis-b-the-green-book-chapter-18>

infants (73% of cohort) had received all required doses by the time they turned 12 months.

BCG for newborn at risk

4.18 The existing pathway for delivery of BCG vaccination for at risk children below 1 year was disrupted in 2021 and 2022; this is reflected in the lower uptake rates in 2021 (data published March 2023); mop-up clinics have been running to ensure catch-up for this group and a new pathway was implemented in February 2023.

Table 10: BCG uptake for at risk children turning 12 months, 2017 - 2021

	2017	2018	2019	2020	2021
Fife	70.3	72.3	70.6	75.0	48.3
Scotland	76.0	78.6	80.6	78.9	73.5

Vaccination of men who have sex with men (MSM)

4.19 Over a 5 year reporting period July 2017 to June 2022 (starting when the programme was introduced) a total of 47% of eligible individual’s attending Fife sexual health services over the five year period have either completed HPV course (as previous policy) or are in progress; across Scotland this figure is 67%. The percentage uptake is based on number of physical attendances made by males, identified as men who have sex with men, aged up to and including 45 years old. Denominator data are based on an individual’s most recent treatment location within the reported 5 year period (July 2017 to June 2022), rather than board of residence.

4.20 In 2021 15% of MSM attendees at Sexual Health received Hepatitis A & B Vaccine. In 2022 this figure was 16%. As with HPV vaccine it is likely that some eligible MSM will have received the Hep A and Hep B vaccine elsewhere. Further work is required to understand hepatitis A & B coverage among this cohort locally as currently it is unclear if the low rates reflect low uptake or incomplete recording of their vaccination status. No comparison with data at Scotland level is available.

4.21 An assessment of Fife patients within the MSM cohort in NASH was carried out against risk factors outlined in the guidance issued by Public Health Scotland guidance in response to the emerging public concerns about Mpox in 2022. This identified a priority cohort for mpox pre-exposure vaccination of 209 individuals. A series of vaccination clinics were set up and have run since July 2022. Of the at-risk cohort of 209 in Fife 78% have received first dose Mpox vaccine. Second dose offers and vaccination clinics are currently in progress. Those not on the priority list can request an assessment and those identified at high risk during sexual health appointments or contact tracing can be offered an appointment.

5 STRATEGIC FRAMEWORK REVIEW

5.1 NHS Fife and Fife HSCP worked collaboratively to develop a 3 year Immunisation Strategic framework 2021-2024. The vision is for 'A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course'. Four high-level priorities for action were identified following an in-depth review process that took place in 2021. Priority 1 is to 'Optimise immunisation coverage ensuring equitable access for all eligible groups'; the performance measures identified for priority 1 are reviewed below.

Strategic Performance Measure	Assessment May 2023	Progress 2022 - 2023
<p><i>Achieve childhood immunisation coverage rates of 95% or higher across all SIMD quintiles</i></p>	<p>Target not met; 2022 uptake <95% uptake at 12 months, with declining trend & growing deprivation gap.</p> <p>Whilst primary vaccines reach >95% by 24 months, those given at 1 year of age remain <95% with similar inequalities.</p> <p>By 5 years of age, the vaccines given at 1 yr are >95%, however, the pre-school vaccines given at 3yr 4 months are <90%.</p>	<p>A nurse-led QI group was established in September 2022 with a focus on improving MMR2 uptake by 5 years of age. Additional pre-school clinics scheduled in Spring 2022 to reduce appointment queue lengths. Driver diagram developed generating various actions that are being tested through a quality improvement approach.</p> <p>Public-health led strategic review of the delivery of children’s immunisation programme commenced in March 2023. Telephone questionnaire for parents that did not bring their child to an appointment was initiated as part of the MMR2 quality improvement work and findings are also informing this work, along with multiple other sources of data intelligence. Initial findings and small-area uptake data presented at locality meetings June 23, and will inform prioritization exercise and final recommendations.</p> <p>Following the measles briefing issued by UKHSA in May 23, letters have been sent to all families with children with outstanding MMR vaccination prompting them to arrange appointment.</p>
<p><i>Achieve MenACWY & Td/IPV coverage of</i></p>	<p>Target not met; uptake <95% at S3 and S4 in 2021/22 school year. Uptake <70% in year first offered</p>	<p>Ongoing mop-up opportunities offered to S6. Quality improvement work required in most deprived areas, e.g. with those not attending school</p>

<p><i>95% by end S4 across all SIMD quintiles</i></p>	<p>(S3) and >85% by S4. Gradual improvement in uptake evaluated at S4 seen over five year period. Significant inequalities with S3 uptake <60% in most deprived quintile in Fife.</p>	<p>National schedule change to moving the first offer in S2 (rather than S3) anticipated to support improvements uptake and reduce inequalities due to lower absence rates in younger school cohort (implementation date tbc)</p>
<p><i>Achieve HPV immunisation coverage of 80% for both females and males by end S3 across all SIMD quintiles (WHO target 90% dose 1 by 15 years)</i></p>	<p>Target met; >90% dose 1 uptake achieved by S4 among girls in 2021/22 school year; >80% dose 1 uptake achieved by boys & girls by S3. Uptake of dose 1 in most deprived quintile at S3 just below 80% in 2021/22 with widening of inequalities from 2020/21.</p>	<p>National programme change from two-dose to one-dose schedule in 2023 based on JCVI advice as 1 dose shown to be effective in cancer prevention. Using dose 1 as completion marker we achieved the Strategic Framework uptake target of 80% in both girls & boys by end of S3. S4 data not yet available for boys as programme running 3 years, however, WHO target of 90% also met by S4 for girls in Fife. Further work required to understand fall in uptake between 2020-21 and 2021-22 for most deprived quintile girls at S3, and to understand fall in uptake in boys at S1.</p>
<p><i>Local target for Shingles programme to be confirmed</i></p>	<p>No national or local target; shingles uptake for newly eligible 70 yr old cohort in 2021-22 at 46% (29% in 2020-21). Uptake among mop up cohort (age 71 – 79 years) also improved from 2020-21 and slightly higher than rest of Scotland.</p>	<p>Delivery transferred to NHS Fife in April 2022 (part-way through assessment year Sept 21 – Aug 22). Change in eligibility and vaccine schedule from September 23 (universal 2 dose Shingrix, plus expanded age eligibility) - no current national or local uptake target set as yet.</p>
<p><i>Local Target for Pneumococcal programme to be confirmed</i></p>	<p>No local or national target; no uptake data available for 2021-22 at either national or local level.</p>	<p>Delivery transferred to NHS Fife in April 2022. Routine cohort (65+ years) uptake data for 2021-22 awaited.</p>
<p><i>Achieve seasonal flu coverage as set out in annual CMO letter</i></p>	<p>Target met; 86% flu vaccination uptake among 65+ cohort for 2022-23 season exceeded WHO uptake target of 75%.</p>	<p>Delivery of 2022-23 seasonal flu programme with co-administration through community clinics, staff clinics, care home visits & home visits. Limited flu-only delivery via community pharmacies. No national or local target set for 18-64 year at-risk group, and no comparable trend data due to universal 50-64 yr offer.</p>

<i>Achieve national COVID-19 targets as they emerge across JCVI priority groups</i>	No national target; 86% COVID vaccination uptake among 65+ cohort for autumn/winter 2022-23 booster programme. 64% uptake among 5 to 64 at risk group.	Delivery of 2022-23 seasonal flu programme with co-administration through community clinics, staff clinics, care home visits & home visits. Mop-up outreach visits to areas of lower uptake in most deprived areas had limited impact. Inequalities in uptake by deprivation and ethnicity similar to previous phases of COVID vaccination programme and similar to those seen elsewhere in Scotland.
<i>Achieve 85% BCG uptake rates for eligible children by 12 months for those at risk of Tuberculosis</i>	Target not met by 12 months; >12 months catch-up clinics ran 2022-23.	Disruption of delivery pathway led to fall in uptake 2021 (latest data available). New delivery pathway developed for newborn at-risk cohort with delivery from February 2023 with enhanced local monitoring programme.
<i>Achieve 100% uptake of Hepatitis B for babies at risk within the recommended schedule for this cohort</i>	Target met for uptake of dose 1 (given at birth); target not met for delivery of all scheduled doses by 12 months.	Small numbers per year. Ongoing monitoring of pathway; all children offered vaccinations within first 12 months and varied reasons why this is not always achieved.
<i>Achieve Pertussis coverage of 75% for pregnant women</i>	Target met.	Ongoing successful delivery of pertussis vaccination through maternity services. Learning from programme to be considered in delivery of seasonal vaccination programme for pregnant women.
<i>Achieve HPV coverage of 80% for men who have sex with men up to and including age 45 years attending sexual health services</i>	Target not met.	Uptake data reviewed at Area Immunisation Steering Group meeting February 2023; ongoing work required by service to understand causes of lower uptake data in those attending Fife sexual health clinics and identify opportunities for improvement work.
<i>Establish Hepatitis A&B uptake rates within sexual health services</i>	Target not met; analysis of NaSH data, but ongoing data issues limiting interpretation.	Vaccination data from NaSH database reviewed at Area Immunisation Steering Group meeting February 2023; ongoing work required by service to investigate how hepatitis A & B vaccination records are recorded and identify opportunities for improvement work.

6 CONCLUSIONS

- 6.1 This report has highlighted the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes. Surveillance data demonstrate ongoing low incidence rates of most vaccine preventable diseases during 2022 in Scotland and in Fife. Whilst Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK, there are growing concerns regarding the declining trend in the infant, pre-school and teenage programmes across Scotland in 2022, and also seen in Fife. In Fife, uptake is below the Scottish average, and declining uptake in the most deprived parts of the population is an ongoing concern. Data availability for the adult vaccination and selective immunisation programmes is variable, but is anticipated to improve under the transition to the 'Scottish Vaccination & Immunisation Programme' (SVIP).
- 6.2 Actions progressed against the priorities and measures set out in the Fife Strategic Framework have provided the platform for ongoing close monitoring of uptake rates and established governance structures to support for the improvement work required to ensure our immunisation services are as accessible and flexible as possible, and that inequalities are addressed. Review of the Strategic Framework priorities is underway in 2023, with a strengthened focus on improving delivery in the context of the findings of this report.

7 Acknowledgements

7.1 The provision of immunisation programmes in Fife is dependent on the combined continued efforts of:

- Fife Community Immunisation Service
- Child Health Department, Children's Services
- Pharmacy, Community Services
- Public Health Department, NHS Fife
- Immunisation and Vaccine Preventable Diseases Team at Public Health Scotland
- Population Health Analytics and Intelligence, NHS National Services Scotland
- Scottish Immunisation Programme, Scottish Health Protection Network

8 Vaccine Abbreviations

DTP/Pol/Hib = the 5-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib) [replaced by 6-in-1 as below]

DTP/Pol/Hib/Hep B = the 6-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B.

MenC = Meningococcal serogroup C conjugate vaccine

PCV13 = Pneumococcal conjugate vaccine (protects against 13 serotypes of pneumococcal)

PCVB = Pneumococcal conjugate vaccine booster

MenB = Meningococcal Group B

MenB (Booster) = Meningococcal Group B booster

MMR1 = Measles, mumps, and rubella vaccine (1st dose)

MMR2 = Measles, mumps, and rubella vaccine (2nd dose)

Hib/MenC = Hib/MenC booster vaccine

DTP/Pol = 4-in-1 booster vaccine which protects against diphtheria, tetanus, pertussis and polio

Td/IPV – Protects against Tetanus, Diphtheria and polio (teenage booster)

HPV – Human Papilloma Virus – protects against cancers and genital warts caused by HPV, including cervical cancer

MenACWY – Protects against Meningococcal Group A, C, W & Y

LAIV – Live Attenuated Influenza Vaccine

BCG -

PPV23 – Pneumococcal polysaccharide Vaccine (protects against 23 serotypes of pneumococcal)

9 Appendices

9.1 Appendix 1: Routine childhood & adult immunisation schedule

The routine immunisation schedule					from February 2022
Age due	Diseases protected against	Vaccine given and trade name		Usual site¹	
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh	
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh	
	Rotavirus gastroenteritis	Rotavirus ²	Rotarix ²	By mouth	
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh	
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh	
	Rotavirus	Rotavirus ²	Rotarix ²	By mouth	
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh	
	MenB	MenB	Bexsero	Left thigh	
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh	
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh	
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh	
	MenB	MenB booster	Bexsero	Left thigh	
Eligible paediatric age groups ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV ^{4,5}	Fluenz Tetra ^{4,5}	Both nostrils	
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm	
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm	
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm	
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm	
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm	
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23	Upper arm	
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm	
70 to 79 years of age	Shingles	Shingles	Zostavax ³ (or Shingrix if Zostavax contraindicated)	Upper arm	

Source: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

Appendix 2: Childhood and teenage vaccine uptake inequalities – Slope Index & Relative Index measures 2017, 2018, 2021, 2022

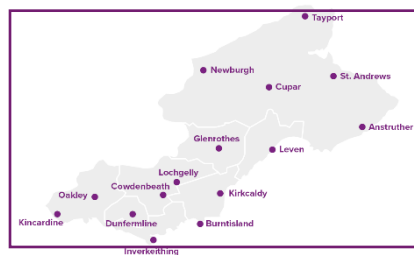
Vaccination	Age	Absolute range				Relative range				Slope Index of Inequality				Relative Index of Inequality			
		2017	2018	2021	2022	2017	2018	2021	2022	2017	2018	2021	2022	2017	2018	2021	2022
6-in-1*	12 months	4.15	4.67	5.66	6.4	0.96	0.95	0.94	0.9	5.2	6.0	5.7	9.1	0.05	0.06	0.06	0.10
MenB	12 months	3.96	4.11	4.95	5.81	0.96	0.96	0.95	0.94	4.7	4.9	5.1	7.9	0.05	0.05	0.05	0.08
PCV	12 months	4.58	3.99	3.86	3.06	0.95	0.96	0.96	0.97	5.6	5.1	3.9	4.8	0.06	0.05	0.04	0.05
Rotavirus	12 months	3.93	4.70	6.04	6.35	0.96	0.95	0.94	0.93	4.9	5.8	5.9	10.0	0.05	0.06	0.06	0.11
MMR1	24 months	6.35	8.34	7.34	6.44	0.93	0.91	0.92	0.93	8.3	10.8	10.8	7.5	0.09	0.12	0.12	0.08
Hib/MenC	24 months	6.19	7.30	7.16	7.27	0.94	0.92	0.93	0.93	8.3	9.3	10.4	8.6	0.09	0.10	0.11	0.09
PCV booster	24 months	6.68	6.88	6.05	6.03	0.93	0.93	0.94	0.94	8.6	8.9	8.9	7.2	0.09	0.10	0.10	0.08
Men B Booster	24 months		7.85	7.40	7.44		0.92	0.92	0.92		9.8	10.9	8.5		0.11	0.12	0.09
4-in-1	5 years				8.72				0.91				10.1				0.11
MMR2	5 years				9.21				0.90				10.9				0.12
HPV Dose1**	Teenage (S3)	8.26	0.43	3.68	13.25	0.91	1.00	0.96	0.86	10.3	2.6	4.0	16.5	0.11	0.03	0.04	0.19
Td/IPV booster	Teenage (S4)	10.59	19.07	15.49	12.80	0.88	0.78	0.83	0.86	15.8	24.2	18.2	16.1	0.19	0.31	0.21	0.19
MenACWY	Teenage (S4)	10.84	19.09	15.05	13.33	0.88	0.78	0.84	0.85	16.1	24.0	17.6	16.7	0.19	0.31	0.21	0.19

*DTP/Pol/Hib (5-in-1) only in 2017

** Girls only 2017-2022; all 2022



Fife Immunisation Strategic Framework 2021-2024



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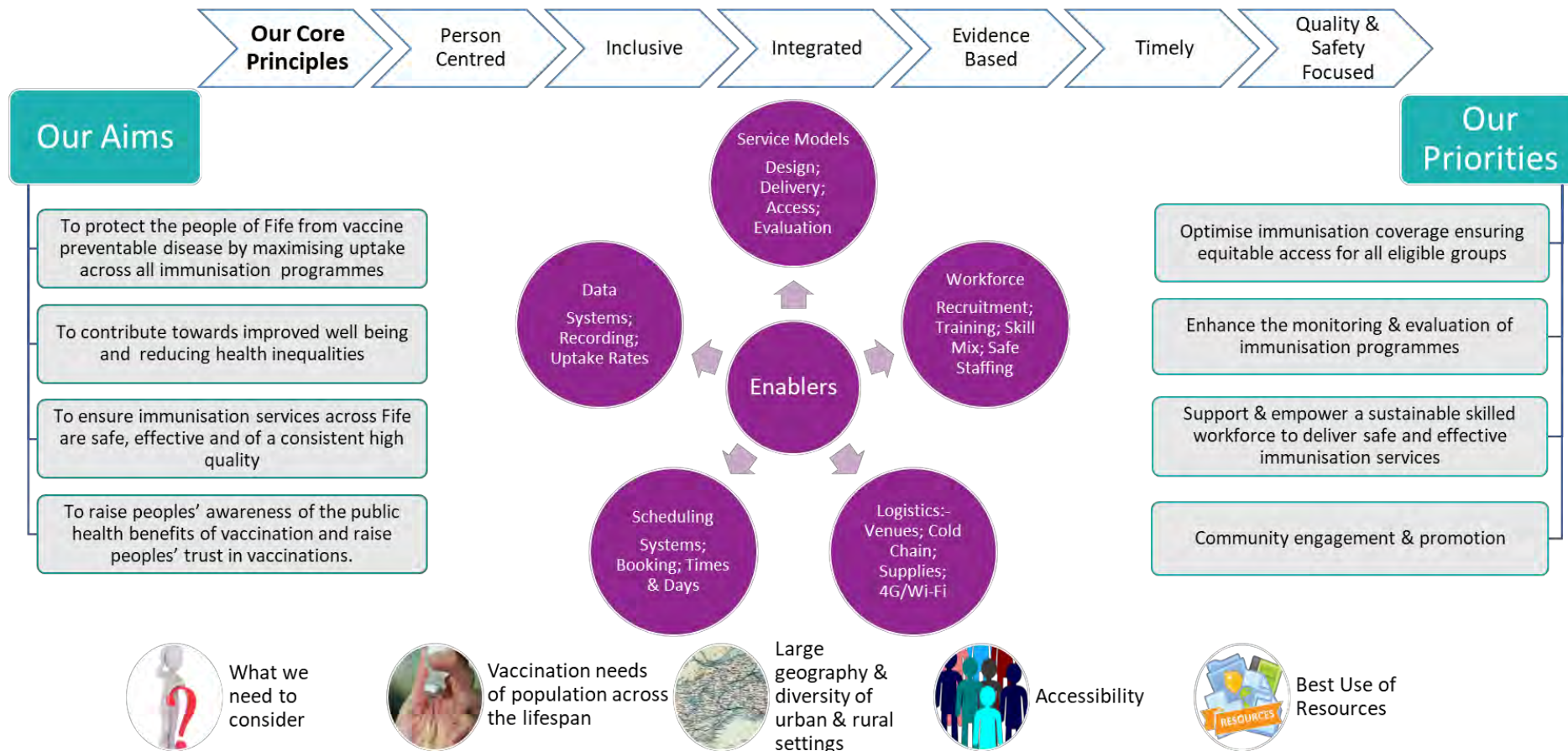
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Fife Immunisation Strategic Framework 2021-24



A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.



Introduction

Immunisation programmes have been an integral part of health services and public health for over 200 years since the ground-breaking discovery by Edward Jenner of the small pox vaccine. They are considered one of the greatest public health interventions in terms of measurable impact on population morbidity and mortality.¹

Immunisation is a safe and effective way to help protect the population from serious vaccine-preventable diseases. Since the initial focus on six childhood vaccine-preventable diseases over four decades ago, they have evolved rapidly and expansively in a relatively short space of time. The addition of new vaccines has increased the breadth of protection provided by immunisation, to include vaccinations for protection of older children, adolescents and adults. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity. The success of established vaccination programmes mean that most vaccine preventable diseases of childhood are now rarely seen however there remains a need to ensure the population understand the importance of protection across all age groups.

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services².

Our recent experience of the COVID-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt public health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives³.

Providing cohesive immunisation services is paramount for success. Services must be safe and easily accessible, reflect the needs and demands of the population and will require the right workforce to deliver the right immunisations in the right place at the right time.

As we modernise immunisation service provision over the next three years it will be essential that inequalities are addressed in the new models of delivery, close monitoring of uptake rates continues and that immunisation services are recognised as an integral part of a well-functioning healthcare system.

¹World Health Organisation: Strategic Advisory Group of Experts (SAGE) on Immunization Assessment Report of the Global Vaccine Action plan. 2018

² PHE Immunisation Inequalities Strategy, February 2021

³ UK COVID-19 Vaccines Delivery Plan, January 2021, Department of Health & Social Care

National and Local Context

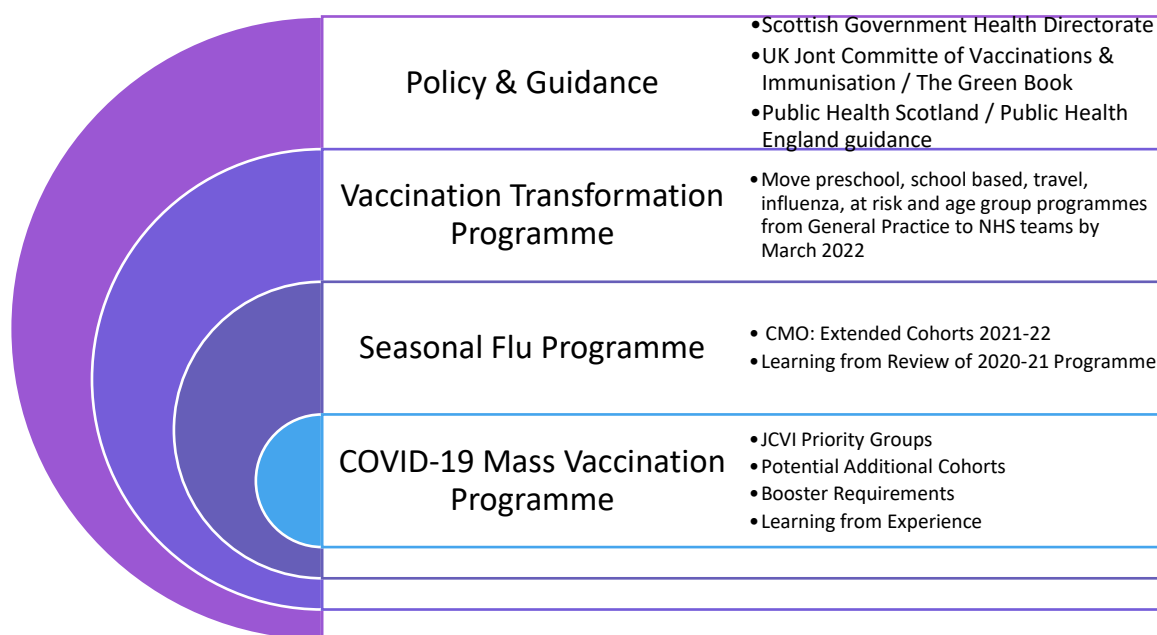


Fig 1: National and Local Context for Immunisation

Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee of Vaccinations and Immunisation (JCVI). The JCVI provide advice on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies⁴. The UK immunisation schedule is continually reviewed and updated⁵. *Immunisation against infectious disease* (commonly known as the *Green Book*) reflects the current policies and procedures as advised by the JCVI and provides essential guidance on vaccines and vaccination procedures for all vaccine preventable diseases that may occur in the UK⁶.

December 2019 saw the emergence of a new coronavirus, COVID-19, which led to a global pandemic being declared by the World Health Organisation in March 2020. Thousands of people in Scotland have died as a direct result of COVID-19. The indirect impact of COVID-19 on Scotland's health, economy and society will affect thousands more⁷. Mass vaccination of the population with COVID-19 vaccine is the single largest Public Health intervention in modern times. The priorities for this programme have been set out by the JCVI and vaccination remains a vital component for recovery and prevention of future outbreaks.

The 2018 Scottish General Medical Services (GMS) Contract⁸ set out a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health. One of the priorities for implementation of the new contract is to reduce workload pressure on general practice and it has been agreed nationally that the delivery of

⁴ Joint Committee on Vaccination and Immunisation Code of Practice, June 2013

⁵ Complete schedule (children & adults) available here: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

⁶ Immunisation Against Infectious Disease, [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/immunisation-against-infectious-disease)

⁷ Public Health Scotland Strategic Plan 2020-23

⁸ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/gms-contract-2018-2020/pages/introduction.aspx)

vaccination programmes will transfer from GP practice staff to dedicated NHS teams under the Vaccination Transformation Programme (VTP). The VTP is divided into different work streams⁹: -

- ✚ Pre-school programme
- ✚ School based programme
- ✚ Travel vaccinations and travel health advice
- ✚ Influenza programme
- ✚ At risk and age group programmes (shingles, pneumococcal, hepatitis B).

Transfer of all routine infant, pre-school booster and school age vaccinations had already been completed in Fife prior to 2020. Transfer of 2–5-year flu vaccine delivery was completed in autumn 2020 but other transfer plans were delayed due to the pandemic and some adult programmes were temporarily suspended. The national programme has been extended by a year with completion due by end of March 2022. This timeline remains challenging and the backlog of unvaccinated adults in eligible groups for example, for pneumococcal and shingles, has grown.

The seasonal flu programme is a strategic and Ministerial priority as well as a key clinical priority for NHS Fife and Fife Health & Social Care Partnership (HSCP). The Chief Medical Officer¹⁰ has set out the priorities for the 2021-22 flu programme which aims to protect those most at risk from flu and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum. There has been a significant extension to the eligible groups and a key focus of the programme will be to promote and increase flu vaccine uptake. Delivery of the programme will be challenging due of the ongoing impact of COVID-19 on our health and social care sector.

Independent reviews of the Seasonal Flu Programme 2020-21 and of the structure, governance, planning and resourcing requirements for immunisation in Fife together with learning from the roll out of the COVID-19 programme have identified key considerations for the development and delivery of all immunisation programmes (figure 2).

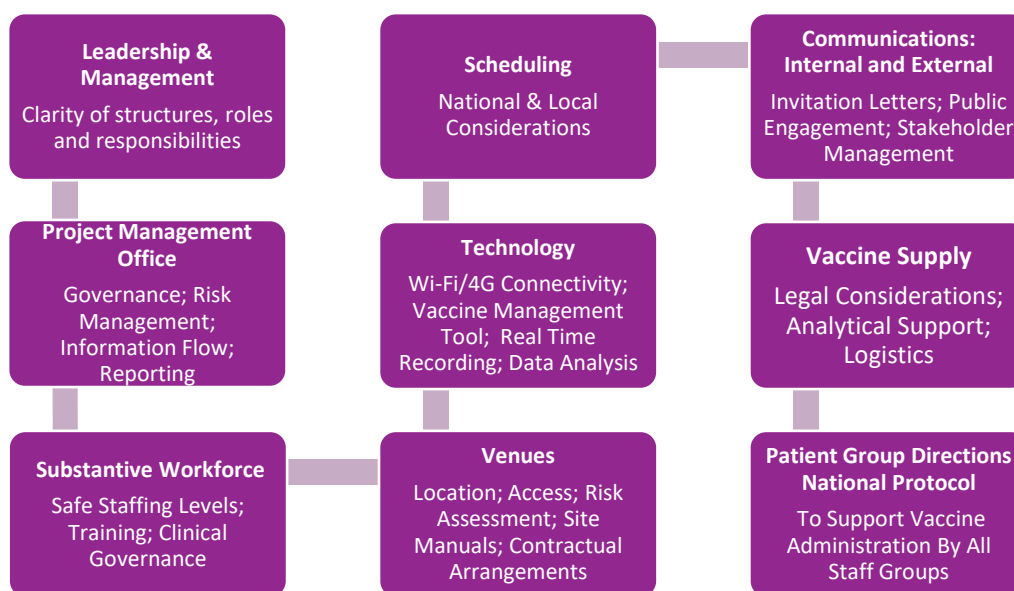


Figure 2: Key considerations for development and delivery of immunisation programmes

⁹ www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme

¹⁰ SGHD/CMO(2021)7

Vaccine Preventable Disease

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. In Fife and across Scotland the level of vaccine preventable disease is low (Table 1). All vaccine preventable disease under surveillance have shown a notable reduction in the past 12 months which is most likely due to the social distancing measures and restrictions implemented in response to the COVID-19 pandemic¹¹. It is noted that the circulation of influenza was very limited in the UK in the 2020-21 season; therefore a lower level of population immunity is expected. 2021-22 will be the first winter when COVID-19 will co-circulate with seasonal influenza. This has the potential to add substantially to the usual winter pressures faced by the NHS, particularly if infection waves from both viruses coincide¹².

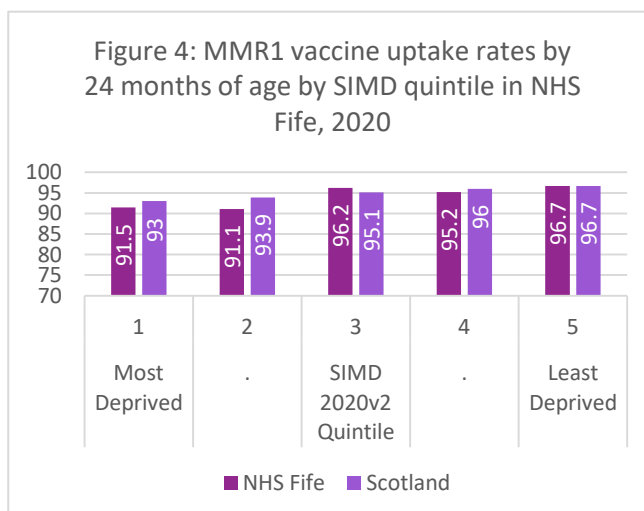
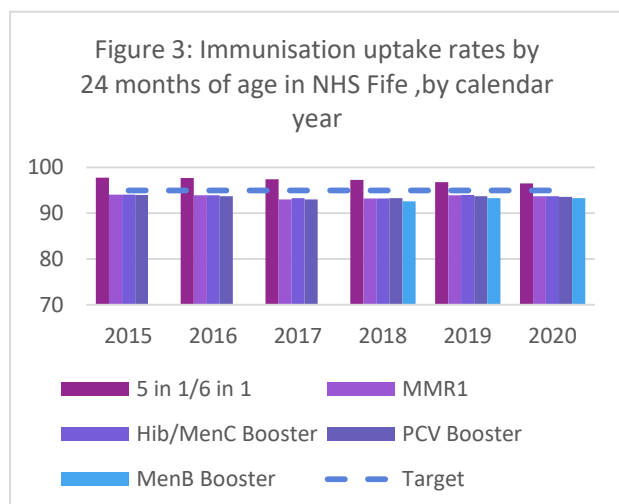
Table 1: Vaccine Preventable Disease

Haemophilus influenzae	There have been less than 5 cases of invasive <i>H. influenzae</i> type b infection in Fife since 2009
Measles	In 2019 there were a small number of confirmed cases (less than 5) with limited secondary transmission. There were no confirmed cases in 2020
Meningococcal disease	There were less than 5 cases in 2019 (age range 5 to 75 years) and 5 cases in 2020 (age range 3 to 84 years)
Invasive Pneumococcal disease	Across both Scotland and Fife there has been a much lower number of cases in 2020 than in the previous four years: less than 5 in Fife
Pertussis (whooping cough)	Across Scotland there were 198 confirmed cases in 2020 with less than 5 in Fife. The majority of cases occurred in first quarter of 2020 and since lockdown the numbers have been very low.
Human Papilloma Virus (HPV)	Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland
Mumps	There was a high number of laboratory-confirmed mumps cases in the first quarter of 2020 (853) across Scotland with 14 cases in Fife in 2020, all of which were in the first quarter. The incidence reduced after April 2020 most likely due to social distancing measures but also reduced attendance in Primary Care to diagnose.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in 2020 remained low.
Rubella	The last reported case of laboratory-confirmed rubella in Scotland was in 2017.
Shingles	Rates of admissions and GP consultations for shingles remained fairly static during the period 2010 to 2017 in Scotland, with higher rates in the more susceptible older age groups; more recent surveillance data has not yet been published.
Tetanus	There have been no confirmed cases of tetanus in Fife since 2009.
Tuberculosis (TB)	Incidence of TB in Fife is lower than the Scottish average which has shown a consistent downward trend during the period 2010 to 2019. An increasing proportion of those with TB are born outside the UK and more than a third of cases live in the most deprived SIMD quintile.
Influenza	In the 2019 to 2020 season, low levels of influenza activity were observed in the community. Influenza activity in 2020/21 has remained at baseline.

¹¹ Immunisation and Vaccine Preventable Diseases Quarterly Update June 2021, Public Health Scotland

¹² [JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK](https://www.gov.uk/government/news/jcvi-interim-advice-potential-covid-19-booster-vaccine-programme-winter-2021-to-2022)
www.gov.uk

Snapshot of Immunisations in Fife



Children's Immunisations At 24 Months

Uptake rates in 2020 by 24 months of age are above 95% for the 6-in-1 vaccine and below 95% for first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster (Figure 3). The Scottish Index of Multiple Deprivation (SIMD) data shows that the 95% target is met for first dose MMR, Hib/MenB, PCV booster and MenB booster within the least deprived quintiles (3-5) but not in the most deprived quintiles 1 and 2 (figure 4). The drop-off in vaccination rates in quintiles 1 and 2 is more pronounced in Fife than is seen in the rest of Scotland.

Teenage Routine Immunisations

The teenage immunisation schedule includes booster immunisation for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age); an immunisation protecting against four strains of meningococcal bacteria (MenACWY) and two doses of human papilloma virus vaccine. The teenage booster programme in Fife demonstrates a clear socioeconomic difference in vaccination uptake (Figure 5). Whilst this is similar to that seen in the rest of Scotland it indicates a need to develop targeted interventions.

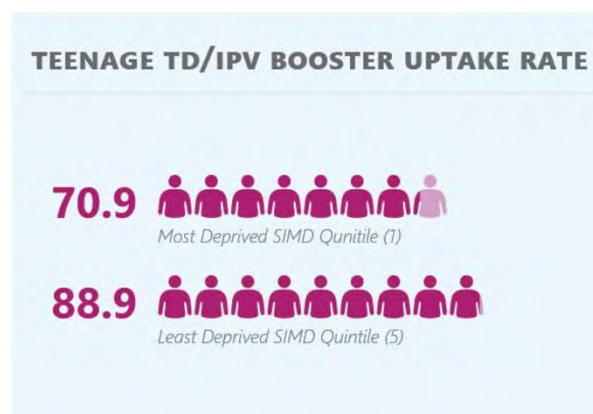


Figure 5: Socioeconomic difference in uptake in

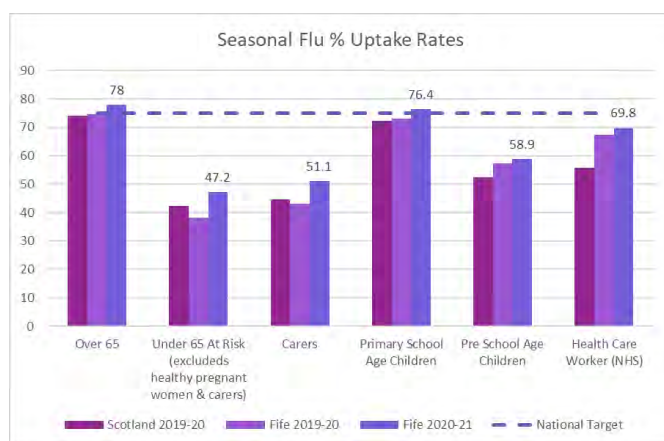


Figure 6: Seasonal Flu Uptake 2019-2021

Influenza

Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications. There is a 75% uptake rate target for each of the eligible cohorts. Data indicate that the overall vaccine uptake for Fife was higher in 2020-21 than in the previous season (figure 6). Increases were also seen in Scotland across these cohorts in 2020/21¹³.

¹³ [Weekly national seasonal respiratory report \(publichealthscotland.scot\)](https://publichealthscotland.scot/)

Selective Immunisation Programmes

Immunisation programmes are also available for certain populations who are especially vulnerable to or at increased risk of vaccine preventable diseases. This includes healthcare workers, pregnant women, older people, prisoners, men who have sex with men and people with predisposing medical conditions.

Bacillus Calmette-Guerin (BCG) Vaccine

The aim of the UK selective BCG programme is to immunise those at increased risk of developing severe disease and / or exposure to Tuberculosis (TB) Infection. The BCG vaccine is offered to babies who are more likely than the general population to come into contact with someone with TB. The vaccine is usually offered soon after birth¹⁴. The neonatal BCG vaccination pathway is under review and the outcome of this will inform the future delivery of the programme in Fife.

Hepatitis

Both hepatitis A and B can be prevented with vaccination. In Fife, babies born to mothers who have hepatitis B or live in a house where someone is infected with the virus are offered hepatitis B vaccination within 24 hours of birth to reduce the risk of chronic infection and avoidable harm. This is in addition to the routine immunisation offered to all babies in the 6-in-1 vaccine.

Sexual Health

Hepatitis vaccine A&B is recommended for men who have sex with men (MSM), anyone having sex with people from countries where hepatitis B is more common and those with multiple sexual partners¹⁵. MSM are also considered to have higher risk of Human Papilloma Virus (HPV) infection which can cause genital warts and certain types of cancer. Both HPV and hepatitis vaccines are freely available through sexual health clinics. Data on uptake is affected by a number of factors and requires further scrutiny. An audit of data systems and processes in Fife in collaboration with National Sexual Health System (NaSH) would enable more reliable datasets to be developed.

Pertussis (Whooping Cough)

Since 2012 pertussis vaccination has been offered to all pregnant women with uptake during 2019 in Fife at 66.7% (Scotland 67.2%), data for 2020 is not currently available. The uptake data is reported by NHS Board of delivery and therefore excludes those who choose to receive their maternity care in other Board areas.

Occupational Vaccination for Health Care Workers

The objective of occupational immunisation of healthcare and laboratory staff is to protect workers at high risk of exposure and their families; to protect patients and other staff from exposure to infected workers; and to sustain the workforce. Vaccinations are offered to staff dependent on where they work in accordance with the guidance in the Green Book¹⁷ (Table 2).

Vaccination	Health Care Workers
Up to date with routine immunisations e.g., Tetanus, MMR, Polio	All staff
BCG	Those who may have close contact with TB infectious patients.
Hepatitis B	Those who may have direct contact with blood or blood-stained body fluids.
Influenza (annual)	Those directly involved in patient care
Pertussis ¹⁶	Those who have regular contact with pregnant women or young infants

Table 2 Vaccination Offered to Health Care Workers

¹⁴ [BCG vaccine - Immunisations in Scotland | NHS inform](#)

¹⁵ <https://www.sexualhealthscotland.co.uk/the-clinic/stis/hepatitis>

¹⁶ <https://www.gov.uk/government/publications/pertussis-occupational-vaccination-of-healthcare-workers/pertussis-occupational-vaccination-of-healthcare-workers>

¹⁷ <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>

COVID-19

COVID-19 is a highly infectious respiratory infection which can spread quickly and cause serious illness, hospitalisation and death. COVID-19 vaccines have been approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA) and mass vaccination of the population is well underway and is being delivered in Fife in accordance with JCVI guidance, prioritising those most at risk based on age and clinical condition. The vaccine is given in two doses and offers good protection within two to three weeks of the first dose.

As of 18th July 2021, 96.5% of people aged 40+ years in Fife have received their first dose and 91.9% have received their second dose. The uptake by age group in is shown in figure 7¹⁸.

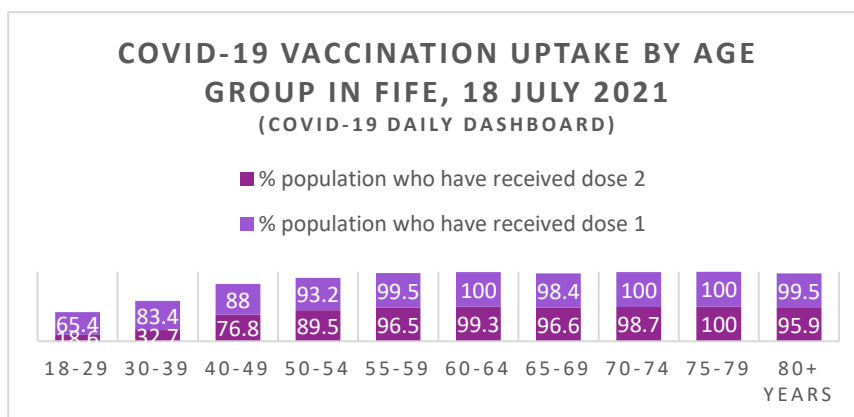


Fig 7: COVID-19 Vaccination Uptake Rates in Fife

The JCVI have released interim advice on a potential COVID-19 booster vaccination programme for winter 2021 to 2022¹⁹ with the intention that this will ensure the protection built up in the population does not decline through the winter months and that immunity is maximised to provide additional resilience against variants. The planning assumption is that the booster programme will begin in September 2021 and is to be offered in 2 stages as outlined in figure 8. Early evidence supports the delivery of both COVID-19 and influenza vaccines at the same time and where possible, a synergistic approach to the delivery will be taken to maximise uptake of both vaccines.

Stage 1	Stage 2
<p>Offer third dose COVID-19 booster vaccine & annual influenza vaccine from September 2021 to:</p> <ul style="list-style-type: none"> Adults aged 16 years and over who are immunosuppressed Those living in residential care homes for older adults All adults aged 70 years or over Adults aged 16 years and over who are considered clinically extremely vulnerable Frontline health and social care workers 	<p>Offer third dose COVID-19 booster vaccine as soon as practicable after stage 1, with influenza vaccine where eligible to:</p> <ul style="list-style-type: none"> All adults aged 50 years and over Adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group. (As set out in the Green Book) Adult household contacts of immunosuppressed individuals

Figure 8: Two Stage Potential COVID-19 Booster Programme

The JCVI have also advised that children and young people aged 12 years and over with specific underlying health conditions that put them at risk of serious COVID-19, and those who are household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination²⁰.

The JCVI will continually review the evidence and finalise advice as more data becomes available. Delivery of the COVID-19 programme in Fife will be adapted to respond to any advised changes.

¹⁸ [COVID-19 Daily Dashboard | Tableau Public](#)

¹⁹ [JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

²⁰ [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021 - GOV.UK \(www.gov.uk\)](#)

Equity and Inclusion

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies²¹. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

Although Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK²² there have been recent concerns that completion rates in the childhood programme are showing a gradual decline. In Fife, performance on many of the routine childhood immunisations is slightly below the Scottish average, and uptake in the most deprived quintiles is a particular concern. The data demonstrates substantial socioeconomic inequalities across the childhood and teenage immunisation programme and that these increase with age. Further work is needed to explore and understand these areas of inequality.

To promote equity and inclusion in the COVID-19 vaccination programme a comprehensive Equality Impact Assessment (EQIA)²³ was undertaken which focussed not only on the differential impacts certain population groups may face in their ability to take up the offer of vaccination but also the need to make the mass vaccination programme as inclusive and accessible to the population as possible. Further work is required to apply this learning across all immunisation programmes.

Vaccine hesitancy is increasing and failure to vaccinate is well-recognised in Europe as a contributing factor to outbreaks of infectious diseases. Whilst public perception of vaccination is good and thought to have value in protecting people from specific disease this may not necessarily translate into the belief that a specific vaccine is worth having at an individual level due to misinformation, lack of confidence in vaccines, an underestimation of risk or difficulties in access²⁴.

Cultural norms, beliefs and behaviours shape how people navigate the health system and vaccination programmes. Low vaccine uptake has been seen in migrant communities. Recent research in Lothian identified trust in the national vaccination policy, health professionals and in individual vaccines together with language and communication issues affected the uptake within Polish communities²⁵.

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

²¹ PHE Immunisation Inequalities Strategy, February 2021

²² <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>

²³ <https://www.nhsfife.org/media/34517/covid-vaccine-programme-egia.pdf>

²⁴ [Exploring public views of vaccination service delivery - Publications - Public Health Scotland](#)

²⁵ [A qualitative study of vaccination behaviour amongst female Polish migrants in Edinburgh, Scotland - ScienceDirect](#)

Our Vision

A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

Our strategic approach integrates national, regional and local policy objectives to ensure we take a collaborative whole-systems approach to improving immunisation and delivering the transformational change required. The following aims, priorities and core principles have been informed from our learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

Our Aims and Priorities

Our Aims

✚ To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes

✚ To contribute towards improved wellbeing and reducing health inequalities in Fife

✚ To ensure immunisation services across Fife are safe, effective and of a consistent high quality

✚ To raise people's awareness of the public health benefits and raise people's trust in vaccinations

Our Priorities

Optimise immunisation coverage ensuring equitable access for all eligible groups

Enhance the monitoring and evaluation of immunisation programmes

Support and empower a sustainable and skilled workforce to deliver safe and effective immunisation services

Community engagement and promotion

Core Principles

The core principles underpinning transformation of immunisation services are that they should be:

- ✚ **Person centred**- The design of services is primarily led by the perspective of the person who will use the service and is responsive to individual preferences, needs and value
- ✚ **Inclusive**- Care does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socioeconomic status and immunisation services are designed and delivered to be as accessible and inclusive as possible.

- ✚ **Integrated-** Immunisation policy and delivery are closely integrated with a clear connection between objectives and delivery outcomes.
- ✚ **Evidence based-** Vaccination delivery is informed by independent scientific and clinical evidence and advice. Local data is used to identify trends and inform targeted interventions to improve coverage.
- ✚ **Timely-** Vaccinations are delivered at the appropriate pace to reduce risk to people and the population.
- ✚ **Quality and safety focused:** People experience consistent, high quality, safe, effective and efficient services.

Enablers

Transformation of immunisation services presents an opportunity for NHS Fife and Fife HSCP to work in partnership to find different ways to deliver safe and sustainable immunisation services to suit the needs of the population taking account of the resources required and geography to be covered.

From our recent experience key enablers which will deliver a robust infrastructure have been identified to ensure successful and sustainable delivery of immunisation services (figure 9).



Figure 9: Key enablers for successful delivery of immunisation services

For all programmes to be successful the service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups. Development of a dedicated vaccination workforce will be prioritised to minimise impact on other NHS services and ensure sustainability of provision. As service delivery moves away from general practice to NHS dedicated teams, and building on our experience in delivering the COVID-19 programme, suitable venues and vaccination locations will be identified which are accessible and suitable for clinical activity. Digital systems will be developed to support scheduling of appointments and recording of clinical activity in partnership with the national teams. Over the next three years it will be essential to ensure close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery.

Governance

The planning and governance of immunisation is shared across Fife NHS Board, Fife Integration Joint Board (IJB) and Fife HSCP with overlapping responsibilities as shown in figure 10.

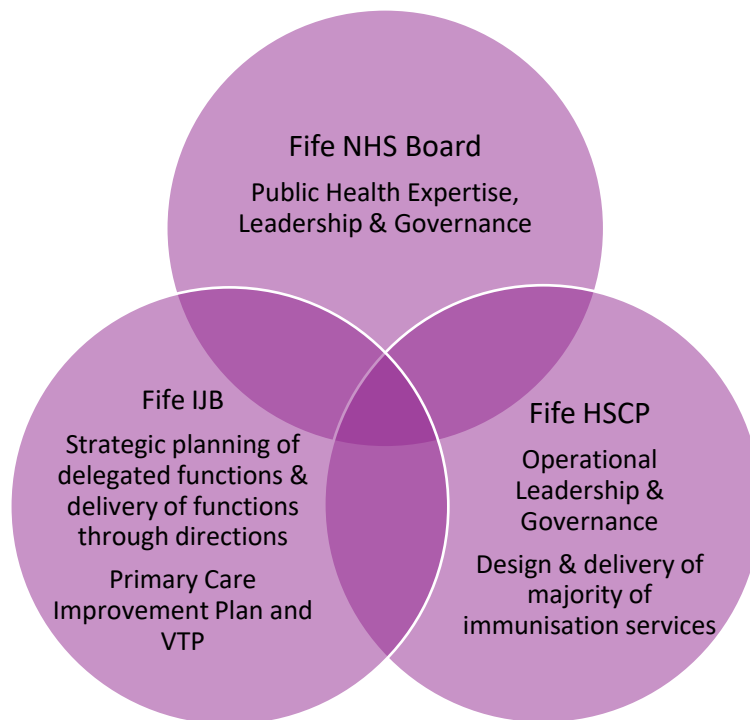


Figure 10: Planning and Governance Responsibilities

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach ensures that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

A Flu Vaccine and COVID Vaccine (FVCV) Programme Board has been established to provide multidisciplinary oversight and governance for all activities relating to seasonal flu and COVID-19. This will enable the synergies across these two large population-based programmes to be maximised and aligns with the direction of the national FVCV programme.

A Vaccination Transformation Board has been established to drive forward the changes required to move all other vaccination provision away from general practice delivery to dedicated NHS teams.

The programme boards will ensure rigorous oversight and direct the identification and management of risk as a critically important factor in delivering and assuring safe delivery of immunisation services.

Governance of the strategy will be addressed through the routine quality, safety and governance processes within Fife NHS Board, Fife IJB and Fife HSCP.

Monitoring, Reporting and Evaluation

Implementation of the strategy will be monitored through the Area Immunisation Steering Group (AISG) under the leadership of the Public Health Immunisation Coordinator and supported by a core senior management group to enable responsive decision making and to identify any necessary remedial actions, where required, to improve outcomes.

Nationally available immunisation data will be monitored to determine progress and areas for improvement. It is recognised that there are some inconsistencies in data collection methods and we will work with national teams to improve the quality and completeness to enable more accurate reporting.

A programme of audit will be agreed through the AISG for both routine and selective immunisation programmes to inform targeted interventions to improve overall performance.

Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.

Strategic Action Plan

To realise our vision, the following plan outlines the key actions to support continuous improvement in the planning and delivery of immunisation programmes with a focus on improving access and increasing uptake while reducing inequalities.

Priority 1	Key Actions	Performance Measures	Responsibility
Optimise immunisation coverage ensuring equitable access for all eligible groups	<ul style="list-style-type: none"> Standardise the Equality Impact Assessment process and share learning across programmes to inform targeted interventions Develop and implement Inclusivity Plan noting co-dependencies and ensuring coproduction with Priority 4 where relevant Prioritise equity of access in design of programmes to ensure underserved populations can access Implement and evaluate innovative, culturally-appropriate projects to increase and maintain immunisation coverage rates and improve timeliness of vaccinations Implement and evaluate innovative projects to increase participation, including opportunistic vaccination, to ensure completion of the vaccination schedule. Ensure gaps in delivery are followed up by the appropriate service. 	<ul style="list-style-type: none"> Achieve childhood immunisation coverage rates of 95% or higher across all SIMD quintiles Achieve HPV immunisation coverage of 80% for both females and males by end S3 across all SIMD quintiles Achieve MenACWY coverage of 95% by end S4 across all SIMD quintiles Achieve Td/IPV booster coverage of 95% by end S4 across all SIMD quintiles Achieve 85% BCG uptake rates for eligible children by 12 months for those at risk of Tuberculosis Achieve 100% uptake of Hepatitis B for babies at risk within the recommended schedule for this cohort Achieve Pertussis coverage of 75% for pregnant women Achieve HPV coverage of 80% for men who have sex with men up to and including age 45 years attending sexual health services Establish Hepatitis A&B uptake rates within sexual health services Achieve seasonal flu coverage as set out in annual CMO letter Local target for Shingle's programme to be confirmed Local Target for Pneumococcal programme to be confirmed Achieve national COVID-19 targets as they emerge across JCVI priority groups 	<p>Lead:</p> <ul style="list-style-type: none"> Immunisation Coordinator <p>Critical:</p> <ul style="list-style-type: none"> Immunisation Programme Director Associate Medical Director HSCP Associate Nurse Director HSCP Associate Director of Midwifery Lead Pharmacist Public Health Head of Strategic Planning & Performance

Priority 2	Key Actions	Performance Measures	Responsibility
Enhance the monitoring & evaluation of immunisation programmes	<ul style="list-style-type: none"> Review Annual Immunisation Report to identify trends and areas for improvement Monitor the collection and quality of Fife's immunisation data and work with local and national teams to identify improvements to support development of more reliable datasets. Maintain oversight of the quality and effectiveness of immunisation programmes Identify priorities and undertake audits of routine and selective programmes Implement more formal, regular and consistent approach to immunisation Adverse Event Review to identify trends, patterns and learning to inform improvement. Work with Datix team to ensure all adverse events are coded and notified to the Immunisation Coordinator and appropriate Senior Leadership Team Ensure PHE Vaccine Incident Guidance is implemented to respond appropriately to errors in vaccine storage, handling and administration Raise community and health professional awareness of vaccine safety surveillance systems to improve confidence in immunisation and the reporting of adverse events 	<ul style="list-style-type: none"> Annual Immunisation report presented to Clinical Governance Committee by end of June each year Immunisation data completeness and verification of data quality Quarterly Immunisation performance reports Quality report on immunisation is considered by the Area Immunisation Steering Group (AISG) 3 times a year Schedule of audit and audit outcomes are reported to AISG and appropriate services. Where appropriate, improvement plans are developed and implemented with progress reported to AISG. Quarterly Datix reports of adverse events are reviewed by AISG and Senior Leadership Team Investigation of adverse events are completed timeously in line with local and national policies with outcome reports included in quality reports to AISG Vaccine wastage is quantified and reduction target agreed Vaccine related incidents logged on Datix within 24 hours are measured, audited and reported 	<p>Lead:</p> <ul style="list-style-type: none"> Immunisation Coordinator <p>Critical:</p> <ul style="list-style-type: none"> Immunisation Programme Director Head of Strategic Planning and Performance Associate Director of Nursing HSCP Associate Director of Medicine HSCP Head of Pharmacy – Medicine Supply and Quality Lead Pharmacist – Public Health Senior Public Health Practitioner

Priority 3	Key Actions	Performance Measures	Responsibility
<p>Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services</p>	<ul style="list-style-type: none"> Enhance the leadership and management of immunisation services within HSCP and Public Health Develop comprehensive and sustainable immunisation workforce plan taking account of skill mix requirements and safe staffing levels to meet the demands of all aspects of immunisation services To ensure strategies to support effective health and wellbeing of the workforce Ensure a dynamic workforce with career pathways and succession planning evident in line with national and local workforce strategies Provide a framework to support immuniser training and skill maintenance. Facilitate online training for health providers and other key stakeholders. Ensure effective communication strategies designed in partnership enabling an engaged and informed workforce 	<ul style="list-style-type: none"> Recruitment and appointment to key posts completed by October 2021 Workforce plan is developed and approved by end October 2021 Training programme is established, evaluated and audited with regular reporting via established governance and assurance framework Statutory and Mandatory learning completion in line with targets with according reporting Imatter and according action plans established with ongoing review in line with agreed processes Percentage completion of personal development plans in line with staff governance standards Absence rates monitored and achieved as per national targets Recruitment and retention monitoring , ensuring scrutiny and reporting 	<p>Lead: Associate Director of Nursing HSCP</p> <p>Critical:</p> <ul style="list-style-type: none"> Immunisation Programme Director Immunisation Clinical Services Manager Immunisation Coordinator Senior Public Health Practitioner Human Resource Lead Staff Side Representative Lead Finance Lead

Priority 4	Key Actions	Performance measures	Responsibility
Community engagement and promotion	<ul style="list-style-type: none"> • Develop and implement community engagement plan, noting co dependencies and ensuring coproduction with output from priority 1 where relevant • Implement anchor practices in the design and delivery of the immunisation programme to invest in and work with others locally and responsibly to optimise use of buildings and spaces that support communities and accessibility • Work closely with partners and stakeholders to learn from them, share ideas and develop trust relationships as the foundation for promotion of immunisation • Design and implement communications protocols that will guide response to vaccine misinformation with aim to promote uptake • Implement and adapt national communication toolkits to ensure they meet the needs of the diversity of the local population • Develop digital first approaches to engagement drawing on pandemic experience • Ensure recommendations from national work on public views on vaccine delivery within the VTP is taken forward locally • Develop appropriate resources for culturally and linguistically diverse populations to insure people are able to make informed choices on vaccination. • Promote use of Care Opinion to build up reports and narrative of people's views of services • In year 2 undertake public consultation to inform future models of delivery 	<ul style="list-style-type: none"> • Community engagement plan is established with oversight and timelines agreed at programme board • Establish and monitor accessibility measures • Evidence that partners and stakeholders have promoted the importance of immunisation for the health of the Fife community. • Auditing and reporting of immunisation uptake rates for routine and selective programmes • Monitor uptake response rates from target audiences • Quarterly report regarding public feedback via according governance routes • Measures within P1 are considered to evidence delivery of P4 key action 	<p>Lead: Head of Strategic Planning & Performance</p> <p>Critical:</p> <ul style="list-style-type: none"> • Head of Communications NHS Fife • Communications Officers • Senior Public Health Practitioner • Lead Pharmacist - Public Health • Head of Person Centred Care • Head of Facilities • Immunisation Clinical Services Manager

Meeting:	Public Health & Wellbeing Committee
Meeting date:	3 July 2023
Title:	Smoking Cessation & Prevention Work
Responsible Executive:	Nicky Connor, Director, Fife Health & Social Care Partnership
Report Author:	Ruth Bennett, Health Promotion Service Manager, Fife Health & Social Care Partnership

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Smoking is recognised as the biggest single cause of preventable ill-health and premature death. It is a key factor in health inequalities and is estimated to be linked to some 13,000 deaths and many more hospital admissions each year. The annual cost to NHS Scotland of treating smoking related diseases is estimated to exceed £300m and may be higher than £500m each year.

Tobacco Control (Prevention, Protection, Cessation) is aligned to published peer-reviewed evidence, key national and local policies, legislation, plans and outcomes.

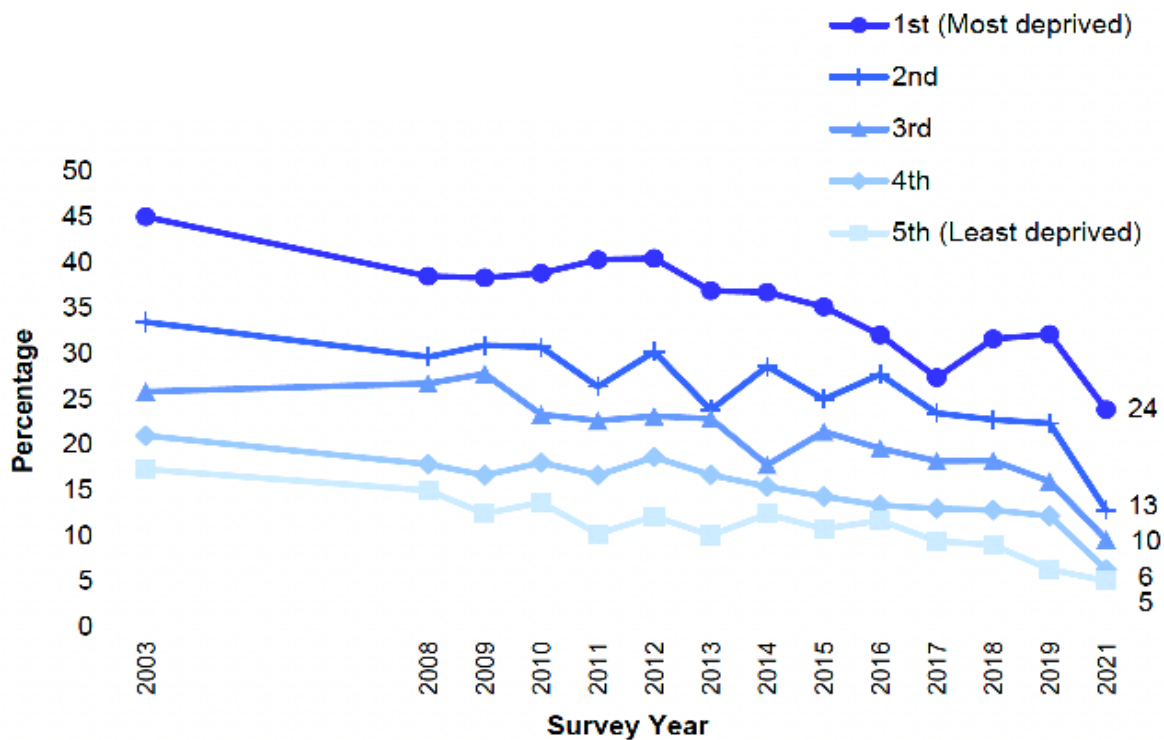
Areas of the Tobacco Control work focus on how to prevent young people from taking up smoking, protect people from second hand smoke and support those who wish to quit which collectively contribute to reducing the prevalence of smoking and improve the health of the population.

The tobacco control portfolio contributes to a number of key strategies, Fife HSCP Strategy 2023-2026, NHS Fife Population Health and Wellbeing Strategy, Fife Tobacco Strategy. The HSCP Prevention and Early Intervention Strategy is currently under development and there will be key deliverables relevant to the tobacco portfolio.

This report aims to provide assurance to the Public Health and Wellbeing Committee regarding the work being progressed which aligns to an indicator Integrated Performance and Quality Report and in addition focuses on prevention and protection as well as cessation.

2.2 Background

Current cigarette smoking prevalence (age-standardised) among adults aged 16+, 2003-2021, by area deprivation - [Chapter 7 Smoking - The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](#)



Tobacco Control is centred on three priority areas: - Prevention, Protection and Smoking Cessation which are dedicated to addressing tobacco use and the wider harms associated with smoking and contribute to reducing Health Inequalities.

Prevention:

Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke.

Engagement on the issue of tobacco will encourage children and young people to consider smoking alongside risky behaviours such as drinking alcohol and other substance use.

Prevention is linked to broader Health and Wellbeing improvement programmes in the Curriculum for Excellence.

Protection:

Fife aims to: protect people from second-hand smoke and the wider harms associated with smoking.

This involves raising awareness of the impact of second-hand smoke on self and others – highlighting an increased risk of cancer, heart disease and respiratory diseases, with younger children at higher risk of harm.

Smoking Cessation:

Fife aims to reduce rates and frequency of active smoking in adults, young people, and vulnerable groups. Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas.

Fife's adult (16+) smoking prevalence is slowly reducing, to support the continued decline there is a range of evidence-based stop smoking support available across the Kingdom.

- 1) NHS Quit Your Way Specialist service provide intensive one to one support over 12 weeks delivered within GP Practices, Health Centres, Hospitals, workplaces, and a variety of community venues.
- 2) NHS Quit Your Way Pregnancy Service provide intensive one to one support over 12 weeks for pregnant mothers and their partners.
- 3) NHS Quit Your Way Pharmacy provide a brief stop smoking intervention within all 86 community pharmacies.

The services outlined collectively contribute to the local LDP target that is set and agreed between the Scottish Government and NHS Boards.

2.3 Assessment

Fife's approach to tobacco use is guided by the principle of health optimisation – a shift towards a health service embedded in wellbeing, resilience, recovery, social prescription, prevention, and early intervention.

This is in line with the values of the integrated health and social care 2020 Vision and is underpinned by both the Health and Social Care Strategic Plan and commitment and underpinning principles of the NHS Fife Population Health and Wellbeing Strategy.

Smoking is not just an NHS health issue it impacts everyone everywhere. We know that income and other socio-economic factors impact significantly on health inequalities:

- Impact on lost workdays through smoking related ill health for workplaces.
- Impact on resources from emergency services: NHS, Fire and Police.
- Impact on families at risk of or experiencing poverty due to money used from household budget for tobacco products.
- Impact on individual health.

- Impact on child development through missed school days from poor health.
- Impact on health professionals from increased complexity health care required by individuals.
- Impact on Fife's deprived communities is greater.
- Impact on our environment from littering, single use plastics and reduction in air quality.

Prevention:

Following the return of pupils in school to education, our programmes have been impacted by the school's workforce strikes. Delivery of the programme was sporadic and reduced uptake.

Key pieces of work

Delivery of Smoke Factor (Primary), Smoke Free Class (Secondary) educational programmes and Further Education activity restarted with face-to-face education sessions.

- Reengagement with schools who had utilised our adapted tobacco education programmes on a digital format during Covid 19: to evaluate the uptake of the digital programme and use of the live streaming interactive theatre performance of Smoke Factor directly into primary school classrooms. Approximate reach to 3,000 pupils with access to the programme.
- Fife secondary school classes participated in our Smoke Free Class Competition tobacco education programme. Designing 'No Smoking' advertisements for their school grounds. Approximate reach of 1,700 pupils with access to the programme.
- Reengagement with our partnership agreement, between the Health Promotion Service and Fife College. Allowing us to restart work together to shape and support in-house health and wellbeing activities around tobacco, smoking cessation, substance misuse, alcohol, food and health and physical activity, and to provide pathways towards mental health support for college students.
- Strategic work continued to create the infrastructure to plan and support Health and Wellbeing programmes and activity on an ongoing basis in Fife College. Planning and delivery of stop smoking clinics across 3 Fife Colleges estates, accessed by students and staff.

Protection:

Post Covid19 pandemic, work has continued to build awareness and adopt Smokefree NHS Sites and engage with Mental Health sites to support the Smoke Free sites legislation changes.

A project to evaluate Smoke Free Homes to bring up to date and plan relaunch of relevant campaign across Fife.

Key pieces of work

As a healthcare provider NHS Fife has a responsibility to reduce smoking prevalence and protect everyone from the dangers of second-hand smoke on our sites.

To increase compliance with Smokefree NHS sites legislation there has been a focus on reducing active smoking and exposure to second hand smoke across mental health areas. To get a better understanding of the issues and to look for opportunities to reduce incidents of smoking several actions have progressed this:

- Re-engage and rebuild relationships with key staff to ascertain current awareness and understanding of smokefree NHS sites legislation, compliance and impact on patients and staff within mental health areas and sites.
- Continued support for the Temporary Abstinence Model (routine assessment of smoking status and access to nicotine replacement therapy to manage withdrawal symptoms) in Mental Health sites to come in line with other areas of NHS acute and community services.
- Evaluation of engagement through targeted site visits by the Tobacco Team.
- Redesign of the Smoke Free Homes brand and programme of public consultation.

Smoking Cessation: Quit Your Way Programme

Post COVID-19 pandemic, the service has returned to delivering face to face stop smoking service provision in GP and community venues. We are at 80% of our pre COVID-19 levels across Fife. Successful stop smoking quits are validated by the use of carbon monoxide monitoring in line with PHS and Scottish Government guidance.

Key pieces of work

- Ongoing improvement work to map SIMD 1 & 2 areas locate, plan, assess and agree start-up of stop smoking clinics in accessible venues to engage with local community.
- Development of links with primary care settings, GP, and health centres to increase quantity of clinics in partnership with practices. Changes in GP & Health Centres' patient appointments and the priorities for their settings, has excluded Smoking Cessation from being part of some practices core activities. We continue to work with key locations to access rooms when available
- Use of mobile unit as a pop-up clinic venue in targeted areas, to provide a service to our most vulnerable communities in SIMD 1 & 2 areas. Attending community events offering brief interventions and advice. Positive use of the unit has been to raise visibility of the service, awareness of support available and connect to our communities weekly.
- Partnership working with local community assets and third sector organisations, to have a presence at food bank or food larder locations. Improving relationships and providing accessible, non-judgemental support for people impacted by the cost-of-living increases.
- Evolve model of service delivery to work at individuals' pace and comfort as clinic development continued. To meet the needs of people accessing the service, work had to be undertaken to alleviate the concerns, anxieties, and fears of returning to face to face appointments. We continued to use Near Me the translation app and telephone support; Near Me appointments remain unpopular with our client group and in comparison, the translation app has increased accessibility to communities.
- Development of our referral pathways, previous well established referral routes were impacted by covid19 leaving self-referral as main route of access to the service. Work has been ongoing to re-establish effective referral pathways that support smooth assessment

and engagement with the service. The decreased referral routes are still impacting on the LDP target for Fife as we have a percentage of successful quits that do not contribute to the target.

- No Smoking Day, 8th March 2023, was used as an opportunity to increase promotion of the service.
In the lead up to No Smoking Day we ran a television advert on STV East Region, with the aim of raising awareness of the stop smoking service availability and accessibility in Fife. This was alongside a range of activities, promotional messaging and resources across all clinic locations.
- Development of the partnership with Fife's Community Pharmacies (CP): We have delivered face to face training on CO monitors and Nicotine Replacement Therapy with further events planned to reach additional workforce. Visited 86 CPs to calibrate monitors and provide sample consumables. Re-establishing links with pharmacies has been vital to gain an up-to-date picture of Quit Your Way Pharmacy programme. Further work is needed to return to pre-covid delivery.
- Quit Your Way Maternity programme has now been incorporated in to the specialist service following the temporary support offered during Covid19. Pressures on midwifery staffing levels has prevented their capacity to offer the service.

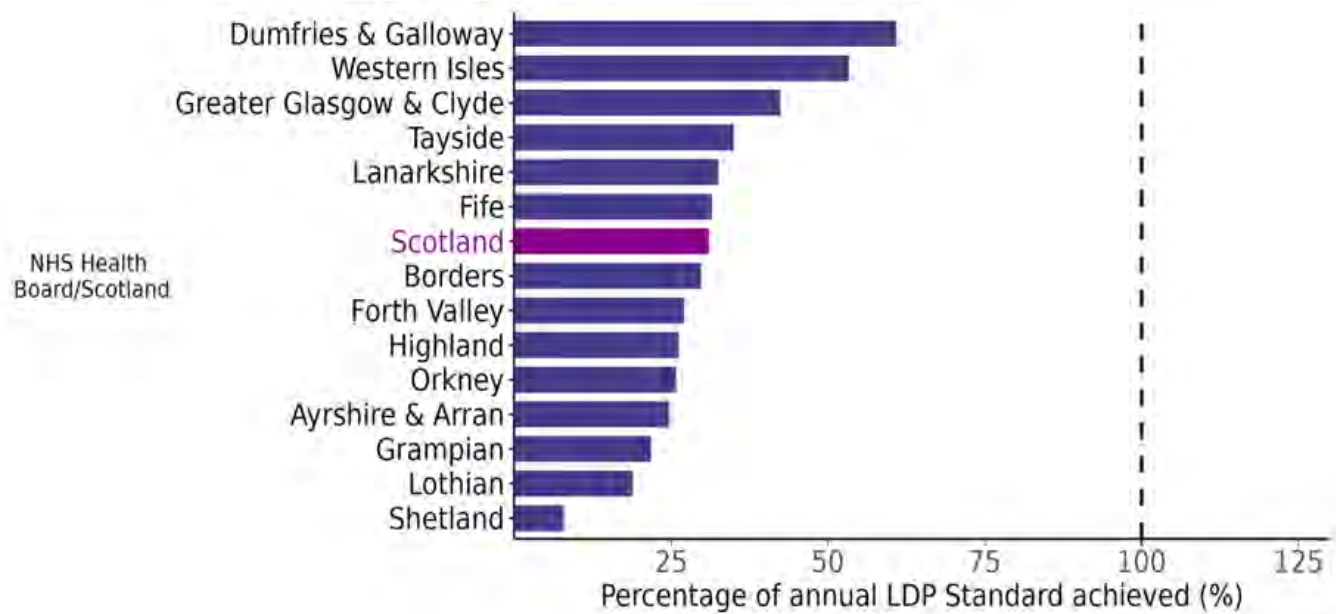
Work is ongoing to establish effective and seamless pathways to engage with pregnant women as a priority group.

- A Successful recruitment campaign has increased staff capacity. Currently new staff are undergoing specialist training requirements to ensure staff are competent, confident advisors.

Latest Smoking Cessation Data Analysis as of May 2023

- During Q2 of 2022/23, NHS Scotland achieved 61% (1,066 quits out of 1,757) of the required quarterly LDP Standard.
- In the financial year 2022/23 so far, NHS Scotland has achieved 31% (2,178 quits out of 7,026) of the required annual LDP standard.

Scotland and NHS Board performance against the LDP Standard at end of Q2



- At the end of Q2, 2 out of 14 NHS Boards were on target to meet their annual LDP Standard. NHS Board performance against their annual LDP Standard ranged from 8% to 61%.
- During Q2, 42% of individuals accessing non-pharmacy services were recorded as still not smoking after 12 weeks, compared to 21% of individuals accessing pharmacy-based services.
- We anticipate that our final position for 2022-2023 will be achieving over 70% of our Fife Smoking Cessation target. The official data will be released in August. This would be an improvement on our position of achieving 68% of our Smoking Cessation target for 2021-2022

For information: The Scottish Government has set a “smoke-free” target – defined as less than five per cent of the adult population smoking – for 2034, however, Cancer Research UK states its analysis shows that this target will not be achieved until after 2050. ([Cancer Research UK](#))

Summary Appraisal

- 1) Challenges facing Community Pharmacies has impacted on successful quit attempts recorded for clients from SIMD 1 and 2 areas.
- 2) Interruptions in referral pathways, during covid has yet to be fully remedied. Referrals outside of target group are being signposted to QYW Pharmacy.
- 3) Specialist QYW service has returned to using CO monitoring to validate all successful quit attempts. This has seen a decline in successful quit attempts since covid19. As NHS Fife is the only board to return to full face to face appointments and use of CO monitors, consideration therefore needs to be given to the validity of the national data comparison.
- 4) Champix and Zyban medication supply was disrupted in 2021. No alternative is available at present. As a result, we are seeing a reduction in the number of individuals accessing the service.

Improvement for Coming Year 2023/24

There are range of improvement activities that will be taken forward this year. These have been informed by reviewing and learning from other Board area provision and our local evaluation and feedback. Priority activities and objectives 2023-2024:

Key Objective - Increase stop smoking service provision by 40% of the current (June 2023) provision by January 2024 in SIMD areas 1 and 2 across Fife.

- 1) Target stop smoking support with in-patient maternity and mental health priority groups by starting regular stop smoking service provision within 3 hospital sites. Carry out evaluation of footfall and engagement. Impact report April 2024.
- 2) Develop and implement internal process to capture data relating to vaping: single and dual use at point of referral to specialist Quit Your Way service by September 2023. Collate 6 months data and produce a report to inform the senior team April 2024.
- 3) Develop and deliver communication plan to raise profile of temporary abstinence model in Acute and Community by December 2023.
- 4) Scope the potential for a patient opt out model at point of discharge from hospital settings to offer continued support to stop smoking by March 2024.
- 5) Complete training for new staff in line with specialist competency framework by August 2023. Implement Quality Improvement process for Smoking Cessation Advisors by December 2023.
- 6) Consultation on new Smokefree Homes logo and campaign message. Report September 2023. Host relaunch event of new branding campaign across Fife with key stakeholders present by December 2023.
- 7) Fife Smoking Policy Review Group to review and update the NHS Fife Smoking Policy. Submit changes to General Policy Review Group by July 2023. Revised policy to be completed and ratified by March 2024.
- 8) Plan and implement Smoke Free Gates awareness campaign to begin in September 2023. Connect with 5 schools from SIMD1 and 2 areas to work in to address situational smoking at school gates. Evaluate reach and referrals for individuals to access stop smoking support to Quit Your Way specialist or pharmacy.

2.3.1 Quality / Patient Care

The aim is to reduce prevalence of smoking-related diseases amongst the local population and staff alike to create a healthier smoke-free environment for all. The service is committed to working at an individual's pace and comfort level.

When utilising digital methods consideration is given for any limitations of access in the community and for individuals. The service seeks to address this as needed with home visits as required.

2.3.2 Workforce

Significant progress was made with recruitment and training staff and service is almost at full complement which allows for continued competency and standards of service delivery.

2.3.3 Financial

Smoking imposes a huge economic burden on society. Overall, protective and preventive activities provide positive benefit to individuals and communities and are beneficial to minimise both financial and human costs from ill-health.

The overwhelming evidence is that face to face smoking cessation interventions provide excellent value for money compared with the great majority of other medical interventions.

Preventive activities provide positive benefit to individuals and communities and are beneficial to minimise both financial and human costs from ill-health.

2.3.4 Risk Assessment / Management

No risk assessment has been completed for this report.

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

This work will contribute to ensuring that population groups who may be disadvantaged are fully considered across all the workstreams and programmes.

The Smoking Cessation Service aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of the individuals in their day-to-day work and life commitments.

2.3.6 Climate Emergency & Sustainability Impact

The impact of smoking and the environment is twofold in that it causes environmental pollution by releasing toxic air pollutants into the atmosphere and the plastic in millions of cigarette butts are causing significant damage to the environment and wildlife.

2.3.7 Communication, involvement, engagement and consultation

There has been no engagement/consultation with external stakeholders for this report. We do undertake routine feedback from service users as part of usual practice in service provision throughout the year.

2.3.8 Route to the Meeting

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

- SLT Assurance, 12 June 2023
- EDG, 22 June 2023

2.4 Recommendation

Assurance – on the priority being placed on smoking cessation, prevention and protection. This includes both population based and targeted intervention/projects to tailor approaches to support priority groups and inequalities. There are actions outlined that detail the priority areas for 23/24 to support continuous quality improvement.

3 List of appendices

The following appendices are included with this report:

Not applicable

Report Contact

Ruth Bennett
Health Promotion Service Manager
Email Ruth.Bennett@nhs.scot

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 12 April 2023)

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 12 April 2023 at 2.30pm via Microsoft Teams

Present:

Joy Tomlinson (JT)	Director of Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Esther Curnock (EC)	Consultant in Public Health Medicine
Cathy Cooke (CC)	Public Health Scientist
Sharon Crabb (SCr)	Public Health Service Manager
Susan Cameron (SCa)	Head of Resilience
Lynn Barker (LB)	Associate Director of Nursing
Olukemi Oyedemi (OO)	Consultant in Public Health Medicine
Lynn Barker (LB)	Associate Director of Nursing

1. Welcome and Apologies

ACTION

The Chair welcomed everyone to the meeting and apologies for absence were noted from Lorna Watson, Fiona Bellamy and Emma O'Keefe and Hazel Close. A reminder was given that the meeting was being recorded to assist with minute taking.

2. Minute of previous meetings held on 1 February 2023

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

3. Review of Action Log

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

4. Identified Near Misses, Critical Incidents & Learning

No items were raised.

4.1. Decontamination Process with Sea Cadet Group

DFW raised a near miss in relation to an incident where a person attending A&E was not offered a decontamination shower as we did not know what the agent was at the time. SCa said a review of the CBRN hazmat procedures has taken place and a Standard Operating Procedure has been developed which is in the final stages of approval. The Chair said we have some lessons learned, an opportunity to build in resilience and to share information with our partners in the East Region. JT asked SCa to bring back the lesson's learned report for final discussion and to include details on where the report was shared.

SCa

5. New Prospective Risks

5.1 New Risk - PH Adult Screening Programme Covid Recovery Risk

OO reminded PHAC that there is a plan to close the existing risk on the screening programs and develop a new risk narrowing down which programmes have not fully recovered since the pause in delivery as a result of the Covid pandemic. The Cervical Screening and Bowel Screening programmes are also back to “business as usual” with the recall dates for participants extended by the length of the Covid pause. As a result, there is no formal (Covid delay) in the two programmes. The Breast Screening Programme has continued to recover from the Covid backlog and extension of the three-year recall cycle. The current projection is that East of Scotland Breast Screening Programme and the Southeast Breast Screening Programme will return to the 36-month recall cycle by August 2023 or soon after. OO proposed that we wait until we have a clearer picture and fully understand the recovery times before we articulate a final position and close the risk. The Chair noted that PHAC agreed with this approach and when we have all the completed information, we can close the risk and develop a new one.

6. Review of current risks on Public Health Register

6.1 Risk 518 Resilience

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

6.2 Risk 528 Pandemic Framework Group

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

6.3 Risk 1904 Coronavirus Disease 2019 Pandemic

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

6.4 Risk 1906 Covid-19 Testing Programme

The Committee agreed the update and proposal to close risk provided by DFW as national policies have developed and now retain minimal requirement for general population-level testing. It was discussed and agreed that the residual testing aspect would be captured in the risk on local system surge capacity for new variants (Risk 2331) and DFW agreed to review and update.

DFW

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

The Committee agreed the risk update provided by the Chair which was provided by FB in advance of the meeting. The status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in August 2023.

6.6 Risk 2222 No Cervix Exclusion – Cervical Screening Incident

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

6.7 Risk 2330 PH Adult Screening Programme Covid Recovery Risk

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

6.8 Risk 2331 Local system surge capacity for new variants

The Committee agreed the risk update provided and DFW agreed to include the testing aspect as per discussion in Item 7.4. The status level would remain at High 16 and will be reviewed at the PHAC meeting in June 2023.

DFW

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

No items were raised.

8. Any Other Competent Business

8.1 Deep Dive on Health Inequalities

The Chair noted that the PHAC will have an opportunity to review the Deep Dive when the Health Inequalities corporate risk is next tabled. There were questions from non-executive committee members seeking to understand if NHS Fife has put in place sufficient investment to address Health Inequalities and are we able to track if the organisation is closing the inequalities gap. The points raised during each of the assurance committees relating to Deep Dives will be used to refine the process for future Deep Dives.

9. Date of Next Meeting

Wednesday 14 June 2023 at 2.30pm (teams)