

NHS Fife Public Health & Wellbeing Committee

Mon 06 November 2023, 10:00 - 11:50

MS Teams

Agenda

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

0 min

Alistair Morris

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

0 min

Alistair Morris

10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 4 September 2023**

0 min

Enclosed *Alistair Morris*

 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20230904.pdf (8 pages)

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

10 min

Enclosed *Alistair Morris*

 Item 4 - Action List.pdf (2 pages)

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

20 min

5.1. Corporate Risks Aligned to Public Health & Wellbeing Committee, Including Learnings from Deep Dives

Enclosed *Joy Tomlinson / Nicky Connor*

 Item 5.1 - SBAR Corporate Risks Aligned to the PHWC.pdf (5 pages)


 Item 5.1 - Appendix 1 Summary of Corporate Risks Aligned to the PHWC as at 301023.pdf (7 pages)

 Item 5.1 - Appendix 2 Assurance Principles.pdf (1 pages)

 Item 5.1 - Appendix 3 Risk Matrix.pdf (2 pages)

5.2. Delivery of Annual Workplan 2023/24

Enclosed *Joy Tomlinson*

 Item 5.2 - Delivery of Annual Workplan.pdf (6 pages)

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

30 min

6.1. Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review

Enclosed *Margo McGurk*

- Item 6.1 - SBAR Population Health & Wellbeing Strategy 2023-24 - Mid-Year Review.pdf (3 pages)
- Item 6.1 - Appendix 1 Population Health & Wellbeing Strategy 2023-24 - Mid-Year Review.pdf (22 pages)

6.2. Annual Delivery Plan Quarter 2 Performance Report 2023/24

Enclosed *Margo McGurk*

- Item 6.2 - SBAR Annual Delivery Plan Quarter 2 Performance Report 2023-24.pdf (6 pages)
- Item 6.2 - Appendix 1 Annual Delivery Plan 2023-24 Q2.pdf (7 pages)

6.3. Anchor Programme Update and Developing Strategy

Enclosed *Joy Tomlinson*

- Item 6.3 - SBAR Anchor Programme Update and Developing Strategy.pdf (4 pages)
- Item 6.3 - Appendix 1 Draft Anchors Strategic Plan.pdf (19 pages)

11:00 - 11:40
40 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed *Joy Tomlinson / Nicky Connor*

- Item 7.1 - SBAR Integrated Performance & Quality Report.pdf (3 pages)
- Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (13 pages)

7.2. Child & Adolescent Mental Health Services Performance Update

Enclosed *Nicky Connor*

- Item 7.2 - SBAR Child & Adolescent Mental Health Services Performance Update.pdf (14 pages)

7.3. Psychological Therapies Standard Update

Enclosed *Nicky Connor*

- Item 7.3 - SBAR Psychological Therapies Standard Update.pdf (18 pages)

7.4. Alcohol and Drugs Partnership Strategy Development Overview

Enclosed *Nicky Connor*

- Item 7.4 - SBAR Alcohol and Drugs Partnership Strategy Development Overview.pdf (4 pages)
- Item 7.4 - Appendix 1 Executive Summary ADP Event.pdf (16 pages)

7.5. Development of a Green Health Partnership

Enclosed *Joy Tomlinson*

- Item 7.5 - SBAR Development of a Green Health Partnership.pdf (5 pages)
- Item 7.5 - Appendix 1 - Levenmouth GHP Proposal & Action Plan August 23.pdf (15 pages)
- Item 7.5 - Appendix 2 - Green Health Partnership Powerpoint Slides.pdf (15 pages)

11:40 - 11:50
10 min

8. ANNUAL REPORTS / OTHER REPORTS

8.1. Public Health Screening Programmes Annual Report 2023

Enclosed *Joy Tomlinson*

- Item 8.1 - SBAR Public Health Screening Programmes Annual Report 2023.pdf (4 pages)
- Item 8.1 - Appendix 1 Public Health Screening Programmes Annual Report 2023.pdf (28 pages)

8.2. Pharmaceutical Care Services Annual Report 2022/23

Enclosed

Ben Hannan

 Item 8.2 - SBAR Pharmaceutical Care Services Annual Report 2022-23.pdf (3 pages)

 Item 8.2 - Appendix 1 Pharmaceutical Care Services in NHS Fife 2022-23.pdf (52 pages)

11:50 - 11:50 **9. LINKED COMMITTEE MINUTES**

0 min

9.1. Public Health Assurance Committee held on 14 June 2023 (confirmed) & 2 August 2023 (confirmed)

Enclosed

 Item 9.1i - Minute Cover Paper.pdf (1 pages)

 Item 9.1i - Public Health Assurance Committee Minutes (confirmed) 20230614.pdf (3 pages)

 Item 9.1ii - Minute Cover Paper.pdf (1 pages)

 Item 9.1ii - Public Health Assurance Committee Minutes (confirmed) 20230802.pdf (4 pages)

11:50 - 11:50 **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

0 min

10.1. To the Board in the IPQR Summary

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

11:50 - 11:50 **11. ANY OTHER BUSINESS**

0 min

11:50 - 11:50 **12. DATE OF NEXT MEETING - MONDAY 15 JANUARY 2024 FROM 10AM - 12PM VIA MS TEAMS**

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 SEPTEMBER 2023 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive

In Attendance:

Hazel Close, Head of Pharmacy (observing)
Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Lorna Watson, Deputy Director of Public Health (deputising for Dr Joy Tomlinson)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Neil McCormick, who is joining the Committee as a regular attendee to support the Committee's discussions around environmental sustainability and our approach to the Climate emergency.

The Chair advised that Wilma Brown is stepping down as Employee Director at the end of the month. The Chair, on behalf of the Committee, thanked Wilma for her service over her membership term and wished her well for the future.

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

1. Apologies for Absence

Apologies were received from members Wilma Brown (Employee Director), Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director) and Dr Joy Tomlinson (Director of Public Health).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 3 July 2023

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

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Public Health & Wellbeing Committee, including Deep Dive: Policy Obligations in Relation to Environmental Management and Climate Change

The Director of Finance & Strategy advised that there had been no significant changes to the NHS Fife strategic risk profile since the last meeting.

The Chief Executive reported that a small group are developing a reporting framework to support progress on delivery of the strategy, and that measuring and mitigating risks will form part of this reporting. An update will be provided at the next meeting.

Action: Associate Director of Planning & Performance

A Wood, Non-Executive Member, queried the timeline regarding the potential corporate risk around future biological threats being presented to the Committee. The Deputy Director of Public Health agreed to seek clarity on the timeline and noted that there may be some changes following the Covid Inquiry. She noted that pandemic planning is an existing risk.

Action: Deputy Director of Public Health

The Director of Property & Asset Management advised that the deep dive on policy obligations in relation to environmental management and climate change was previously presented to the Committee in November 2022. It was reported that NHS Fife is already meeting some of our 2025 targets in terms of the amount of carbon dioxide that is being emitted, and it was highlighted that our Greenspace 2030 strategy has been a positive achievement. It was advised that it is expected that there will be challenges for our 2030 targets, which are the interim targets in reaching net zero.

The Director of Property & Asset Management discussed the challenges and risks of meeting our targets and stated that significant investment is required over the coming years to meet targets within our trajectory. The Chair queried the financial elements and was advised that capital funding is available, however it remains restricted.

Following questions from A Wood, Non-Executive Member, the Director of Finance & Strategy explained the limited assurance aspect, noting that it is primarily in relation to the uncertainty and limitations around funding and competing priorities. The Director of Property & Asset Management added that funding is being used to its fullest extent, and he provided an overview on the plans and work that is being carried out to reduce energy usage, including discussions with other partners and public sector bodies.

M Mahmood, Non-Executive Member, queried the position towards reaching the net zero target from the recent estate improvements. In response, the Director of Property

& Asset Management explained the work that had been carried out and the contractual position in relation to reducing energy usage.

It was advised that A Haston, Non-Executive Member, has recently been appointed the Board Sustainability Champion. It was also advised that a Head of Sustainability has been appointed and capacity is being created in this area, and the team will be involved in documenting and collating progress across the whole organisation, which will include legislative and Scottish Government requirements. It was noted that there is a section on climate change within the Annual Delivery Plan, and the related deliverables will be monitored as part of that process.

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

5.2 Population Health & Wellbeing Strategy Corporate Risks Update

The Director of Finance & Strategy advised that the level of risk for the strategy is not expected to change over the short or medium term, due to the scale of the challenges. It was reported that delivery around mitigation of the risk will be influenced by management of other risks on the corporate risk register.

It was advised that a formal mid-year review and formal annual report is being finalised, and an overview on the contents of both documents was provided, with it noted that this will include an assessment on delivery against our key priorities, to provide confidence and assurance on delivery of the strategy.

The Associate Director of Planning & Performance provided assurance that structures and processes are being put in place, and she added that a mapping exercise is being carried out, to include our strategic priorities, strategic ambitions and in-year planning documents, such as the corporate objectives and the deliverables.

The Committee took **assurance** and **noted** that the level of assurance to the Committee has changed from limited assurance to one of reasonable assurance.

5.3 Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2024/25

The Board Secretary presented the paper, listing the proposed committee dates for the year ahead, and advised that the full Corporate Calendar will go to the Board at their September 2023 meeting for approval. Thereafter, electronic diary invites will follow to members and attendees.

The Committee **agreed** the proposed dates for 2024/25.

5.4 Delivery of Annual Workplan 2023/24

It was agreed to add in the formal mid-year review and formal annual report, for the Population Health & Wellbeing Strategy, to the workplan.

Action: Board Committee Support Officer

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

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Director of Finance & Strategy provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper.

It was reported that quarterly reviews, specifically on the financial position, will be carried out by the Scottish Government, and the Director of Finance & Strategy advised that a meeting with the Scottish Government is scheduled for 6 September 2023, to include a financial review of quarter 1. It was noted that the next iteration of the Integrated Performance & Quality Report will include the trajectories that have been agreed within the Annual Delivery Plan.

The Committee took **assurance** from the Annual Delivery Plan 2023/24 and **noted** the Annual Delivery Plan Review Feedback for 2023/24.

6.2 Anchor Programme Update and Developing Strategy

The Director of Property & Asset Management reported that the timeline for a three-year Anchor Strategy will be presented at the NHS Fife Board meeting in November 2023. It was advised that, as part of the Annual Delivery Plan, the approach to developing an Anchor Strategy will be completed by October 2023.

It was reported that guidance has been provided from the Scottish Government, and the themes to influence the key actions to be included within the plan were outlined.

The Committee **reviewed** and **discussed** the update provided, noting the new guidance from Scottish Government regarding production of an Anchors Strategic Plan and the revised Anchors self-assessment tool prepared by Public Health Scotland.

The Committee took **assurance** from the work progressed by the Operational Group and **noted** the planned timeline to complete the Strategy document.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation and advised that targets have not been met for this year, due to a number of factors. It was noted that the challenges are Scotland-wide, partly around recovery and accessibility of services. It was noted that the data for the full year is still being finalised. Assurance was provided that work is ongoing for automatic referral to the smoking cessation service, in relation to supporting those admitted and discharged to hospital. It was also advised that pathways are being expanded, which will enable some of the target groups to access the smoking cessation service.

It was reported that there had been a decrease in our performance for Child & Adolescent Mental Health Services (CAMHS), which was predicted, and that there will be ongoing recovery from Autumn 2023. It was also reported that there had also been a decrease in performance for Psychological Therapies (PT). The key challenges for both services were reported as being due to balancing longest waits with those needing to access the services, and it was noted that work continues in addressing the staff recruitment challenges. A fuller update will be provided on CAMHS and PT at the next Committee meeting, to enable a deeper update on the actions that are being taken forward.

The Associate Director of Planning & Performance agreed to ensure that the trajectories within the Annual Delivery Plan are included within the IPQR.

Action: Associate Director of Planning & Performance

The Deputy Director of Public Health reported that a clear programme of work is being carried out to improve the targets for immunisation 6-in-1 and MMR2 immunisation, which includes access to services. It was advised that there are workstreams in place to take this forward.

A Wood, Non-Executive Member, questioned the performance decrease for childhood immunisations and was advised that the data within the report is from March 2023, and that there is a group who are looking at keeping the data current through a range of actions.

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

7.2 Long Covid Service Update

The Director of Health & Social Care advised that the paper provides background to the epidemiology of long Covid and the work that is being carried out in Fife. The support from the Scottish Government to invest in services was highlighted, and it was noted that there have nevertheless been recruitment challenges. An overview on the service model that is being developed was provided, and it was noted that this will ensure services are more sustainable going forward.

A Wood, Non-Executive Member, queried if the service model being taken forward is similar to other NHS Health Boards. In response, it was advised that there are various models across other NHS Health Boards, and that the Scottish Government were content with the approach taken by NHS Fife.

The Director of Health & Social Care thanked Amanda Wong and Rishma Maini for all their hard and significant work in this area.

The Committee took **assurance** from the update in developing the long Covid service in Fife.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Alcohol & Drugs Partnership Annual Report 2022/23

The Director of Health & Social Care advised that the report is aligned to the Annual Delivery Plan and Population Health & Wellbeing Strategy, and focusses on children, young people, whole family support and carers' support. Also included within the report, is a focus on residential rehabilitation, increase of assertive outreach, the Medication Assisted Training (MAT) Standards, establishment of our lived experience panel, and the work within locality planning. It was highlighted that work is ongoing in relation to the MAT Standards in terms of improving our performance reporting and our progress in this area. The Director of Pharmacy & Medicines added that there is engagement at a local and national level on implementing the MAT Standards, and that this is a priority.

Following questions from the Chair, it was advised that there are challenges to evidence base the individual MAT Standards. It was also advised that the timescale for MAT Standards 6 to 10 is 2025, and that there has been no confirmation of specific funding allocated for those specific Standards.

A Wood, Non-Executive Member, highlighted that the alcohol and drug related hospital admissions were high, and she questioned the amount of inpatient capacity release, if there were other pathways to support. In response, an explanation was provided on the preventative element and supporting the cultural change, and it was noted that targeted health promotion and liver scanning are areas which are being explored.

Following a question from A Wood, Non-Executive Member, it was advised a dashboard is being developed which will provide information on performance and actions in terms of risk.

M Mahmood, Non-Executive Member, questioned the effectiveness of opiate replacement therapy. The Director of Pharmacy & Medicines advised that there has been positive progress for opiate replacement therapy, noting that it reduces mortality by a third and he explained the positive aspects.

It was reported a refresh of the strategy is being carried out, and will be presented to the Committee, once available.

Action: Director of Health & Social Care

The Committee took **assurance** of the current delivery position of Fife Alcohol & Drugs Partnership in relation to the Alcohol & Drugs Partnership Strategy 2022-23.

The Committee **discussed, examined & considered** the implications of the Alcohol & Drugs Partnership DP Annual Report 2022/23.

8.2 Tackling Poverty & Preventing Crisis Annual Report 2022/23

The Deputy Director of Public Health advised that the report covers all of the activities across the Health & Social Care Partnership in relation to poverty, and the actions directly relating to child poverty are included within the report.

It was reported that a proportion of the population in poverty is increasing due to external factors, and it was noted that this proportion would be higher if the broad range of programmes and activities, as detailed in the report, were not in place. The Deputy Director of Public Health highlighted the income maximisation and funding elements of

the report. It was advised that the report has been submitted to the Scottish Government, and scrutiny is expected from external organisations.

The Committee **noted** the contents of the report.

8.3 Health Promoting Health Service Annual Report 2022/23

The Deputy Director of Public Health advised that the report is provided for assurance of the work ongoing in relation to the Health Promoting Health Service Programme. It was noted that a response is awaited from Public Health Scotland or the Scottish Government on a potential refresh of the programme.

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

8.4 High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report

The Director of Pharmacy & Medicine provided background detail on the programme and highlighted in particular appendix 2, which details the summary of key findings from year one. It was advised that year two of the programme is focussed on improvement, and the eight point plan was outlined. It was noted that engagement with patients will continue along with linking into Public Health around continuing the campaign. Improving links with the Alcohol and Drug Partnership was also noted as a continuing piece of work.

It was advised that there has been an incremental improvement to prescribing in NHS Fife. The importance of the service user voice was highlighted.

Following questions from members, the Director of Pharmacy & Medicines agreed to provide a further update back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitative data that will be utilised for the programme.

Action: Director of Pharmacy & Medicine

The Committee took **assurance** from the delivery of year one of the High Risk Pain Medicine Patient Safety Programme, and plans outlined for year two.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

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

9.2 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.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting will take place on **Monday 6 November 2023** from 10am – 12pm via MS Teams.

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

PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST
Meeting Date: Monday 6 November 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	04/09/23	Corporate Risks Aligned to PH&WC	To seek clarity on the timeline regarding the potential corporate risk around future biological threats being presented to the Committee.	JT	January 2024	A risk scoping exercise on the longer-term risk around preparedness for future biological threats (including pandemics) has commenced. The risk will be presented to EDG in January 2024 and the appropriate governance groups and committees for consideration and a decision on whether to include in the Corporate Risk Register.	Deadline not reached
2.	04/09/23	High Risk Pain Medicines - Patient Safety Programme	To provide a further update back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitative data that will be utilised for the programme.	BH	January 2024		Deadline not reached
3.	04/09/23	Alcohol & Drugs Partnership Annual Report 2022/23	A refresh of the Alcohol & Drugs Partnership Strategy will be presented to the Committee, once available.	NC	TBC - once available		
4.	04/09/23	Corporate Risks Aligned to PH&WC	An update on progress of a reporting framework to support progress on delivery of the strategy, to be provided at the next Committee meeting.	SF	November 2023	The half year review is expected to be presented at the November meeting.	Closed

5.	04/09/23	IPQR	To ensure that the trajectories within the Annual Delivery Plan (ADP) are included within the IPQR.	SF	November 2023	Trajectories are included in IPQR in the ADP section.	Closed
6.	04/09/23	Delivery of Annual Workplan	To add in the formal mid-year review and formal annual report, for the Population Health & Wellbeing Strategy, to the workplan.	HT	September 2023	Complete.	Closed

Meeting: Public Health and Wellbeing Committee
Meeting date: 6 November 2023
Title: Corporate Risks Aligned to the Public Health and Wellbeing Committee
Responsible Executive: Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author: Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the risks aligned to this Committee since the last report on 4 September 2023. The Committee is invited to:

- note details of the corporate risks as at 27 October 2023 set out at Appendix No. 1;
- review all information provided against the Assurance Principles at Appendix No. 2, and the Risk Matrix at Appendix No. 3;
- consider and be assured of the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background



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

- relevance
- proportionality
- reliability

- sufficiency

The risks aligned to this Committee are summarised in Table 1 below and at Appendix 1.

Table 1

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing	<div style="display: flex; justify-content: space-around;"> <div style="background-color: red; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="background-color: orange; width: 20px; height: 20px; text-align: center; line-height: 20px;">2</div> <div style="background-color: yellow; width: 20px; height: 20px; text-align: center; line-height: 20px;">-</div> <div style="background-color: green; width: 20px; height: 20px; text-align: center; line-height: 20px;">-</div> </div>	◀▶	<ul style="list-style-type: none"> • 1 - Population Health and Wellbeing Strategy • 2 - Health Inequalities • 4 - Policy Obligations in Relation to Environmental Management and Climate Change 	Risk 1- Mitigations updated Risk 10 -Mitigations updated
 To improve the quality of health and care services	<div style="display: flex; justify-content: space-around;"> <div style="background-color: red; width: 20px; height: 20px; text-align: center; line-height: 20px;">1</div> <div style="background-color: orange; width: 20px; height: 20px; text-align: center; line-height: 20px;">-</div> <div style="background-color: yellow; width: 20px; height: 20px; text-align: center; line-height: 20px;">-</div> <div style="background-color: green; width: 20px; height: 20px; text-align: center; line-height: 20px;">-</div> </div>	◀▶	<ul style="list-style-type: none"> • 10 - Primary Care Services 	

2.3 Assessment

Since the last report to the Committee on 4 September 2023:

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

The updated Strategic Risk Profile is provided in Table 2 below.

Strategic Risk Profile

Table 2

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.							

Updates

Appendix 1 contains the up to date status of the risks.

Deep Dive Reviews

All risks aligned to this Committee have undergone at least one deep dive review since November 2022, when reporting on the corporate risks was introduced. Risk 4 - Policy Obligations in Relation to Environmental Management and Climate Change, has been subject to two reviews.

There is no deep dive review scheduled for this meeting of the Committee.

The Director of Public Health will provide a separate update on the Health Inequalities deep dive review previously reported to the Committee in March 2023.

Based on our experience and learning from the last year, the ROG will make recommendations on the role of the 'deep dive' during the lifecycle of a risk, and criteria for future reviews. These will form part of a ROG update paper to EDG on 2 November 2023, and will be presented to the Committee in due course for consideration and feedback.

Corporate Risk Reporting

The Corporate Risk Register will continue to be updated to match the Committee cycle, including through review at ROG and its recommendations to the EDG.

The format and content of the Register and corporate risk reports, including deep dive reviews, will continue to evolve. We will also continue to monitor the implementation of the Assurance Levels and identify areas that require further development.

The Committee is advised that an Audit & Risk Committee Development (ARC) session with the topic 'Reviewing Progress and Effectiveness of Risk Management Arrangements and Reporting', took place on 12 October 2023. In summary, the focus included the developments undertaken in the last 12 months to improve corporate risk reporting, consideration of the ARC's responsibilities, and the role of the ROG in supporting effective risk management.

The ROG will consider outputs and possible developments from the session, and submit recommendations to EDG and the governance committees as appropriate.

Next Steps

The ROG will continue to deliver 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 support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

The management of the corporate risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and work- plans, with updates provided via established governance routes, for example, programme boards, steering groups, and other management groups. These include the Public Health Assurance Committee, the Primary Care Governance and Strategy Oversight Group, and the National Sustainability Assessment Tool (NSAT) Working Group tasked with developing the Board's progress against the standard national question set.

These groups provide fora which allow for transparency and due diligence to take place on the risks, which in turn will add legitimacy to decision making and contribute to good corporate governance.

The Committee is asked to note the position in relation to risk appetite:

Three of the risks aligned to this Committee relate to Strategic Priority 1:

'Improving Health and Wellbeing'. The risk appetite for this Priority is set at HIGH.

Two risks are below and one risk is within risk appetite.

One risk - Primary Care Services - relates to Strategic Priority 2:

To improve the Quality of Health and Care Services. The risk appetite for this priority is set at MODERATE. This risk remains above risk appetite, reflecting the ongoing level of challenge across all strands of Primary Care service delivery.

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

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG. The outcome of that assessment concluded that no further action was required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage, specifically, Corporate Risk 4- 'Policy obligations in relation to environmental management and climate change' which is aligned to this Committee for assurance purposes.

2.3.7 Communication, involvement, engagement and consultation

Report creation reflects a range of communication and engagement with key stakeholders, including the Director of Public Health and other members of the Public Health Directorate on 21 September 2023.

2.3.8 Route to the Meeting

- Nicky Connor, Director of Health & Social Care, on 25 October 2023
- Neil McCormick, Director of Property & Asset Management, on 25 October 2023
- Dr Chris McKenna, Medical Director, on 25 October 2023
- Margo McGurk, Director of Finance & Strategy, on 25 October 2023
- Carol Potter, Chief Executive, on 25 October 2023
- Dr Joy Tomlinson, Director of Public Health, on 25 October 2023

2.4 Recommendation

- **Assurance** – For Members' information. This report provides the latest position in relation to the management of corporate risks linked to this Committee. The Committee is asked to take a "reasonable" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee as at 30 October 2023
- Appendix No. 2, Assurance Principles
- Appendix No. 3, Risk Matrix

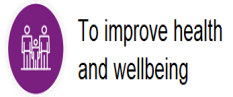
Report Contact

Pauline Cumming


Risk Manager

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**Summary of Corporate Risks Aligned to the Public Health and Wellbeing Committee
as at 30 October 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>An update on the deep dive review was provided to the PHWC in Sept 2023 which reported that structures and processes are being put in place to allow ongoing assessment on delivery of the strategy.</p> <p>A mid - year review is underway; this</p>	Mod 12	Mod 12 by 31/03/24	◀▶	Below	Chief Executive	Public Health & Wellbeing

		will be reported to the Board on 28/11/23.						
2	<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p> <p>A risk update will be provided to the PHWC meeting in November 2023.</p>	High 20	Mod10 by 31/03/24	◀▶	Within	Director of Public Health	Public Health & Wellbeing
4	<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management</p>	<p>Robust governance arrangements remain in place including an Executive Lead and a Board Champion.</p> <p>Regional working group and representation on the National Board ongoing.</p> <p>Active participation in Plan 4 Fife</p>	Mod 12	Mod 10 by 01/04/2025	◀▶	Below	Director of Property & Asset Management	Public Health & Wellbeing

	<p>arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>continues.</p> <p>The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales.</p> <p>The board report which was required by the end of January 2023, as per policy DL38, has been completed and published on the NHS Fife website, via EDG, and PHWC, and sent to Scottish Government (SG).</p> <p>Resource in the sustainability team has increased by 1 FTE via external funding for 12 months.</p> <p>A Head of Sustainability has been seconded from the Estates Service for at least 18 months to drive delivery of the Climate Emergency Action Plan.</p> <p>The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.</p>							
 To improve the quality of health and care services									
	Risk	Mitigation	Risk Level / Rating	Target Risk Level & Rating	Risk Level Trend	Appetite (MOD)	Risk Owner	Primary Committee	

				by date				
10	<p>Primary Care Services</p> <p>There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife into the short, medium and longer term.</p>	<p>A Primary Care Governance and Strategy Oversight Group is in place.</p> <p>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.</p> <p>This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife.</p> <p>A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3 year strategy focused on recovery, quality and sustainability.</p> <p>Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust</p>	High 16	Mod 12 (3 x4) by 31/03/24	◀▶	Above	Director of Health & Social Care	Public Health & Wellbeing

		<p>reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of October 2023.</p> <p>Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB.</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government.</p> <p>A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. This will be progressed via committees for approval by November 2023.</p> <p>Work to progress extant PCIP does however continue to be overseen by the GMS Implementation Group.</p> <p>A second workshop on the refreshed PCIP will be held by end of Winter 2023.</p> <p>Further guidance from SG in April 2023 means risk remains high.</p>						
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		<p>Discussion is ongoing to support clarity of responsibilities and local negotiations are now in place to agree transitional payment process in line with Memorandum of Understanding (MOU2) and priorities still to be fully delivered. As part of these negotiations further clarity will be laid out to ensure patient safety and quality service delivery at this time of transition. These will be completed with plan agreed via governance structure October 2023.</p> <p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be progressed as part of the refreshed PCIP.</p> <p>The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary & Preventative Care (P&PC) will be completed by October 2023 rather than the previous timescale of July 2023.</p> <p>Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This</p>						
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		<p>will be reviewed - April 2024.</p> <p>The PCIP 2023-2024 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers - March 2024.</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p>						
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Risk Movement Key

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

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- Scrutiny or risk delegated to Committee

Year End Report

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





General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Risk Assessment Matrix

Figure 1

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

In terms of grading risks, the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Figure 3: Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National/International media / adverse publicity, more than 3 days.MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry

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

Governance - General							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to PHWC, and Deep Dives	Director of Finance & Strategy/Director of Public Health	✓ Primary Care Services	✓ Population H&W Strategy	✓ Environmental	✓ Learnings from Deep Dives	✓ Health & Inequalities	✓
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Delivery of Annual Workplan 2023/24	Director of Public Health	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓ Approval
Strategy / Planning							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Anchor Institution Programme Board	Director of Public Health	✓ Community Benefits Gateway		✓	✓ Draft Strategic Plan		✓ Final Strategic Plan
Annual Delivery Plan Quarterly Performance Report 2023/24 <i>(also goes to CGC, FP&R & SGC)</i>	Director of Finance & Strategy		✓	✓	✓ Q2		✓ Q3

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

Quality / Performance (cont.)							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Psychological Therapies Standard Update	Director of Health & Social Care				✓		
Long Covid Service Update	Director of Public Health			✓			
Primary Care Oversight Group	Medical Director/Director of Health & Social Care						✓
Tender Process for 2C GP Practices <i>(also goes to FPR)</i>	Director of Health & Social Care	✓ Private Session					
Inequalities							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Equalities Outcome Annual Report <i>(also goes to CGC)</i>	Director of Nursing					✓ 2024 Report	
Participation & Engagement Report	Director of Nursing				Deferred to next mtg	✓	
Tackling Poverty & Preventing Crisis Action Plan	Director of Public Health			✓ Incorporated into the Annual Report			
Annual Reports							
	Lead	15/05/23	03/07/23	04/09/23	06/11/23	15/01/24	04/03/24
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing	✓ Biennial Report					
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						✓
Tackling Poverty & Preventing Crisis Annual Report	Director of Public Health			✓			
Climate Emergency and Sustainability Annual Report 2022/23	Director of Property & Asset Management					✓	

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

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

Development Sessions							
	Lead						
Development Session 1 <ul style="list-style-type: none"> Child & Adolescent Mental Health Service (CAMHS) & Psychological Therapies (PT) 	Director of Health & Social Care	✓ 19/04/23					
Development Session 2 <ul style="list-style-type: none"> Integrated Screening 	Director of Public Health			✓ 24/10/23			
Development Session 3 <ul style="list-style-type: none"> Strategic review of childhood immunisations 	Director of Public Health					✓ 19/02/24	

Meeting:	Public Health & Wellbeing Committee
Meeting date:	6 November 2023
Title:	Population Health and Wellbeing Strategy Mid-Year Report
Responsible Executive:	Margo McGurk, Executive Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director Planning and Performance

1 Purpose

This report is presented for:

- Assurance, noting the report remains in development and will be finalised for Board consideration in November 2023.

This report relates to:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The attached report provides the first 6 monthly update of the progress made to implement Living Well, Working Well and Flourishing in Fife, the NHS Fife Population Health and Wellbeing Strategy 2023-28.

This paper provides the first mid-year report on progress against the strategy approved in March 2023.

2.2 Background

It was agreed that two reports would be presented each year to the committees and Board to provide assurance on progress with the implementation of the strategy.

1. Mid-year Report providing a summary of progress of the first 6 months of the financial year (April-September).

2. Annual report at the end of the financial year reflecting all the work over the financial year with key achievements and impact. It will also look ahead and outline plans for the forthcoming period.

It was agreed that the mid-year report would be presented to the November NHS Fife Board meeting. The first Mid-Year Report covering the period April-September 2023 is attached in Appendix 1. The committee is asked to note that, due to the timing of report preparation the report was very recently discussed at EDG (2 November) and a number of further changes were agreed which are currently being finalised. This version of the report will therefore be updated prior to sharing with the full Board.

2.3 Assessment

The mid-year update includes:

- Progress updates on key work undertaken in the first 6 months of the implementation of the strategy and our planned actions to the end of the financial year. These updates are structured around the ambitions of the strategy with information gathered from the updates provided by services to the Annual Delivery Plan (ADP).
- An overview of the risks impacting on the implementation of the strategy.
- Consideration of future opportunities that are emerging that may support the implementation of the strategy.

The report uses the [three-horizons framework](#) to describe the complex landscape that exists and how our work will collectively contribute to the system change required to ensure sustainable services for the future.

2.3.1 Quality / Patient Care

This report provides a progress update on the work being undertaken to continue to improve quality and patient care.

2.3.2 Workforce

This report provides a progress report on the work being undertaken to support staff experience and wellbeing.

2.3.3 Financial

The implementation of the strategy aligns with the key assumptions within the medium-term financial plan.

2.3.4 Risk Assessment / Management

All risks within the corporate risk register have a connection to and have the potential to impact on the delivery of the new 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 and will be reviewed annually as part of the governance process.

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. The update does provide a summary of the work that has been taken forward to reduce our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared with appropriate communication across the organisation.

2.3.8 Route to the Meeting

EDG - 2 November 2023.

2.4 Recommendation

This update is provided to the Public Health & Wellbeing Committee for:

- **Assurance**, noting the report remains in development and will be finalised for Board consideration in November 2023.

3 List of appendices

The following appendices are included with this report:

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

Report Contact

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Living well, working well and flourishing in Fife

Strategy 2023-2028

Mid-year Report 2023/24



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Introduction

NHS Fife Board approved [Living Well, Working Well and Flourishing in Fife](#), our Population Health and Wellbeing Strategy, in March 2023. It outlines our vision to support population health and wellbeing. In this report, our first update since the strategy was approved, we have provided a progress update on all the work taken forward in the first 6 months, our future plans and how we are monitoring the impact and risks of the strategy. The core ambition is to deliver value-based health and care and we will do this through driving better outcomes and experiences for the people we care for through equitable, sustainable, appropriate and transparent use of resources.

Delivering over the longer term

The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period. There will be uncertainty over this time frame and the strategy will adapt to ensure that we respond to new opportunities and challenges as they emerge.

Recognising this complex landscape, the [Three Horizons Model](#) is being used to help describe how our work will support our transformation from where we are now, to where we want to be in the future.

- Horizon 1: the focus of our work at the present time. The NHS Fife Annual Delivery Plan (ADP) and Corporate Objectives outline our work for the current financial year.
- Horizon 2: both NHS Fife Board and Fife HSCP have identified a range of strategies that will support delivery of our vision. These vary in the timescales but typically cover a period of 2-5 years.
- Horizon 3: is a longer-term time scale which we are currently developing and includes a range of potential opportunities for service change and improvement for the future.

As our implementation matures, the corporate objectives and the ADP (horizon 1) will be directly aligned to Fife's strategies and implementation plans (horizon 2). Emergent priorities in horizon 3 will become clearer and support horizon 2.

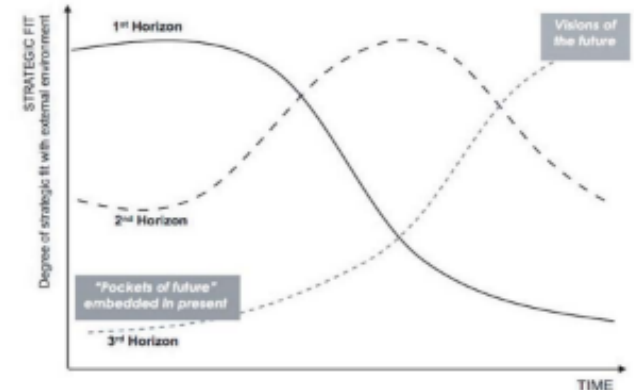
Monitoring our Progress

This update provides a summary of progress in the first 6 months of the strategy implementation and where appropriate it references work of both NHS Fife and the Fife HSCP.

Monitoring our Impact and Risks

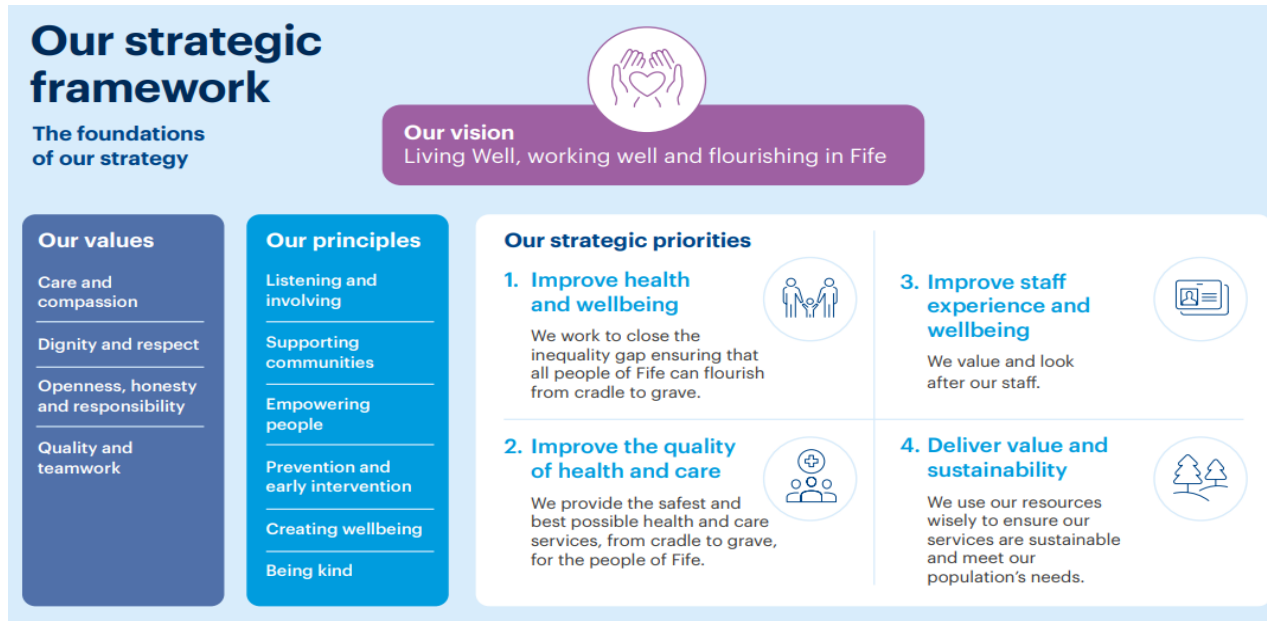
Impact indicators are being developed and will assist in the assessment of the difference the strategy is making to the people of Fife. We plan to regularly report against these indicators.

The corporate risk collectively outlines the organisational risks associated with the delivery of our strategy.



[3 Horizons Model, \(Curry and Hodgson 2008\)](#)

Delivering the Strategy



This strategy has set ambitious objectives to improve healthy life expectancy and reduce health inequalities. We acknowledge that successfully achieving this for the population of Fife is largely outside the direct control and influence of NHS Fife as health is determined by the conditions in which we grow up, live and work, which includes our education, employment, income, social networks, housing, and broader socio-economic, cultural and environmental factors.

Nonetheless, access to health and care services still plays a significant role. [The Marmot Review \(2010\)](#) identifies that health and social care services contribute 20% of the modifiable determinants of health. Strong healthcare systems are recognised across the world to improve health outcomes, improve population health and improve health equity. Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive; high quality and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

Supporting the strategy is the Annual Delivery Plan which is our Scottish Government commissioned plan for 2023/24. In this document, NHS Fife has outlined the deliverables being undertaken against the Scottish Government's recovery drivers.

Strategies and Programmes

Supporting the implementation of the strategy are a number of strategies and strategic plans that are at various stages of development and delivery. The strategies have implementation plans and high-level progress will be included in reports from the Programme Boards.

Impact Indicators

Work is continuing to agree the outcome-level measures which contribute to our overall desired impact and a framework is being developed to monitor progress against delivery of the strategy. This has been paused until the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack is in place, so our measures are aligned to national standards. Definitions will be developed for each of these measures and baseline data gathered. These will be reported as part of the annual report of the Population Health and Wellbeing Strategy.

Risk Management

Although there is a corporate risk relating directly to the implementation of the Population Health and Wellbeing Strategy, it was recognised through the deep dive process that all risks on the corporate risk register impacted and are aligned to the Strategy. All corporate risks are reviewed regularly and reported via the governance committees to the NHS Fife Board.

Appendix One provides a summary of the risks, their score in April 2023 and their current status (at September 2023) and allows a comparison of the overall risk level and should be considered against progress of the strategy. This analysis shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

Progress updates by Strategic Priority and Ambitions

Priority 1: Improve health and wellbeing

Ambition 1.1: A Fife where we live in healthy and safe places and communities

Progress to 30 September 2023:

- A workshop was held to explore both why communities living in more deprived parts of Fife are less likely to participate in our screening programmes and how this can be addressed.
- Prevention and Early intervention Strategy
- Evidence based intervention in response to Fife Licensing Board consultation on licencing policy in relation to local implementation of alcohol licencing legislation.
- Joint Workshop taken place to discuss Place based Public Health.

Planned Activity to 31 March 2024:

- Create an action plan in place to reduce inequalities in screening uptake.
- Output from workshops will shape review of Plan4Fife.

Ambition 1.2: A Fife where we thrive in early years

Progress to 30 September 2023:

- Publication of the 2023 [Director of Public Health \(DPH\) Annual Report](#) with a formal launch event([hyperlink](#)) in September in conjunction with Education.
- Working with community planning partners through [Plan4Fife](#), we have published our 2022-23 [Tackling Poverty and Preventing Crisis Annual Report](#) which includes the Fife annual Local Child Poverty Action Report.
- [Children's Services Plan 2023-2026](#) published
- Raised awareness at Board level of The Promise and Corporate Parenting responsibilities
- Immunisation Inclusion Group established to explore a community champions model
- Accepted as a GIRFE (Getting it Right for Everybody) pathfinder focus on transition services from children's to adult services.

Planned Activity to 31 March 2024:

- Dissemination of DPH Report to Fife localities that will inform development of local plans
- Early Years will be a component part of the Prevention and Early Intervention Strategy as looking at life course approach.
- Launch of the Bairn's Hoose pathfinder work
- Connecting on Place based work and No Wrong Door with Fife Council.

Ambition 1.3: A Fife where we have good mental wellbeing

Progress to 30 September 2023:

- Refreshed Mental Health Strategic Ambitions forming the foundation of the refresh Mental Health Strategy for Fife
- Draft Initial Agreement for the Mental Health Services Programme, that will take into account the importance of whole system plans, has been produced.
- Work commenced on interim work to improve the Mental Health Inpatient estate
- draftFor Child and Adolescent Mental Health Services (CAMHS) reducing waiting times and ensuring timely access: Fife's 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.
- Development of a new mental health service for staff in the occupational health service that is making changes to the fatigue management service introduced during the Covid-19 pandemic.
- Promotion of Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, OH, Peer Support, Spiritual Care and Staff Psychology Support
- Pilot of HSE Stress Talking Toolkit undertaken within MH and LD service, with positive results and excellent staff engagement.

Planned Activity to 31 March 2024:

- Engagement and inclusivity work to support the final draft of the Mental Health Strategy aligned to the National Mental Health Strategy and core quality indicators.
- Consultation on the Mental Health Initial Agreement will begin in Autumn 2023 and with the final strategy and implementation plan to be agreed by Spring 2024
- 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
- The NICE mapping exercise undertaken by the HSCP Wellbeing Strategy Group will be taken forward with a view to ??
- Focus on early intervention by the OH Mental Health Nursing service and retaining staff at work.
- Expansion of Talking Toolkit activity to other areas on a planned basis – Acute, Domestic Services and Pharmacy Services.

Ambition 1.4: A Fife where we reduce harm alcohol, tobacco and drugs

Progress to 30 September 2023:

- [Fife Alcohol and Drug Partnership \(ADP\)](#) event held with stakeholders mapped priorities for new strategy: Communication pathway; Accessibility of statutory and commissioned services; embedding meaningful lived experience; raising awareness; whole family approaches and joint working and whole systems approach

Planned Activity to 31 March 2024:

- Developing a performance framework to all MAT standards to inform Scottish Government returns and board performance reporting.
- Finalising the new alcohol and drugs strategy by March 2024, focus groups on people with lived/living experience; staff from our commissioned services and Service Committee
- National guidance on RADAR (Rapid Access Detox Acute Referral) system (early notification of substances that cause harm) for Scotland

Ambition 1.4: A Fife where we reduce harm alcohol, tobacco and drugs

- Concluding implementation of the [2020-23 ADP strategy](#) and commencing work on an updated alcohol and drugs strategy for 2024 onwards.
- Drug Harms Assessment Group in place providing rapid assessment situations of potentials risk to the population of Fife.

Ambition 1.5: A Fife where we have a sustainable inclusive economy

Progress to 30 September 2023:

- There is a growing awareness of our responsibilities as an [anchor organisation](#). In common with other NHS Boards and public sector organisations, NHS Fife is developing a detailed Anchor Strategic Plan. This outlines the how we will maximise local employment, local procurement and also seek to build the potential future use of our land and buildings.
- [Community Benefits Portal](#) in place for procurement activities and will be evaluated against uptake.
- HSCP Locality groups are functioning in all 7 localities with connections into Area Committees. Funding being made available for a Test of Change (ToC) to support Mental Health wellbeing and distress by MH practitioners, Ambulance Services and Police.

Planned Activity to 31 March 2024:

- A draft Anchor Strategic Plan has been submitted to Scottish Government in October 2023 detailing our plans to support the economy of NHS Fife.
- Further locality stakeholder engagement planned through HSCP
- Significant work with Fife College and partners to provide mentorships
- Connections into local providers to improve tailoring of services based on locality need

Ambition 1.6: A Fife where we eat well, healthy weight and physically active

Progress to 30 September 2023:

- Workshop taken place with a range of stakeholders to develop the [Food4Fife](#) strategy.
- Cycle to Work Scheme modernisation has commenced with planned completion by December 2023.
- Healthy, economical recipes being published on StaffLink on a regular basis
- Fife Sports & Leisure Trust classes, gym, swim and membership offers highlighted to staff

Planned Activity to 31 March 2024:

- The Food4Fife strategy is expected to be published by the end of 2023 and will cover the period to 2030.
- Paper will be presented to East Region Programme Board requesting investment support for Second Nature Weight Management App for staff.
- Further engagement with Fife Active Communities Officer – Physical Activity planned to increase opportunities for staff

Priority 2: Improve the quality of health and care services

Ambition 2.1 Provide high-quality person-centred care

Progress to 30 September 2023:

- Embedding the new facilities provided by the opening of the National Treatment Centre - Fife Orthopaedics.
- Opening a Procedure Unit at QMH, freeing up a theatre day to support the delivery of surgical care in a timely way.
- Continuing to develop Unscheduled Care pathways through the redesign of the front door.
- Embed a weekend discharge support service in the Acute setting to ensure that people are cared for in the right place and at the right time.
- Completed 500 cases using Robotically Assisted Surgery to support better outcomes for people including shorter length of stay
- Launched a project to improve the care and management of deteriorating patients in our hospitals.
- Testing approaches to improve safety and reduce the harm associated with usage of high risk pain medicines.
- Commenced work to improve our approach to how we respond to patient complaints, this will include improving our response times also.
- Assurance of Triage Hub, a new service that will impact on inequalities
- NHS Fife Charity funding support received to enhance a number of staff and patient areas

Planned Activity to 31 March 2024:

- Developing detailed plans for the deteriorating patient work.
- Developing plans for spreading improvement as part of the high-risk pain medicines project
- Redesigning orthopaedic pathways to improve patient experience and fully embed the opportunities for new ways of working.
- We are aiming to agree and embed a new approach to responding to patient complaints and reduce the number of outstanding complaints by March 2024.

Ambition 2.3: Reduce reliance on inpatient beds by providing alternatives to admission to hospital

Progress to 30 September 2023:

- [Home First Strategy 2023-2026](#) published with Action Plan
- Commenced scoping work to expand ambulatory care services to enable more patients to be treated without an unnecessary inpatient hospital admission. There are challenges to delivery of this due to availability of space resources for this work.
- Pioneering developments in surgery such as the use of an innovative new device (iTind) to treat lower urinary tract symptoms associated with an enlarged prostate. This treatment is less invasive than traditional surgical interventions and patients can be treated as day-cases and return home the same day.

Planned Activity to 31 March 2024:

- Actions from Home First Strategy include: those who do not need an acute admission are redirected and supported to be cared for in the right place and hospital discharge process begins as soon as possible.
- Prepare the business case for the ambulatory care service to be considered as party of the medium-term financial plan and ADP for 2024/25.
- Actively increase utilisation of day surgery space at Queen Margaret Hospital and continue to support clinical innovation for the benefit of patients.

Ambition 2.4: Ensure timely access to services based on clinical need

Progress to 30 September 2023:

- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC)
- Delivered the final stages of the project to improve and expand Day Surgery facilities at Queen Margaret Hospital which has provided additional capacity and improved patient experience.
- Expansion of the ED medical workforce to support system resilience and enable us to deliver patient care effectively.
- Efforts continue to identify opportunities to maximise use of planned care capacity including utilising on Active Clinical Referral Triage and Patient Initiated Review. We are also seeking to increase the use of our day surgery unit where possible.

Planned Activity to 31 March 2024:

- Reviewing and updating the work plan for the Unscheduled Care Programme ahead of the winter period. We have an interim performance target to achieve 85% against the four-hour standard by March 2024.
- Monitor and report on the impact of the expansion of the ED medical workforce

Ambition 2.5: Prevent and identify disease earlier*Progress to 30 September 2023:*

- Fife HSCP is developing a prevention and early intervention strategy to support overall health improvement and reduce the burden of disease in the population of Fife.
- Rapid Cancer Diagnostic Service (RCDS) diverts 700 referrals per annum from general surgery and in this period patients with suspected Gastrointestinal cancers have treated approx. 400 patients and 300 outpatient appointments. Of every 9 referrals received 2 are redirected and 1 is returned to general practice

Planned Activity to 31 March 2024:

- The Prevention and Early Intervention Strategy will be finalised and approved in early 2024.
- RCDS plans a single point of contact for urology, lung and colorectal patients; timely and accurate advice on appointments and results; availability of non clinical support for patients and families; advise on treatment plans and timescales; and services to help self management during and after discharge.

Ambition 2.6: Support the delivery of seamless, integrated care and services across health and social care*Progress to 30 September 2023:*

- Priorities identified to focus on
 - Flow and Navigation Centre
 - Interface and Complex Care
 - Scottish Ambulance Service interface
 - Front Door/Rapid Triage Unit
 - Ambulatory Care pathways
 - Crisis Management
- Improving timely discharge from hospital by increasing the number of weekend discharges and employment of a solicitor to assist patients who require welfare guardianship.
- Testing the delivery of rapid access or 'hot' clinics to avoid attendance or admission to hospital.

Planned Activity to 31 March 2024:

- Next steps for the FNC review will be informed by an options appraisal due to be completed in autumn 2023.
- Review the learning from the Hot Clinics with a view to scaling this way of working for more specialties in Fife.

Priority 3: Improve staff experience and wellbeing

Ambition 3.1: NHS Fife's Workforce is inclusive and diverse reflecting Fife's communities.

Progress to 30 September 2023:

- Relaunch of Diverse Ethnicity Network with Coffee Connect session held in May 2023.
- New Workforce Equality Subgroup established in July 2023
- Ethnically Diverse Staff Experience Survey runs from September (to 31 October 2023)

Planned Activity to 31 March 2024:

- Ethnically Diverse Staff Experience Survey results will be analysed and feedback provided.
- Establishment of an LGBTQ+ Network to be considered.

Ambition 3.2: NHS Fife's Workforce is supported to develop new skills that help improve care for patients

Progress to 30 September 2023:

- Accredited living wage employer, this aims to increase the number of employees in Scotland who receive the real Living Wage which links to NHS Fife as an Anchor Institution.
- International Recruitment programme continues
- Agreement of the Healthcare Support Worker, and Assistant Practitioner (band 2-4) Career Development Framework Group.
- Block recruitment event in June.
- Unregistered staff pools created within Acute Services to support underlying long-term vacancies.
- Investment in more Gateway doctors to replace junior locum spend.
- Additional ward administration staff in post to mitigate the workload associated with administration tasks for nursing staff.
- Reducing use of agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

Planned Activity to 31 March 2024:

- The strategic framework for nursing and midwifery will be considered by the Board before the end of 2023.
- A further recruitment campaign specifically focussing on workforce gaps in the Mental Health service.
- Additional SG funding for further International Recruitment has been allocated to NHS in this financial year, this will allow the programme to continue to March 2024.
- As part of our international recruitment programme NHS Fife intend to be part of the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and will undertake the IR Pastoral Care Quality Charter.
- Continue work on reducing agency staffing including the medical workforce and enhance our current staff bank supplementary staffing model.

Recognising Excellence

We held a [Celebrating Success](#) event in the summer 2023 where we recognised the fantastic work of all the medical trainees across NHS Fife. In September 2023 we held the [NHS Fife Staff Awards](#) acknowledging all of the outstanding work of NHS Fife Staff.

Ambition 3.3: NHS Fife's Workforce is heard and at the heart of transforming services

Progress to 30 September 2023:

- Engagement with staff and public for specific services for the deteriorating patient work, the Realistic Medicine event and the redesign of orthopaedics pathways programme.
- Staff Updates through weekly newsletters, monthly Chief Executive updates and regular updates on Stafflink.
- #Speaking up - a successful campaign has been delivered to increase the number of trained Confidential contacts to offer support to staff who wish to speak up and raise concerns.
- Building on engagement in iMatter with our response rate increased in 2022 after the work done in partnership to promote the completion of the questionnaire stage. Dedicated workshop session in September to review the output of the iMatter exercise to identify areas for action.
- The Area and Local Partnership Forums have been promoting their work both organisationally and through our Acute & Corporate and Health & Social Care Partnership areas to ensure that staff are aware of work being undertaken on their behalf and have the chance to raise key issues to ensure actions are taken and developed annual reports.
- Continued to develop our proactive Board engagement activity with a programme of visits to work locations across Fife arranged for Board Members and Executive Directors. Our Interim Chair has also been promoting the work of the board through a new Bitesize Briefing and provide regular updates of its work to staff.

Planned Activity to 31 March 2024:

- By March 2024 we will finalise a new Corporate Communications Strategy and a Public Participation and Engagement Strategy.
- A number of improvements are ongoing and include creating an iMatter organisational structure chart to support easier team confirmation for managers, additional resources including short videos for survey participants and the continuation of the online team confirmation question and answer sessions and the manager team action planning information sessions.
- Looking to increase use of sms and email and to further encourage the move away from paper-based questionnaires.
- Our Staff Health & Wellbeing Action Plan is being developed for release later this year and will align to our Staff Health & Wellbeing Framework for 2022 to 2025, within this document there is the opportunity for staff to provide feedback using a QR code.
- Workforce Directorate in discussion with the new Employee Director to hold a partnership event.
- Refurbished Staff Hub to be opened on the Whyteman's Brae site in October 2023
- Plans in place to refurbish staff rest areas on the Cameron, Lynebank and Stratheden Hospital sites.
- Plans to refurbish and create staff rooms within Clinics and Health Centres in line with the existing Staff Hubs.

Ambition 3.4: NHS Fife's Workforce works in partnership across health and social care, recognising interdependencies

Progress to 30 September 2023:

- Preparing for the implementation of the Health and Care Staffing (Scotland) Act 2019 (HCSA /Safe Staffing) in April 2024 through the work of the Local Reference Group and from NHS Fife participating in testing commissioned by SG.
- Implementing a new e-Rostering system, which will make it easier to manage annual leave and staff rotas across teams in Fife.
- Community based education is strategically important to drive forward contextual learning for future doctors and is seen as a priority of the Board. A project is in place to develop new education facilities in Cameron Hospital to broaden access to medical training and careers.

Planned Activity to 31 March 2024:

- NHS Fife HCSA Safe Staffing Event planned for 30 November 2023, with SG and HIS input, supporting all clinical areas to progress their preparations for Act implementation in 2024.
- New e-Rostering tool will be in place for the first areas by Autumn 2023.
- The first students to start their new training programme in August 2025

Ambition 3.5: NHS Fife's Workforce experiences compassionate leadership in a culture that supports wellbeing

Progress to 30 September 2023:

- We have developed plans to recruit to a new senior manager within the workforce team to accelerate our work around leadership, organisational culture and wellbeing.
- 73% of teams have now produced an action plan as part of the iMatters process for the next 12 months detailing how they will sustain and improve staff experience in their teams.
- Compassionate, connected and effective team sessions led by the NHS Fife Psychology Service have continued during 2023 following requests to run the compassionate leadership workshop in person with established teams as well as on-line for individual participants and as part of the Foundation Management Training.
- Trauma informed – EDG has agreed to be guided by these values - safety, choice, collaboration, empowerment and trustworthiness - and aims to build these values into everything that's done, every contact and every activity and into policies and relationships.

Planned Activity to 31 March 2024:

- First meeting of the newly created "Systems Leadership Group" to be held in October. The focus will be on listening to views from the senior teams to explore how we meaningfully engage with them to support delivering improvements in culture and how we collectively plan for the future.
- The NHS Fife workforce team will begin developing an NHS Fife leadership framework. This will enable a greater focus on how we develop our leadership, organisational culture, and wellbeing.
- Practical Trauma Informed actions include incorporating the Opening Doors animation within mandatory training, encouraging senior leaders to undertake trauma informed leaders training and bringing a trauma informed perspective to the review of Adverse Events.

Celebrating Staff Achievements

Across NHS Fife we have many talented colleagues who provide fantastic care for the population of Fife. It is not possible to share everyone's achievements, but examples include:

- Vicki Bennett and Simon Fevre were both recognised at the annual British Dietetic Association Awards celebrating outstanding individuals working within the dietetic profession from across the UK. Vicki was recognised with the Mary Turner Award for her outstanding work as a trade union representative, which Vicki combines with her role in Public Health. Simon was awarded with a Fellowship, the British Dietetic Association's highest honour, given in recognition of Simon's many years of committed and inspirational service to the dietetic profession.
- Debs Steven, Lead Pharmacist Pain Management, was awarded a Fellowship of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy. Being appointed as a Fellow is one of the highest accolades that can be paid, as it recognises the distinction members have attained in their pharmacy career. As fellowship awards are based on nominations from members, it also signifies the high esteem in which colleagues are held by their peers.
- NHS Fife Children's community nursing team won the prestigious Children's Nursing & Midwifery Award at the Royal College of Nursing Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families whose children are diagnosed with complex and severe health conditions.

Priority 4: Deliver Value and Sustainability

Ambition 4.1 Provide the right services in the right places with the right facilities

Progress to 30 September 2023:

- A primary care premises review has been undertaken to understand the future requirements for space and facilities across GP Practices.
- We opened an improved Day Surgery Unit Queen Margaret Hospital.
- We have improved the A&E department with new signage and [website](#)

Planned Activity to 31 March 2024:

- The primary care premises review has identified 17 immediate, short and medium-term recommendations which are now being progressed in conjunction with the delivery of the primary care strategy.
- Securing funding for future energy and greenspace projects

Ambition 4.2 Ensure the best use of our buildings and land

Progress to 30 September 2023:

- [NHS Fife Greenspace Strategy](#) approved by the NHS Fife Board.
- Liaising with Lucky Ewe with respect to a Community Asset Transfer (CAT) for land at Stratheden

Planned Activity to 31 March 2024:

- Continuing to engage with a range of staff and community groups on the detailed implementation plan for the Green Space Strategy. We will also ensure that this aligns with our Anchor Strategic Plan.
- Work with Fife Council to assess opportunities for use of buildings and land
- Promoting Climate Action Fife's behaviour change programme to NHS Fife staff, patients, partners and community

Ambition 4.3 Reduce energy usage and carbon emissions working toward carbon neutral by 2040

Progress to 30 September 2023:

- Reduction in use of medical gases and working with pharmacy colleagues to prepare to transition inhalers to non-greenhouse gas propellant inhalers
- Published our [2021-22 Climate Emergency and Sustainability annual report](#) which outlines our work towards achieving net-zero.

Planned Activity to 31 March 2024:

- Plan to improve energy efficiency, increase on site generation of electricity and decarbonise our heating systems.

Ambition 4.4 Deliver our capital programmes for primary care, mental health and care services creating high quality environments for patients and staff

Progress to 30 September 2023:

- [Property and Asset Management Strategy \(PAMS\)](#) submission to Scottish Government outlining the investment required to address the complex challenges presented by our aging estate.

Planned Activity to 31 March 2024:

- Where funding permits we are progressing key priority areas from the PAMS.

Ambition 4.5: Deliver sustainable and effective resource allocation that supports value-based healthcare.

Progress to 30 September 2023:

- A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Planned Activity to 31 March 2024:

- Assessing potential financial position recovery options following the Q1 review. Whilst this is an extremely challenging position, the EDG agreed that we must corporately develop and focus on further actions to manage the forecast position to get, as close to, or lower than, the current financial plan position of £10.9m overspent. Work continues to progress to work towards a material improvement in the financial position for 2023/24.
- There is a growing focus on the delivery of value-based healthcare in line with the principles of Realistic Medicine. An event held in September 2023 to support development of an action plan for this work. At this event we heard how research by the [Organisation for Economic Cooperation and Development \(OECD\)](#) suggests that 20% of healthcare expenditure does not lead to any health improvement. Given our commitment to the provision of quality care, it is expected that the importance of this work will grow in the coming months and years.

Opportunities and challenges are emerging in Horizons 2&3

A range of opportunities and challenges are emerging as we consider longer term planning horizons. Below are some areas that we will be considering as we undertake our planning work.

1. Anchor Institution

We are producing an Anchor Strategic Plan that will be implemented over the next few years. This work represents a significant opportunity to achieve many of our ambitions in the Population Health and Wellbeing Strategy.

2. Changing risks associated with Covid-19

The risks associated with the Covid-19 are changing. The success of the vaccination programme and increasing immunity means that the associated risk in the risk register will be reduced. Sustained reductions in this risk means that there are more options in how services are delivered and the focus can move to other strategic challenges.

3. Embedding Realistic Medicine and Value Based Healthcare learning

We are continuing to take forward work to help us to deliver more person-centred and responsive care that meets the needs of the population of Fife and consider how we can do things differently. Central to our approach is embedding the values and principles of Realistic Medicine and Values Based Healthcare that will help us deliver quality care designed around the needs of people and lead to an improved experience.

4. Health and Care Staffing (Scotland) Act 2019 (HCSA /Safe Staffing)

Full implementation of the Act will take place on 1 April 2024; the commencement of monitoring and governance from the 1 April 2024 and Board reports are due to the Scottish Government by 31 March 2025. NHS Fife must demonstrate how we have met the specific duties of the Act and provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026.

The Common Staffing Methodology as part of the Act includes using the outputs of the staffing level tools and professional judgment to inform and ensure they have appropriate staffing in place all clinical functions, call handlers within Urgent Care Services Fife and commissioned clinical services will be covered by the Act.

5. New and Emerging Legislation

The Scottish Parliament continues to enact a range of legislation that will impact NHS Fife and the wider health and social care sector. For example, the creation of a Patient Safety Commissioner who will have a remit to ensure the safety of healthcare; a Housing Bill which may include a duty on the wider public sector (including health) to prevent homelessness; and the National Care Service. As legislation is enacted we will continually seek to improve care for those using our services.

Appendix One: NHS Fife Corporate Risk Register

Risk title (taken from risk register)	Score April 2023	Score Sept 2023	Target Risk Level	Trend ¹
1. Population Health and Wellbeing Strategy	Mod 12	Mod 12	Mod 12 by 31/03/24	=
2. Health Inequalities	High 20	High 20	Mod 10 by 31/03/24	=
3. COVID 19 Pandemic	Mod 12	Mod 9	Mod 12 by October 2023	↓
4. Policy obligations in relation to environmental management and climate change	Mod 12	Mod 12	Mod 10 by 01/04/25	=
5. Optimal Clinical Outcomes	High 15	High 15	Mod 10 by 31/03/24	=
6. Whole System Capacity	High 20	High 20	Mod 9 by 30/04/24	=
7. Access to outpatient, diagnostic and treatment services	High 20	High 20	- ²	=
8. Cancer Waiting Times (CWT)	High 15	High 15	Mod 12 by 30/04/24	=
9. Quality & Safety	High 15	High 15	Mod 10 by 31/03/24	=
10. Primary Care Services	High 16	High 16	Mod 12 by 31/03/24	=
11. Workforce Planning and Delivery	High 16	High 16	Mod 8 by	=
12. Staff Health and Wellbeing	High 16	High 16	Mod 8 by 31/03/25	=
13. Delivery of a balanced in-year financial position	High 16	High 16	Mod 12 by 31/03/24	=
14. Delivery of recurring financial balance over the medium-term	High 16	High 16	Mod 12 by 31/03/24	=
15. Prioritisation & Management of Capital funding	Mod 12	Mod 12	Mod 8 by 1/04/26	=
16. Off-Site Area Sterilisation and Disinfection Unit Service	Mod 12	Mod 12	Low 6 by 01/04/26	=
17. Cyber Resilience	High 16	High 16	Mod 12 by	=
18. Digital & Information	High 15	High 15	Mod 8 by April 2025	=

¹ = risk stayed the same, ↓ risk falling, ↑ risk increasing

² It is not possible to provide a target risk and date given the uncertainty over future availability of funding.

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NHS Fife

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Meeting:	Public Health and Wellbeing Committee
Meeting date:	6 November 2023
Title:	Annual Delivery Plan Quarter 2 Performance Report 2023/24
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2023/24 Q2 Progress

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 to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the EDG on the progress against deliverables within the ADP as of September 2023. This update is to be submitted to the Scottish Government by 27 October 2023.

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 was 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.

2.3 Assessment

Services have been providing updates to the ADP on a monthly basis with position as of June (Q1) and September (Q2) 2023 submitted to Scottish Government on 27 October. Detailed reports for each Directorate/Division up to September (Q2) 2023 have also been circulated to Executive Directors.

The status of deliverables is based on categories below:

Purple Suspended/Cancelled

Blue Complete/Target met

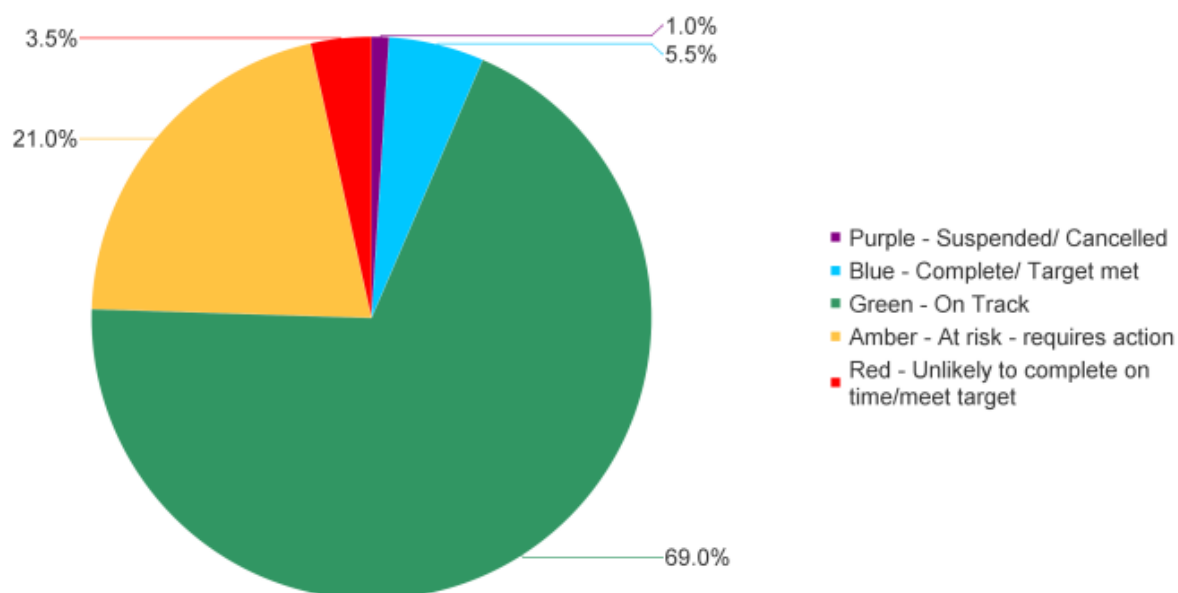
Green On Track

Amber At risk, requires action

Red Unlikely to complete on time/meet target

The status reported against each deliverable is the progress against actions rather than outcomes. For example, improvement actions for staff absence could be '**completed**' or '**on track**' but the intended outcome of decreasing rate of sickness absence may not be achieved. Work will commence in Q3 to quantify the impact on outcomes aligned to each deliverable.

ADP for Fife contains 200 deliverables with 69% (138) '**on track**' as of September (Q2) 2023.



Deliverables **completed (11)** by end of September (Q2) 2023:

- Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services
- Continued roll out of RCDSs
- Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways
- To secure recurring baseline funding to cover the current operating Non-Pay costs associated with NHS Fife's application support and maintenance funding
- To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance
- Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG
- Ensuring a robust Primary Care Premises Strategy is in place
- Ensuring the necessary Health & Safety Resources are in place together with robust arrangements for mandatory training
- Reviewing the use of taxi contracts across the organisation
- Continue to deliver the Medical Certification of the Cause of Death (MCCD) service
- Implement IPC Interim Strategy 2023-25

Deliverables **suspended/cancelled (2)** by end of September (Q2) 2023:

- Hospital Pharmacy Redesign - introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores
- Kincardine and Lochgelly Health Centres

Deliverables that are **unlikely to complete on time (7)**:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach
- Roll out of Digital Pathology
- Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time
- Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC
- Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients
- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets
- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings

Deliverables currently **at risk (42)** of being delivered on time and requiring action:

- Develop and scope ambulatory models of care supporting early supported discharge and admission prevention
- Develop, Enhance and re-invigorate Regional Networks
- Operationalise NTC
- Expanding Endoscopy capacity and workforce
- Implement robust ACRT processes
- Implement robust PIR processes
- Embedding potential alternatives for treatment
- Improved Fife-wide ADHD pathways for Children & Young people
- To achieve additional capacity to meet 6-week target for access to 3 key Radiology diagnostic tests
- Best Start
- To meet the recommendations of the WHP by end Dec 2024
- Delivery of New Laboratory Information system (LIMS)
- To ensure routine adherence to optimal diagnostic pathways
- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- National - eRostering
- National - LIMS Implementation
- Delivery of year one of the QI Network
- Support delivery of SPRA (Strategic Planning and Resource Allocation)
- IPQR Digitisation
- Post successful implementation of the SE Payroll Consortium arrangement
- Ensuring the most effective and appropriate use of Medical Devices
- Digital medicines management programme
- Implementation of the Pharmacotherapy Service
- Deliver a more effective BCG and TB programme
- Deliver a VAM Covid response in alignment with SG guidance
- Pandemic Preparedness: Critical to major incident levels
- Bank Governance – Enhanced Management & Staff Bank Consolidation
- Delivering Anchor Institution workforce aims - Promoting employability priorities
- Create and Nurture a Culture of Person-Centred Care
- Implement IPC Workforce Strategy 2022-24
- Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits and meet & maintain the 18-week RTT standard
- Improve compliance with CAPTND dataset
- Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%
- Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time
- Improve sustainability of Primary Care
- Increase capacity for providing in-hours routine and urgent dental care
- Fife will eliminate Hepatitis C as a public health concern
- Implement new referral management and electronic patient records system (TrakCare/Morse) within P&PC Physiotherapy service.
- Local Enhanced Services Review
- Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models
- Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award

Summary status as of September (Q2) 2023 is detailed by Recovery Driver in table below.

Q2 Status	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/ meet target	TOTAL
1. Primary and Community Care	1		19	10		30
2. Urgent and Unscheduled Care			9	1	4	14
3. Mental Health			10	3		13
4. Planned Care			4	6		10
5. Cancer Care		3	8	3	1	15
6. Health Inequalities			13	3		16
7. Innovation Adoption			4			4
8. Workforce			15	3		18
9. Digital	1	3	12	5		21
10. Climate			9			9
Other		5	35	8	2	50
TOTAL	2	11	138	42	7	200

Relevant deliverables have also been mapped to NHS Fife Corporate Objectives for 2023/24. Further detail on these can be found in Appendix.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

The ADP Q2 update was presented at EDG on 19 October and subsequently approved for submission by the Chief Executive.

2.4 Recommendation

This report is being presented to the Public Health and Wellbeing Committee for:

- Discussion – the ADP 2023/24 Q2 update submitted to the Scottish Government

List of appendices

1. Annual Delivery Plan 2324 Q2 Update (QE Sep-23)

Report Contact

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Associate Director of Planning and Performance

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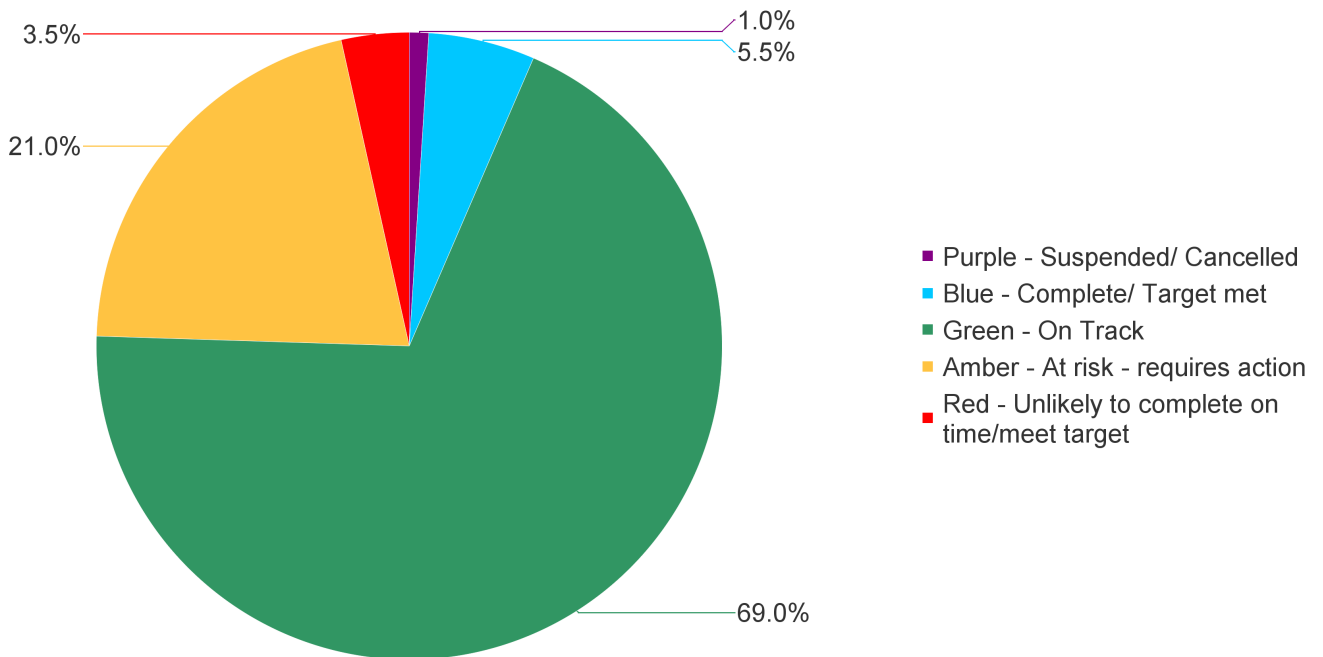
Bryan Archibald

Planning and Performance Manager

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Annual Delivery Plan 2023/24 Progress - Summary

Q2 Status	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/ meet target	TOTAL
1. Primary and Community Care	1		19	10		30
2. Urgent and Unscheduled Care			9	1	4	14
3. Mental Health			10	3		13
4. Planned Care			4	6		10
5. Cancer Care		3	8	3	1	15
6. Health Inequalities			13	3		16
7. Innovation Adoption			4			4
8. Workforce			15	3		18
9. Digital	1	3	12	5		21
10. Climate			9			9
Other		5	35	8	2	50
TOTAL	2	11	138	42	7	200



Annual Delivery Plan 2023/24 Progress - Corporate Objectives

SP1.1 Progress BC for the mental health services

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Refreshed Mental Health Strategy for Fife for 2023 - 2027	Complex & Critical Care	Green - On Track
Mental Health strategy (Medical Director)	Property & Asset Management	Green - On Track

SP1.2 Delivery of MAT standards

Deliverable	Dir/Div	Deliverable Q2 RAG Status
More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low A visible one stop shops/approach in Cowdenbeath and Kirkcaldy	Business Enabling	Green - On Track
A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services	Business Enabling	Green - On Track
The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained	Business Enabling	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	Public Health	Green - On Track

SP1.3 Develop a prevention and early intervention strategy/ delivery plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	Primary & Preventative Care	Green - On Track

SP1.4 Develop a primary care strategy/ delivery plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop Strategic vision across all of Primary Care	Primary & Preventative Care	Green - On Track

SP1.5 Develop and deliver system wide medicines safety prog

Deliverable	Dir/Div	Deliverable Q2 RAG Status
High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife	Pharmacy & Medicines	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines	Public Health	Green - On Track

SP2.1 Implement redesign and quality improvement mental health services

Deliverable	Dir/Div	Deliverable Q2 RAG Status
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	Complex & Critical Care	Green - On Track
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	Complex & Critical Care	Green - On Track
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	Complex & Critical Care	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	Complex & Critical Care	Green - On Track
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	Complex & Critical Care	Green - On Track
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services in the context of the COVID-19 pandemic.	Complex & Critical Care	Green - On Track

SP2.2 Review and redesign Front Door model of care

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	Emergency Care	Red - Unlikely to complete on time/ meet target
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time.	Urgent & Unscheduled Care	Red - Unlikely to complete on time/ meet target
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.	Urgent & Unscheduled Care	Red - Unlikely to complete on time/ meet target

SP2.3 Deliver ambulatory care model supporting admission avoidance and early appropriate discharge

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention	Emergency Care	Amber - At risk - requires action
Improve Same Day Emergency Care and rapid assessment pathways	Emergency Care	Green - On Track

SP2.4 Develop QMH ambulatory care and day surgery

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Enhance Theatre efficiency	Planned Care	Green - On Track
Review and redesign Outpatient capacity to maximise capacity and timely access	Planned Care	Green - On Track
Maximising Scheduled Care capacity	Planned Care	Green - On Track
Expanding Endoscopy capacity and workforce	Planned Care	Amber - At risk - requires action

SP2.5 improve patient experience response process

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets	Nursing Directorate	Red - Unlikely to complete on time/ meet target
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences	Nursing Directorate	Green - On Track
Digital Solution for reporting Live Patient Experience (Complaint) data	Nursing Directorate	Green - On Track

SP3.1 Collaborate with University of St Andrews to develop the ScotCOM medical school

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development of Medical Education Strategic Framework	Quality & Care Governance	Green - On Track

SP3.2 Develop and deliver action plan to support safe staffing legislation

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024	Nursing Directorate	Green - On Track

SP3.3 Develop and deliver a sustainability plan for the nursing and midwifery

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model	Nursing Directorate	Green - On Track

SP3.4 Deliver actions from workforce strategy to support patient care and staff wellbeing

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	Workforce	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service	Workforce	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	Workforce	Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes	Workforce	Green - On Track
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.	Workforce	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referrals programmes	Workforce	Green - On Track
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.	Workforce	Green - On Track

SP3.5 Develop and deliver leadership framework to increase team performance

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Create and Nurture a Culture of Person Centred Care	Workforce	Amber - At risk - requires action

SP4.1 Deliver year one actions of the financial improvement and sustainability programme

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability	Finance	Green - On Track

SP4.2 Implement actions to support climate emergency

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Set out a plan to reduce medical gas emissions through implementation of national guidance	Pharmacy & Medicines	Green - On Track
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	Pharmacy & Medicines	Green - On Track
Decarbonisation of Fleet in line with Targets	Property & Asset Management	Green - On Track
Achievement of Waste Targets as set out in DL(2021) 38	Property & Asset Management	Green - On Track
Reduction of Medical Gas Emissions through implementation of national guidance	Property & Asset Management	Green - On Track
Action plan for the National Green Theatres Programme	Property & Asset Management	Green - On Track
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Property & Asset Management	Green - On Track
Outline plans to implement an approved Environmental Management System.	Property & Asset Management	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population	Public Health	Green - On Track

SP4.3 Develop the digital medicines programme

Deliverable	Dir/Div	Deliverable Q2 RAG Status
National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)	Digital & Information	Amber - At risk - requires action
Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?)	Digital & Information	Green - On Track
Digital medicines management programme Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution	Pharmacy & Medicines	Amber - At risk - requires action
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&I	Pharmacy & Medicines	Purple - Suspended/Cancelled

CC1.1 Develop a corporate communication and engagement plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop and Implement the Corporate Communication Strategy	Comms	Green - On Track
Develop and Implement the Public Participation and Community Engagement Strategy	Comms	Green - On Track

CC1.2 Develop the strategic plan to secure teaching health board status

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews	Quality & Care Governance	Green - On Track

CC1.3 Deliver Anchors ambitions working collaboratively with partners

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	Public Health	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities	Workforce	Amber - At risk - requires action

Meeting:	Public Health & Wellbeing Committee
Meeting date:	6 November 2023
Title:	Anchor Programme Update and Developing Strategy
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Sharon Crabb, Public Health Service Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Operational Plan
- Government policy / directive
- Local policy

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

The Annual Delivery plan guidance issued in March requires all Boards to develop an Anchor's strategic plan by October 2023. This paper updates progress and development of the Anchors strategic plan for NHS Fife prior to submission to Scottish Government.

2.2 Background

The Anchors Operational Group have continued to meet fortnightly providing updates on the progress of NHS Fife and Health and Social Care Partnership Anchors work to develop and shape the Anchors strategy.

A verbal progress report, a timeline for review and submission was presented to the Anchor Institution Programme Board at the most recent meeting on 18th September 2023.

2.3 Assessment

It has been agreed with Scottish Government, that the strategic plan be submitted on the 3rd November 2023 as a draft. This was allowing time for local assurance processes to be completed. It is planned for the final version of the strategic plan to be submitted to Scottish Government on the 30th November following NHS Fife Board review.

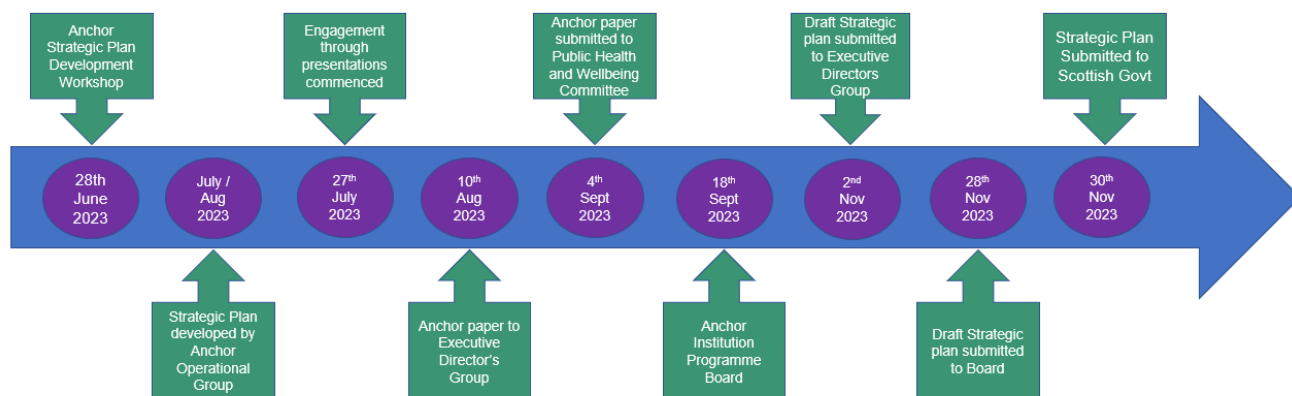
Anchors work continues to progress. Awareness raising conversations are taking place with Senior Leadership Teams building on our engagement with key stakeholders within the organisation, partners and third sector agencies as we continue to strengthen our links and networks. These conversations have highlighted the ongoing anchors work that is occurring locally, with considerations being made to explore how this can be captured as we strive to become an Exemplar Anchor institution.

The Anchors Operational Group has coordinated a review of the self-assessment framework created by Public Health Scotland, capturing progress and highlighting priority areas within the three focused areas. This will be extended to the other two dimensions as we continue to move forward with our strategic intention.

Scottish Government Health and Social Care Analysis (HSCA) have developed a set of metrics to support NHS Boards. These will be used to establish a baseline in relation to workforce, procurement and land and assets for community benefit. Stakeholder engagement has been carried out over the summer months and the metrics have been further refined. Boards are expecting these later in October 2023. There is no requirement for metrics to be included in this version of the strategy.

Figure 1 – Anchor ‘Strategy Development’ Consultation/Submission Timeline

Anchor ‘Strategy Development’ Engagement Timeline



2.3.1 Quality, Patient and Value-Based Health & Care

Links to local businesses and organisations continue to be strengthened. No direct impacts on quality or patient care have been identified.

2.3.2 Workforce

Widening access to employment will have a positive impact on reducing health inequalities of the local population. Staff health and wellbeing may be improved by having more direct links into for example the local food economy, and by improving our impact on the environment.

2.3.3 Financial

No additional financial costs have been identified.

2.3.4 Risk Assessment / Management

The development of the Strategic plan will provide a benchmark for NHS Fife to progress all aspects of being an Anchor Institution. The Operational Anchors group will continue to update the progression framework and report to the Anchors Programme Board.

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

Developing our approach as an Anchor Institution and contributing to community wealth building will impact positively on reducing health inequalities. An EQiA has been completed with input from NHS Fife Equality and Diversity Lead.

2.3.6 Climate Emergency & Sustainability Impact

The core of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment. Although no direct reporting of progress is required at this stage; Scottish Government acknowledged there will be ongoing progress through other focused areas of work.

2.3.7 Communication, involvement, engagement and consultation

The Anchor Operational Group recognises the importance of engagement and consultation particularly with our own staff groups, and this will form part of the strategy.

Presentations have been delivered to Senior Leadership Teams within Acute on 27th July 2023, HSCP on 7th August 2023, AHP on 5th September 2023, Pharmacy SLT on 13th September 2023 and Area Clinical Forum on 5th October 2023.

Further engagement and consultation are being discussed for Area Partnership Forum, Integration Joint Board, other key stakeholders within NHS Fife and partners.

Figure 1 presents the Anchor 'Strategy Development' Engagement Timeline.

2.3.8 Route to the Meeting

This is an updated paper prepared for Public Health and Wellbeing Committee. Updates on NHS Fife as an Anchor Institution have been presented to the Public Health and Wellbeing Committee on the following dates.

- 16th May 2022
- 29th August 2022
- 11th January 2023
- 15th May 2023
- 4th September 2023

This paper has recently been presented to the Executive Directors Group on 2nd November 2023.

2.4 Recommendation Assurance

The Public Health and Wellbeing Committee are asked to take assurance from the work progressed by the Anchors Operational Group and note the planned timeline to submit the strategy to Scottish Government.

3 List of appendices

Appendix No. 1, Draft Anchors strategic plan

Report Contact

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Fife Health & Social Care Partnership



Commented [SC(F1)]: NHS Fife first as mentioned first thorough out

Anchor Strategic Plan 2023–2028

Draft 23/10/23



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Published November 2023

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DRAFT

Executive summary

Building healthier communities in Fife

Welcome to the first Anchor Strategic Plan for NHS Fife and the Fife Health and Social Care Partnership (HSCP). Our services are rooted in Fife, and we are here through thick and thin, working within our communities. The differences in health and wellbeing across Fife are strongly related to poverty and these differences have become more marked since the pandemic. The first of our strategic priorities is a commitment that we will work to close the inequality gap, ensuring that all people in Fife can flourish.

Led by the work of the Health Foundation, it is now recognised more clearly that in addition to the services we provide, large Anchor organisations such as the NHS can bring additional social and economic value to the local populations where they are based. Specifically, there are opportunities through using procurement and spending power, workforce and training, and use of buildings and land for public benefit, which we can strengthen to influence and improve population health.

The recently published NHS Fife strategy, living well, working well and flourishing in Fife, contains a firm commitment to progress our Anchor ambitions. This plan sets out what NHS Fife and Fife HSCP will prioritise for action and how we will measure our progress. We are committed to collaboration with partner organisations in Fife, to maximise what we can do together in this place. It is a first step on a journey to embed an ethos and ongoing contribution to the wider wellbeing agenda across Fife with our public, third and voluntary sector and private sector partners.

Dr Joy Tomlinson
Director of Public Health
NHS Fife



Introduction

As a large organisation connected to our local area and community, we recognise that we can make a positive contribution as an anchor institution.

We said in our Population Health and Wellbeing Strategy that NHS Fife are committed to improving the health and wellbeing of our communities, improve the quality of health and care services we provide, improve our staff experience and wellbeing and deliver value and sustainability.

Scan the QR code or visit our website to read the [strategy](#).

DRAFT



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Background

The Health Foundation worked in partnership with the [Centre for Local Economic Strategies \(CLES\)](#) and [The Democracy Collaborative](#) to understand how NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities. By working in partnership with the CLES and The Democracy Collaborative we now better understand how NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities.

What makes an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Community Wealth Building

Community wealth building is a people-centered approach to local economic development to improve communities and their wellbeing, redirecting wealth back into the local economy, placing control and benefits into the hands of local people.

We know that if we concentrate on Scotland’s Public Health Priorities, use our resources and by being an Anchor institution, we are pushing forward with Scotland’s ambition of promoting a wellbeing economy. We are looking at our actions that can lessen inequalities, reduce child poverty and build wealth within our communities by having a firm focus on a “prevention” public health approach.



We employ people from local communities through fair and equitable employment practices and pay a living wage.



We use our land and buildings to support local communities and influencing health and wellbeing in education, housing and employment.

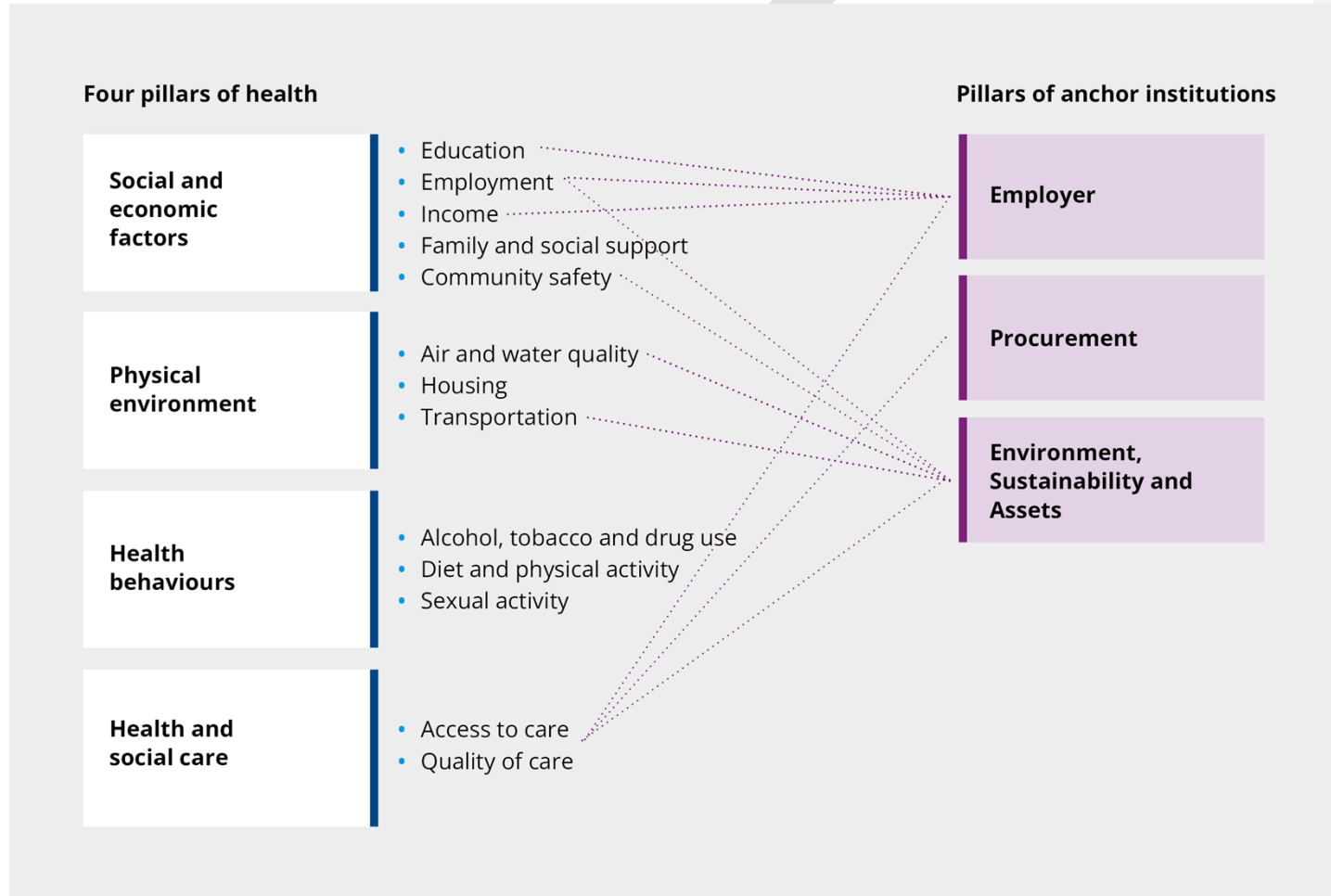


Purchasing goods and services locally where appropriate to support businesses in Fife.

Diagram 1 below shows how our Anchors work threads through all the 4 pillars of health that are factors that can influence how we stay healthy and how they link together.

Diagram 1: Influence of Anchor Institutions on pillars of health

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Our focus through our Anchors work will be to continue taking positive steps to make this happen.

Fife as an anchor institution

As a large and well-established organisation, we are deeply rooted in the local community and understand that working together with our partners and local communities can help inject wealth back into our population within Fife, reduce health inequalities, and shape the health of our population. We can achieve this by sharing our resources and assets to maximize the wealth within our communities, influencing socio-economic determinants of health, providing fair employment opportunities, purchasing locally, using our procurement influences, and strengthening organisational and community partnerships.

As one of the largest employers in Fife, and a resource and service provider to a large proportion of people who live in Fife, we stand firm within our community. We recognise that we have always been an Anchor Institution with powerful relationships with other local partners. Therefore, we will align our anchors work with existing strategies within NHS Fife, Fife Health and Social Care Partnership and other external partners to embed our anchor ambitions into future strategies.

We will also continue to strengthen existing links and develop links with new partners and third sector agencies to better understand our communities and their needs. By engaging with them through creating links with community groups and working in collaboration with our partners, we will pull on these priorities to make a real difference and look at our levers of influence within these to align initially with the 3 Anchor dimensions and cross-cutting our ambitions detailed in our Population Health and Wellbeing Strategy. We will include the other 2 dimensions in our future Anchors work.

By working as an Anchor Institution we can have an impact on reducing health inequalities. Particularly through our policies for employability to offer fair meaningful jobs by paying the living wage, procurement and spend by buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same and using our land and assets for the common good of the local community.

Anchor institution dimensions

Employer



Procurement



Environment,
Sustainability and
Assets



Service Design
and Delivery



Exemplar Anchor
Institution



Food 4 Fife

Food is a basic human need. Fife produces some of the best food and drink in the world. The food sector supports and creates jobs the length and breadth of the Kingdom.

The people of Fife deserve to have access to the best produce Fife and Scotland has to offer, whether growing it themselves, buying it directly from local producers, choosing it at a retail outlet or being served it at school.

People increasingly want to know where their food has come from, who made it, the food miles involved, the environmental impact of its production and how it supports local jobs and communities. Increasing the ability to access locally produced food has enormous potential to enrich lives, improve diets, reduce and regenerate environmental damage and increase community wealth.

Our aim is to take steps to create a Fife that connects our communities to the ecosystems that support us and each other. To help us achieve this we have been working with Fife Council, Fife Environmental Partnership, Fife farmers and food businesses and Fife Community Climate Action Network, aiming to:

- Work to stop and prevent food insecurity for all by providing dignified, fair access to healthy affordable food.
- Grow food in Fife that is climate friendly and climate ready. This will reduce waste, redistribute excess, support “soil healthy” and biodiversity.
- Empower Fife’s food community and citizenship through communication and increased access to growing spaces, food skills and education.
- Use Fife’s public procurement for community wealth building, we will bring local food into our public buildings including schools, hospitals and learning institutions.
- Support local food producers and suppliers to create a food economy and culture that supports the living wage.
- Work in partnership across all parts of the food system, driving positive change through leadership and a Fife-wide food strategy.

Food4Fife plays an important part of NHS Fife’s ambitions to be an Anchor Institution, with particularly close links to our current priorities of sustainability, procurement and employability.



Anchor institution priorities

Employer

NHS Fife will provide employment opportunities by offering fair and equitable work.

We will:

Widen our access to work for all

We have:

Achieved Living Wage Accreditation

Built on our employability activity to attract all members of our communities including the harder to reach

By working with our partners, we have focused on Modern Apprenticeship, both Foundation and Graduate Apprenticeships, including Healthcare Support Workers

Started working with the Department of Work and Pensions to support their NHS Scotland Carer to Carpenter campaign in June 2023

Our Key Commitments:

Use our resources to invest in our employability team, to support coordination of work activity as programmes expand



- We are committed to:**
- Extending Foundation Apprenticeships into other areas within the organisation allowing us to recruit a wider, more diverse workforce
 - Continue our work with NHS Fife Schools Engagement network to support NHS careers promotion activity
 - Continue our work with Fife Council and other partner organisations to consider recruitment adjustments to support entry level access to job opportunities
 - Promoting a range of career pathways with a focus on developing our workforce
 - Expanding and enhancing our employability programmes across Fife, including a range of foundation and modern apprenticeships
 - Developing and launching a new leadership framework focused on compassionate leadership in an open, transparent, and nurturing culture

- Our ambitions will:**
- Help to reduce poverty
 - Improve our population wellbeing
 - Invest in local communities
 - Help address Scotland’s Public Health Priorities



Graphic design internship

Over the summer, our corporate communications service approached Fife College with a view to bringing in a graphic design intern. The internship, which was pitched at students from the college's HND visual communications course, resulted in numerous applicants of a very high standard being interviewed for the role.

Deni Clemison was appointed and joined the team for two months ahead of her continued studies at Duncan of Jordanstone College of Art and Design in Dundee. During her time with us, Deni worked closely with our experienced graphic designer, Jason Kay, to enhance her existing design skills. She worked with specialist software to help create a variety of assets that were used by NHS Fife across various design projects, including conceptualising posters, creating eye-catching social media graphics, and learning more about the importance and impact of layout design, colour theory, and typography.

The internship was the first of its kind for our corporate communications service, but its success has ensured we will continue to work with Fife College to provide opportunities to local designers in future. Not only that, but the service will also be actively involved in the coming academic year, with members of the team being invited to speak to students as part of the HNC visual communications course.

Modern apprenticeship (MA) in pharmacy services

By working in partnership with NHS Lothian Pharmacy and Fife College we have been piloting a Modern Apprenticeship access qualification at SCQF L6. This qualification will aid the development of Pharmacy Support Workers to progress within their career and can also assist others within our communities to achieve entry qualifications that would support an application to become a Pre-Registration Trainee Pharmacy Technician.

We currently have eight staff within NHS Fife Pharmacy team enrolled, six undergoing a 10-week knowledge block course and two enrolled straight into the Modern Apprenticeship route.



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Procurement

NHS Fife will help build wealth within our communities

We will:

Use our purchasing power on goods and services to support and enhance community wealth building

We have:

Achieved Living Wage Accreditation by working with our applicable contractors

Developed a triage subsite for community benefits by working in partnership with Fife Voluntary Action and Public Health

Supported appropriate local community bids to be fed into the National Community Wealth Building Portal for matching

Our Key Commitments:

To increase local, Social Enterprise and supported business spend in comparison to 2022/23

To raise awareness of the Community Wealth Building portal with suppliers to support the successful matching of bids

To work in partnership with Fife Voluntary Action to promote the Community Wealth Building portal

To prompt awareness of our recent Living Wage Accreditation across our suppliers

We are committed to:

Continuing to support the successful matching of community bids through the National Community Wealth Building Portal

We are committed to:

Continuing to review Non-Pay Spend to identify and raise awareness of areas that lack local supply options

Increasing local non-pay spend and increase spend with local social enterprises and supported businesses

Applying Community Benefit Clauses more widely and raise supplier awareness of NHS Fife Anchor Institution ambitions

Progressing training and development within the Procurement team to improve awareness and enhance contribution in future procurements

Continuing to split suitable larger contracts into lots, making them more manageable for smaller suppliers

Continuing to encourage National Procurement to include lots where applicable

Continuing to prioritise work with NHS Finance colleagues to promptly pay suppliers to support and improve the business cashflow in the local economy

Continuing to engage with local suppliers through attendance at local meet the buyer events

Including fair work clauses in standard contract terms and conditions for all future applicable contracts

Promoting NHS Fife Living Wage accreditation to the suppliers and encourage their adoption

Our ambitions will:

Help to reduce poverty

Improve our population wellbeing

Build wealth and investment in our communities

Bring communities together

Environment, sustainability and assets

NHS Fife will use and/or dispose of our land and assets for the benefit of the local community.

We have:

Worked with Scottish Government as a pilot site for Anchors Land & Assets dimension, to build on community Wealth within Fife

Published our NHS Fife 2030 Greenspace Strategy

Worked collaboratively with community groups to consider community asset transfers

Our Key Commitments:

To continue exploring opportunities with community groups from ambitions within our Greenspace Strategy

To make our land and assets more accessible for the benefits of the local community

To help to reduce preventable ill health and to offer every community access to outdoor cultural and leisure opportunities

We are committed to:

Working together with Food4 Fife partnership to seek local food and allotment groups who may want to develop projects on our land

Exploring renewable energy potential for all our identified greenspace sites by working closely with Community Energy Scotland

Continuing to work through and publish our priorities projects, including monitoring and evaluating our progress to 2030

Preparing a bid to the second year of “Better Food for All”

Advancing with other food projects

We are committed to:

Promoting Climate Action Fife's behaviour change programme to NHS Fife staff, patients, partners and community

Securing funding through Head of Capital Planning and NHS Facilities the Scottish Government for future energy and greenspace projects

Liaising with Lucky Ewe with respect to a Community Asset Transfer (CAT) for land at Stratheden

Continuing to develop potential pilot sites with Scottish Government

Our ambitions will:

Help to reduce poverty

Improve our population wellbeing

Build wealth and invest in our communities

Bring communities together

Kathryn and Yasmine success

In summer 2022 Yasmine and I (Kathryn) had the privilege of carrying out a 2-month sustainability internship within the estates department at NHS Fife. Both students at the University of St Andrews at the time, we came across this opportunity on the university careers hub and were so excited to get sustainability experience within such an important public sector organisation in our local area.

This internship encompassed 2 projects; one which looked at reducing commuter emissions in partnership with MobilityWays and the other that involved using GIS technology to create a digital map of our estate to gain a better understanding of our greenspace. Both projects were extremely rewarding and provided great insight into not only the measures NHS Fife is taking to reduce its environmental impact, but also how the health board intends to implement these changes and the many processes involved.

Having graduated in June 2022 and upon completing the 2 month internship, in January 2023 I came back to work full time as a sustainability officer. I have already learnt so much and have enjoyed leading on a range of projects that aim to encourage more sustainable practice at the board. Yasmine graduated in June of this year and in September also came back to NHS Fife to work full time, taking a particular lead on developing our Environmental Management System.

We are both really enjoying being part of the sustainability team at NHS Fife and are so grateful for this opportunity to start our careers in the NHS doing something we are both extremely passionate about!



Monitoring and evaluation

Our Anchors Operational Group will continue to meet regularly, this group offers wide representation from NHS Fife and Fife Health and Social Care Partnership. From these meetings we will continue to review our progress and build on our Anchors aspirations. We will also monitor our progress twice per year through self-assessment, using the Public Health Scotland Progression Framework. This will align with progress reporting to our NHS Fife Anchors Programme Board.

Communication and engagement

As we progress through our Anchors journey, we will regularly report on the progress of our strategy with staff, partners and the public. We will communicate our Anchors ambitions more widely within our organisations as well as with within our partner groups. We have been able to engage with many of our Senior Leadership Teams, sharing progress and giving opportunity to explore what Anchors means to them and their teams. We have reached out to third sector agencies, being visible and exploring our shared visions and ambitions.

Our work will move forward with our partners and key organisations to drive forward our collective Anchors ambitions. Our key partners are, for example Fife Health and Social Care Partnership, Fife Council, Fife Voluntary Action, local community partnership groups, other NHS Boards, Public Health Scotland and Scottish Government. It is important that we do this to make sure all our work is joined up and benefits our local communities in Fife.

We have begun building stronger relationships with local education settings, for example local high schools, colleges and universities. This is not only to widen opportunities for our exiting staff but also to provide opportunities for others who would consider employment and build a career within NHS Fife or key partner organisations.

By doing all of this we will provide assurance that we are achieving what we said we would and demonstrating our commitment to embed an Anchors culture and to improve what we do.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

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

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

NHS Fife

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Meeting:	Public Health & Wellbeing Committee
Meeting date:	6 November 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 August, although there are some measures with a significant time lag and a few which are available up to the end of September.

2.2 Background

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

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

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

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets are being 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%	Not achieving
Immunisation: 6-in-1	Quarterly	95%	Not achieving
Immunisation: MMR2	Quarterly	92%	Not achieving
COVID Vaccination	Monthly	85%	Below Scottish average
Flu Vaccination	Monthly	85%	Below Scottish average

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the specific sections of the IPQR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Public Health & Wellbeing extract of the June IPQR will be available for discussion at the meeting on 06 November.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 October and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the PHW Committee for:

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

3 List of appendices

Appendix 1 - Integrated Performance & Quality Report

Report Contact

Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

PUBLIC HEALTH & WELLBEING

**Position (where applicable) at September 2023
Produced in October 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. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
16 October 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		

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

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.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Aug-23	31	○	▲	▲	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Aug-23	48.4%	●	▼	▼	
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	
	Inpatient Falls	6.95	Month	Aug-23	6.70	○	▲	▼	
	Inpatient Falls with Harm	1.44	Month	Aug-23	1.36	○	▲	▲	
	Pressure Ulcers	0.89	Month	Aug-23	0.77	○	▲	▲	
	SAB - HAI/HCAI	18.8	Month	Aug-23	14.0	○	▼	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	Month	Aug-23	3.5	○	▼	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	Month	Aug-23	38.4	○	▲	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%	Month	Aug-23	42.6%	○	▼	▼	● 2021/22
S2 Complaints Closed in Month on Time	50%	Month	Aug-23	11.1%	○	▼	▲	● 2021/22	
S2 Complaints Due in Month and Closed On Time	N/A	Month	Aug-23	10.9%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-23	100.0%	●	▲	▲	●
	4-Hour Emergency Access (A&E)	95%	Month	Sep-23	73.3%	○	▼	▲	● Aug-23
	4-Hour Emergency Access (ED)	82.5%	Month	Sep-23	65.0%	●	▼	▲	● Aug-23
	Patient TTG % <= 12 Weeks	100%	Month	Aug-23	41.0%	●	▼	▼	● Jun-23
	New Outpatients % <= 12 Weeks	95%	Month	Aug-23	44.7%	●	▼	▼	● Jun-23
	Diagnostics % <= 6 Weeks	100%	Month	Aug-23	47.2%	●	▲	▼	● Jun-23
	Cancer 31-Day DTT	95%	Month	Aug-23	90.6%	○	▼	▼	● QE Jun-23
	Cancer 62-Day RTT	95%	Month	Aug-23	77.1%	○	▼	▼	● QE Jun-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Sep-23	86.5%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Sep-23	10.7%	●	▼	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Sep-23	6.7%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Aug-23	81.8%	●	▼	▼	● CY 2022
Finance	Revenue Resource Limit Performance	(£23m)	Month	Sep-23	(£15.868m)	●	—	—	●
	Capital Resource Limit Performance	£11.551m	Month	Sep-23	£2.278m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Aug-23	6.91%	○	▼	▼	● YE Jun-23
	Personal Development Plan & Review (PDPR)	55%	Month	Sep-23	41.3%	●	▲	▲	●
	Vacancies - Medical & Dental	N/A	Quarter	Jun-23	9.6%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A	Quarter	Jun-23	11.4%	●	▲	▼	●
	Vacancies - AHPs	N/A	Quarter	Jun-23	8.3%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	YTD	May-23	44	●	—	—	● YT Dec-22
	CAMHS Waiting Times	90%	Month	Aug-23	69.4%	○	▼	▼	● QE Jun-23
	Psychological Therapies Waiting Times	90%	Month	Aug-23	64.8%	○	▼	▼	● QE Jun-23
	Drugs & Alcohol Waiting Times	90%	Month	Jun-23	82.8%	●	▼	▼	● QE Jun-23
	COVID Vaccination (Winter, Age 65+)	85%	Month	Sep-23	6.1%	●	—	—	●
	Flu Vaccination (Winter, Age 65+)	85%	Month	Sep-23	8.9%	●	—	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-23	93.8%	○	▲	▼	● QE Jun-23
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-23	89.8%	○	▲	▼	● QE Jun-23

Performance Key

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

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
▲	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected and Actual Activity

Better than Projected | Worse than Projected
 Better/Worse may be higher or lower, depending on context

		Month End			Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Jul-23	Aug-23	Sep-23	Sep-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%		71.8%	73.1%	74.6%			
	Actual	64.7%	66.5%	71.3%		69.0%	72.2%	65.0%			
	Variance	-3.2%	-2.6%	0.7%		-2.8%	-0.9%	-9.6%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363	15,363
	Actual	4,640	4,985	4,768	14,393	5,048	5,422				
	Variance	-481	-136	-353	-970	-73	301				
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	7,565	7,340	7,432	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225	6,414	7,942				
	Variance	-1,481	211	186	-1,084	-1,151	602				
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	1,144	1,144	1,145	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403	918	1,294				
	Variance	-181	65	103	-13	-226	150				
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	94	79	63	63	10	0
	Actual	164	171	171	171	152	165				
	Variance	24	49	62	62	58	86				
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	0	0	74	74	212	352
	Actual	0	0	1	1	1	2				
	Variance	0	0	1	1	1	2				
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	213	276	339	339	849	1358
	Actual	73	92	85	85	117	186				
	Variance	-4	5	-65	-65	-96	-90				
Long Waits TTG > 104 weeks	Projected	17	15	16	16	21	43	67	67	173	351
	Actual	14	15	20	20	20	20				
	Variance	-3	0	4	4	-1	-23				
Long Waits TTG > 78 weeks	Projected	99	128	159	159	203	258	305	305	547	893
	Actual	79	88	84	84	99	127				
	Variance	-20	-40	-75	-75	-104	-131				
Arthroplasty 4 Joint sessions	Projected				25.0%				25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%	17.0%	14.0%				
	Variance				-15.0%						
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%	1.9%
	Actual	0.0%									
	Variance				-1.9%						
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%	4.3%
	Actual	15.2%									
	Variance				-4.3%						
Cancer Waiting Times 31-Day	Projected				93.8%				94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%	94.7%	90.6%				
	Variance				2.7%						
Cancer Waiting Times 62-Day	Projected				81.9%				82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%	77.9%	77.1%				
	Variance				-4.4%						
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%		85.0%	85.0%	70.0%			
	Actual	85.3%	84.8%	76.2%		71.0%	66.5%				
	Variance	0.3%	-0.2%	-8.8%		-14.0%	-18.5%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	230	218	228	228	235	200
	Actual	249	268	224	224	201	179				
	Variance	36	59	8	8	-29	-39				
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	113	133	98	98	42	0
	Actual	43	48	70	70	82	90				
	Variance	-28	-41	-46	-46	-31	-43				
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%		65.2%	65.1%	73.5%			
	Actual	56.2%	58.5%	55.5%		53.4%	54.3%				
	Variance	-11.3%	-10.9%	-10.6%		-11.8%	-10.8%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460	1408	1497				
	Variance	560	714	572	572	520	609				
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1625	1591	1569	1569	1680	1604
	Actual	1128	1136	1173	1173	1227	1260				
	Variance	-266	-439	-487	-487	-398	-331				
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	201	183	165	165	111	57
	Actual	248	286	273	273	262	262				
	Variance	-7	49	54	54	61	79				

d. Assessment

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	79 (May-23)	44 (May-23)

There were 21 successful quits in May 2023, which is 19 short of the monthly target but 23% more than was achieved in May 2022. Achievement against trajectory is 55.7%, slightly less than was achieved in April 23.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending December 2022, showed that NHS Fife was in the upper-range of all Mainland Health Boards, with a rate of 66.7% against a Scottish average of 60.8%.

For all quit attempts, the quit success rate in specialist services is significantly higher than other services.

Specialist service provision has been maintained at 33 clinics in community and GP venues Fife wide, available space at GP based clinics continues to be limited and footfall significantly reduced. To increase footfall in partnership with GP surgeries we are utilising their text messaging service to send out an information alert, offering support for registered patients who report to be smokers.

Adapting the way support appointments are delivered via a blended approach for clients has been well received, we are starting to see an increase in engagement and retention in the service.

Overall numbers in the service have been low during the summer months, to counteract this and to raise awareness of the service, in September we began a targeted plan of events including pop up events at GP surgeries, Health Centres, retail parks and supermarkets. Where a venue is not available, the mobile unit is used to provide flexible access to the service for communities in areas identified as SIMD 1 & 2.

There has been an ongoing issue with the Public Health Scotland data base ISD, this is a concern as database has not been working or has been issuing double data or not recording data. Impact will be a delay in receiving accurate stats from database to report on for the service.

We are receiving an increased number of referrals and requests from professionals or individuals seeking support to stop vaping, either with dual vape and tobacco use or single use vaping.

Education services are particularly concerned due to the high use of disposable vapes used on school sites. Work is ongoing for PHS to include this data on ISD to allow us to collate accurate data and not anecdotal evidence.

We have delivered 2 training and information sessions to midwifery staff in the last month: Positive impact has been seen from this with a significant increase in referrals to the service. Mainly, we are now receiving a referral following the first point of contact with a pregnant woman, this allows for a supportive discussion and early intervention. This is a key driver for the maternity clients to become smoke free before 16 weeks of pregnancy, returning the greatest health benefit to mum and baby.

Staffing capacity within the team has increased with two of the new advisors completing their smoking cessation specialist training; One advisor returning from maternity leave, and the Stop Smoking Coordinator starting with the team. Induction and training in progress and once completed will increase capacity for service delivery further. We remain in some deficit with capacity, as one advisor is continuing with their training, and one is on maternity leave.

Administration support in place for the Community Pharmacies (CP) Quit Your Way programme has been positive in capturing missed follow up data on successful quit statistics or supporting people to have a new quit attempt with the specialist service. Whilst administration capacity in the team allows, we will continue to support CP and work together, increasing footfall and appropriate support for people to stop smoking.

NHS Smoke Free sites work is in progress with a plan to support key mental health inpatient sites following the end of the 12-month grace period from the Sept 2022 15 metre ban legislation from Scottish Government. This plan includes delivery of IMPACT training to staff to provide information and have health motivating positive discussions with people who are smoking and may wish to stop.

CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	69.4%
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The number of referrals received in August was 226, a 42% increase from July.

The waiting list saw a decrease (269 in August compared with 283 in July).

In August an additional 35 patients were treated from July however within this increased activity 15 of those were treated in >18 weeks resulting in the performance dipping.

Monthly performance decreased from 75.0% in July 2023 to 69.4% in August.

For the ninth month running, no young people are having to wait more than 35 weeks for treatment, though the number of those waiting between 19-35 weeks increased from 82 in July to 90 in August, this is the seventh month in a row in which it has increased. The percentage of those waiting less than 18 weeks reduced from 71.0% in July to 69.4% in August.

RTT will continue to fluctuate as a result of the staff activity required to address urgent presentations balanced against the activity to reduce longest waits. Performance specifically related to longest waits has followed the predicted trajectory reported to Scottish Government which remains on track to reach target by March 2024. Recruitment to fill vacancies is ongoing. As new staff come into post, the additional clinical activity will focus on ensuring longest waits are reduced. DNA rate for Aug 2023 has continued to reduce (7.1%) compared to Aug 2022 (20.2) % as the result of an initiative where with all first appointments in Core Teams now receive a phone call prior to appointment. Evening clinics (activity against longest waits) continue to mitigate the reduced staffing capacity due to current vacancies and to hold the position where no one is waiting over 35 weeks. Although those waiting over 18 weeks has increased, the overall number of children and young people waiting has reduced since the last report.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	64.8%
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Monthly performance decreased from 68.4% in July 2023 to 64.8% in August. Performance on the target falls when the service is focused on seeing people who have been waiting longest. The drop in performance in August is due to an increase in the number of people (who had waited over 18 week) who began therapy - a 16% increase on July. Thus, falling out with the criteria for the performance capture of RTT, all be it being a direct contribution to the second aspect of the S Gov requirement to address the overall waiting list.

August shows a 5% reduction, compared to July, in the number of patients waiting over 18 weeks to start psychological therapy (from 1227 to 1161). The number of people waiting over 52 weeks reduced slightly from 262 to 256, the number waiting between 36 to 52 weeks reduced from 271 to 255 and the number waiting between 19 to 35 weeks also reduced from 694 to 650. Between July and August 2023, referrals for all ages increased by 38% (from 713 to 985) with the August 2023 referral rate being 62% higher than that for August 2022. NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range, as of the last quarterly PHS publication in June (for the quarter ending Mar 2023) and was below the Scottish average (79.8% compared to 71.9%).

A number of new strands of work were put in place during July and August as part of the psychology service's ongoing plan of improvement activity. Two of these pieces of work will impact directly on target performance and both are within the Addictions Psychology service. The first is establishment of a psychological therapies group - Survive and Thrive - for people who have experienced childhood trauma and the second, following appointment of a new member of staff, is the delivery of psychological therapies within the recently established service for people with benzodiazepine addiction. Other improvement work during this period has been focused around supporting and developing psychological care within wider health and social care services, e.g., within maternity and neonatal services, within third sector addictions services and in response to adverse events.

The Psychology Service as a whole continues active recruitment although national workforce pressures for particular grades of staff still pose a challenge.

Immunisation: COVID and Influenza	<i>Achieve 85% uptake for both Winter vaccinations (Covid-19 and Influenza) for 65+ population by end of Mar-24</i>	85%	CV 6.1% Flu 8.9%
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Uptake for **Covid-19** vaccination for all priority groups at 6.1% by week ending 2 October with highest uptake relating to Care Home residents at 74.8%. Uptake in Frontline health care workers is just below 10% at 9.6% with those aged 65 and over at 6.8%. Uptake for week ending 2 October is lower than Scottish average (11.6%).

Uptake for **Influenza** vaccination for all priority groups at 8.9% by week ending 2 October with highest uptake relating to Care Home residents at 74.6%. Uptake for all health care workers is 12.8 with those aged 65 and over at 7.1%.

Uptake for week ending 2 October is lower than Scottish average (16.2%).

This is a very early stage of the programme, and the over 75 cohort has only been running for 2 weeks. We are where we would expect to be at this stage of the programme, taking cognisance of the rephrasing of the programme at short notice, as per direction from CMO. All relevant cohorts have been offered appointments and further appointments remain available on the national portal.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	93.8%
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The 6-in-1 vaccine protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B. It is offered at 8, 12 & 16 weeks of age, and uptake is evaluated in the population when children are 12 months of age (based on completion of all 3 primary doses). Uptake among children turning 12 months in the quarter ending 30th June 2023 in Fife (children born 1st April to 30th June 2022) was 1.3% higher than children turning 12 months in the previous quarter, increase from 92.5% to 93.8%.

Whilst quarterly fluctuations are always greater at a local level than at a national level, it is noted that there was only a 0.1% increase between these quarters nationally. Uptake at 12 months for 6-in-1 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 97.2%.

Further data points evaluated at 12 months will be needed to confirm if this is the start of a continuing improvement trend in Fife. However, we can calculate from data published in the PHS 'wider impacts' dashboard that for the 1,470 children turning 16 weeks between January and June 2023 in Fife, at the point of latest analysis (25 September), 94.6% of these more recent birth cohorts had completed 3 doses of the 6-in-1 vaccination, suggesting that improvements have been taking effect. By the time they reach the 12-month evaluation point, uptake among children in this 6-month birth cohort would be expected to be higher due to additional catch-up vaccination opportunities.

The service has continued to offer drop-in clinics over the summer across all areas within Fife for children that have missed out on their scheduled appointments. Our increase in data shows that offering this and a more targeted approach has helped to support an increase in uptake.

Additionally at 12 months of age, PCV saw an increase of 1.1%; Rotavirus increase of 2.2% and MenB increase of 0.7%.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	89.8%
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MMR vaccination protects against Measles, Mumps and Rubella and dose 1 is offered just after 12 months and dose 2 at 3 years 4 months of age. Population uptake of MMR2 (2nd dose) is evaluated at 5 years of age. For children turning 5 years of age between 1st April and 30th June 2023 (born 1st April to 30th June 2018), uptake improved by 3.4% to 89.8% from the previous quarter of 86.4%.

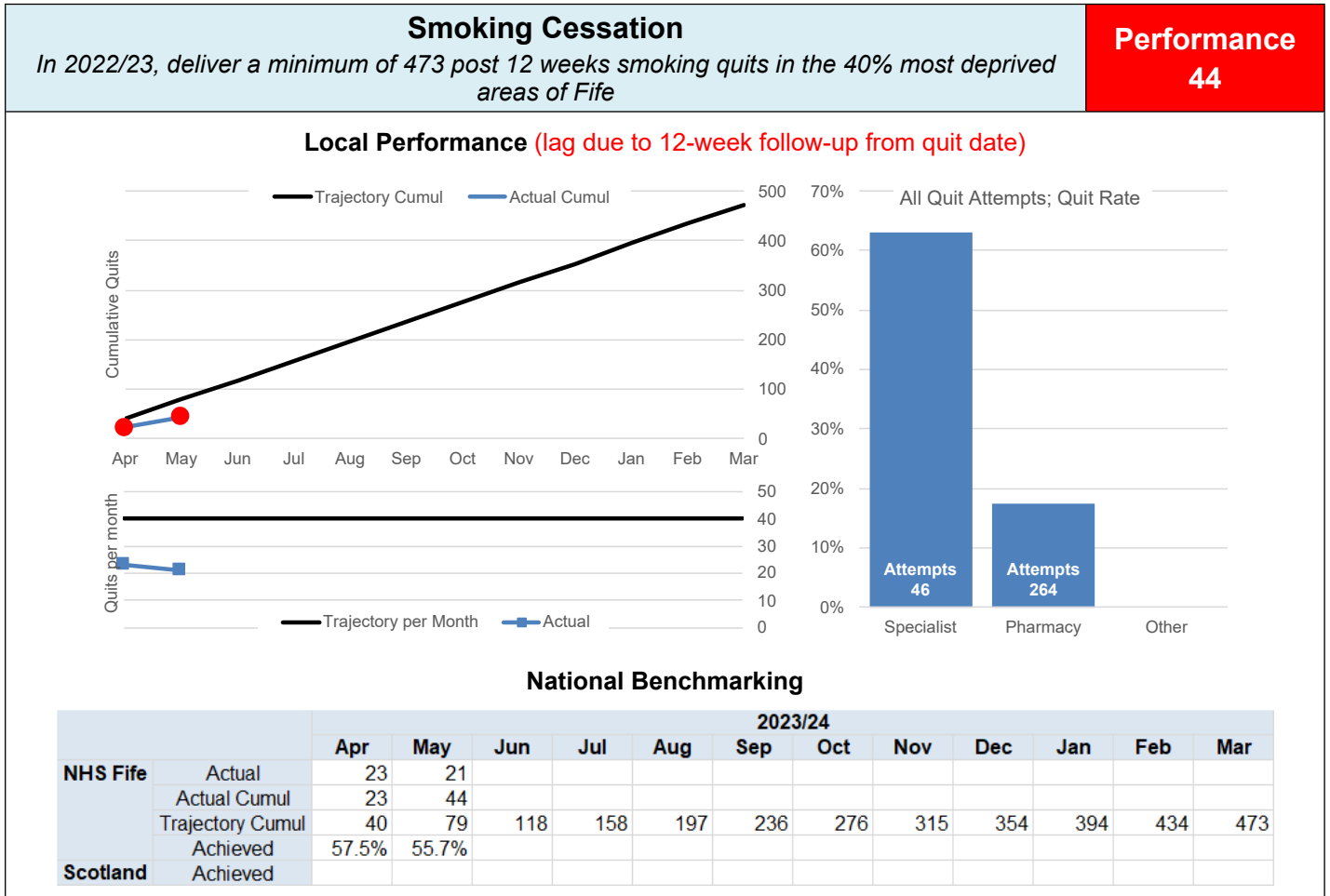
This is in the context of a 0.1% decrease at a national level. Uptake at 5 years for MMR2 in NHS Fife was in the mid-range of all mainland NHS Boards with the highest uptake being 94.6%.

Whilst still below the local target of 92% (based on uptake in Scotland in 2022) and the national target of 95% uptake, and with further data points needed to confirm the trend, the direction of travel is encouraging. The actions undertaken through the Immunisation Quality Improvement Group are likely to have contributed to this improvement, as they have had a particular focus on 2nd dose MMR vaccination. This has included provision of additional clinic capacity where required, proactive letters to parents/carers of all children in Fife who have not completed 2 doses of MMR2, and improvements in communications with health visitors when children are not brought to their appointment.

This is important in the context of the publication of the CMO letter 'Averting the resurgence of measles in Scotland in 2023' and the increase in community transmission of measles in England.

Additionally at 5 years of age, MMR1 saw an increase of 2.4%; Hib/MenC uptake increased by 2.3% and 4-in-1 saw an increase of 3.4%.

e. Performance Exception Reports



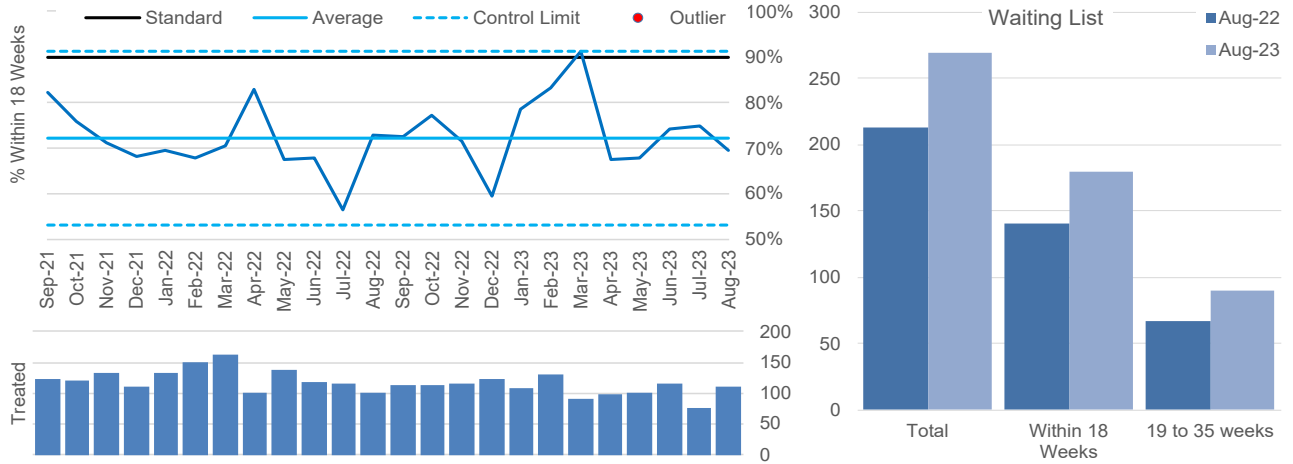
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24					Mar-24
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess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

CAMHS 18 weeks RTT

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

Performance
69.4%

Local Performance



National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%
Scotland	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%

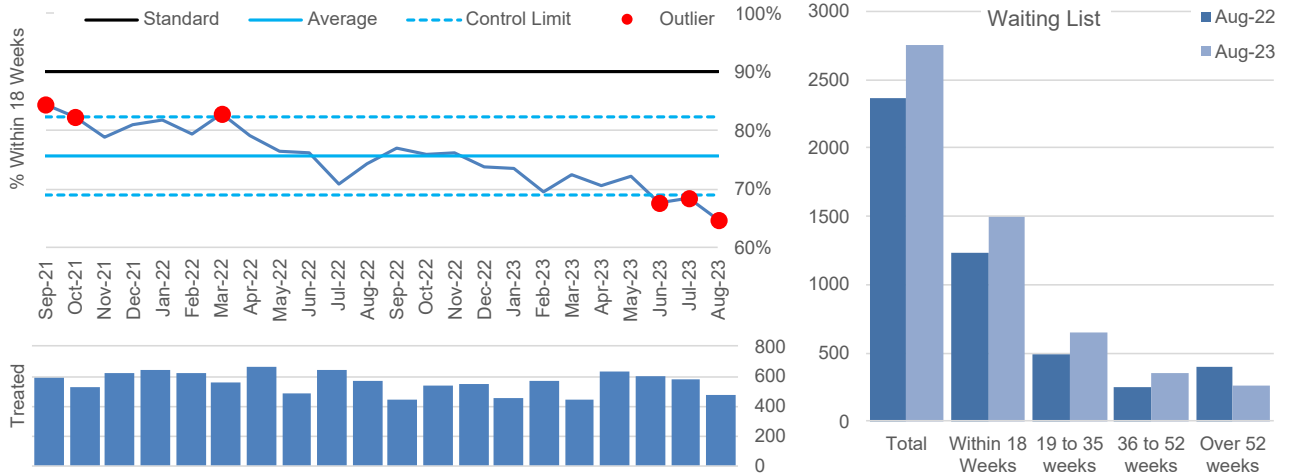
Key Deliverable		End Date
<div style="display: flex; justify-content: space-between;"> Off track At risk On track Complete Suspended </div>		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting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

Psychological Therapies 18 weeks RTT

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

**Performance
64.8%**

Local Performance



National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%
Scotland	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%

Key Deliverable

End Date

Off track

At risk

On track

Complete

Suspended

Proposed

Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard

Mar-24

Key Milestones

Recruitment to increase capacity

Mar-24

Service development and redesign

Mar-24

Training and CPD activities to increase capacity

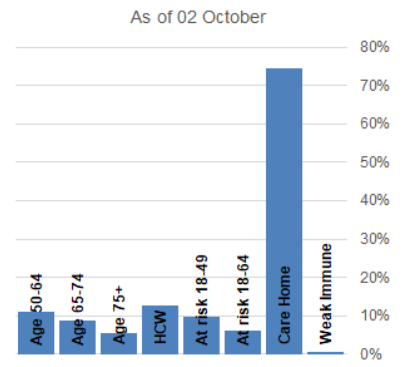
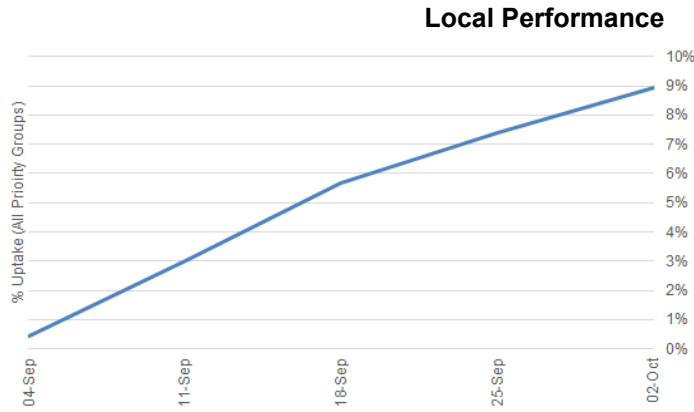
Mar-24

Demand-capacity monitoring across all services

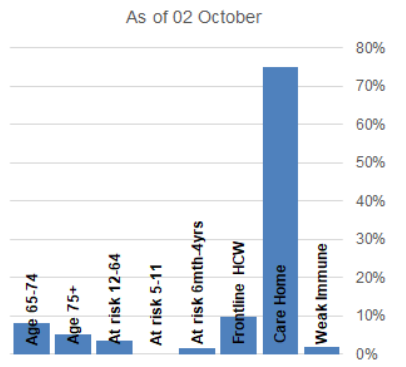
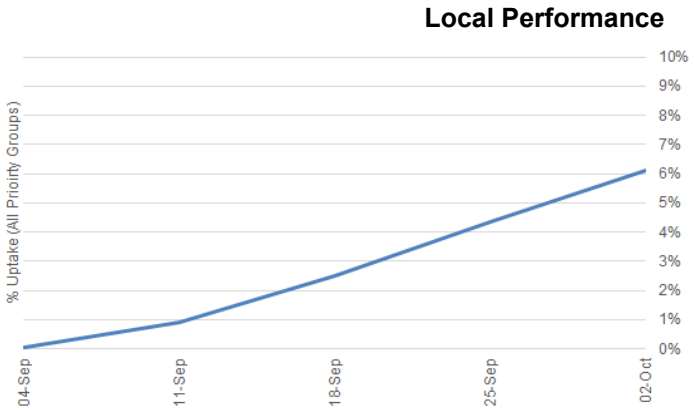
Mar-24

Immunisation: FVCV

Flu
 Uptake of the Influenza vaccination for eligible population of Fife to reach TBC% by end of Winter (end of Mar-24)
Performance 8.9%



Covid
 Uptake of the Covid-19 vaccination for eligible population of Fife to reach TBC% by end of Winter (end of Mar-24)
Performance 6.1%

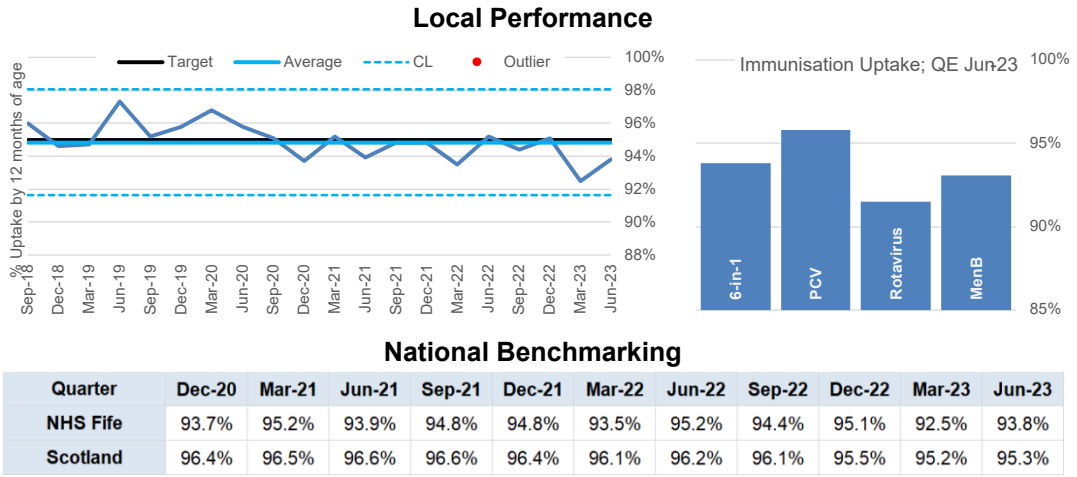


Key Deliverables					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Winter Vaccination Programme					Mar-24
Key Milestones					

Child Immunisation

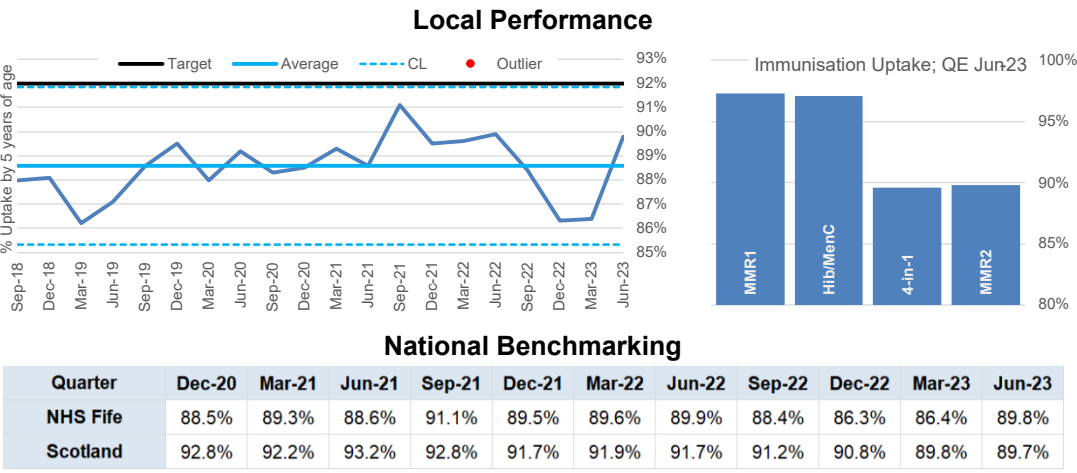
6-in-1
At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance 93.8%



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

Performance 89.8%



Key Deliverables				End Date	
Off track	At risk	On track	Complete	Suspended	Proposed
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population					Mar-24
Key Milestones	EQIA action plan implementation				Mar-24
	Outreach model and strategy				Nov-23
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever-evolving immunisation need					Mar-24
Key Milestones	Integration of Primary Care Nursing and Admin teams				Jan-24
	Workforce education strategy & training programme				Mar-24
Targeted actions to improve the quality of our Immunisation services					Mar-24
Key Milestones	Children's immunisation QI group				Mar-24
	Learning from Adverse Events				Mar-24
	Implementation of 15 step review of community clinics and other quality assurance tools				Mar-24
	Development of robust clinical pathways and process of SOP review				Mar-24
Develop plans to make sure CIS delivers on key operational priorities					Mar-24
Key Milestones	Maternity immunisations				Mar-24
	S3 to S2 changes				Nov-23
	Preparation for children's 18-month visit				Nov-23
	Communication strategy to stakeholders				Nov-23

Meeting:	Public Health & Wellbeing Committee
Meeting date:	6 November 2023
Title:	Child & Adolescent Mental Health Services Performance Update
Responsible Executive:	Nicky Connor, Director & Chief Office of Fife Health & Social Care Partnership
Report Author:	Rona Laskowski, Head of Complex and Critical Care Services

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides a report into the Child & Adolescent Mental Health Service (CAMHS) progress against achieving the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT), current performance against this, actions and mitigating factors.

2.2 Background

The National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral. The subsequent Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition, requiring that services develop an improvement plan with the objective of achieving the established targets by March 2023. Funding to achieve these improvements has been in two phases as previously reported. Following a period of reduced capacity and activity in quarter four 2023 as a result of

vacancies and absence, the March 2023 target was not achieved. In April 2023 an updated trajectory laid out plans to meet the RTT by March 2024.

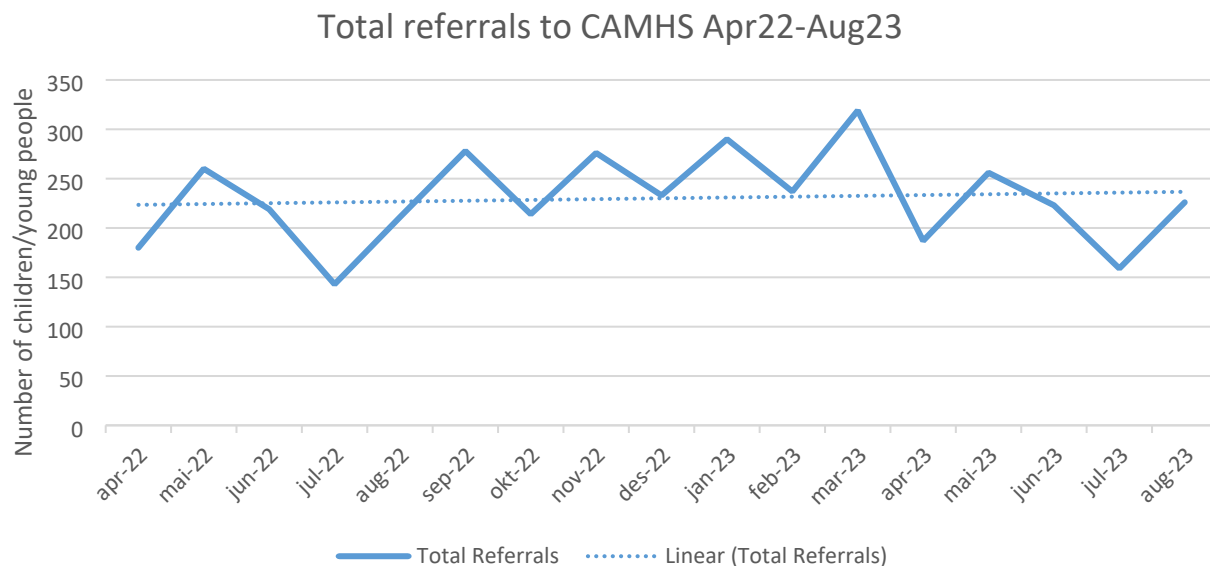
2.3 Assessment

Enhanced support from Scottish Government Mental Health Directorate Performance Unit and Public Health Scotland Mental Health Intelligence Team has continued since July 2022 through monthly Mental Health & Psychology service engagement sessions and direct support specifically looking at performance and projected activity with the Fife CAMHS management and project team. The engagement with Scottish Government allows Fife CAMHS the opportunity to provide additional detail to the monthly submissions and to articulate the factors that influence performance against the trajectory and to provide assurances on the measures taken to achieve the national target.

Referrals:

Referrals to CAMHS have increased slightly over the last 16 months as shown in Figure 1. Throughout the year there are peaks and troughs as the number of referrals fluctuates in response to seasonal trends. Typically, peaks are seen before and during exams, and on return to school following summer (March/May/September). Reductions are seen during holiday periods (Easter, Summer, Autumn, Christmas).

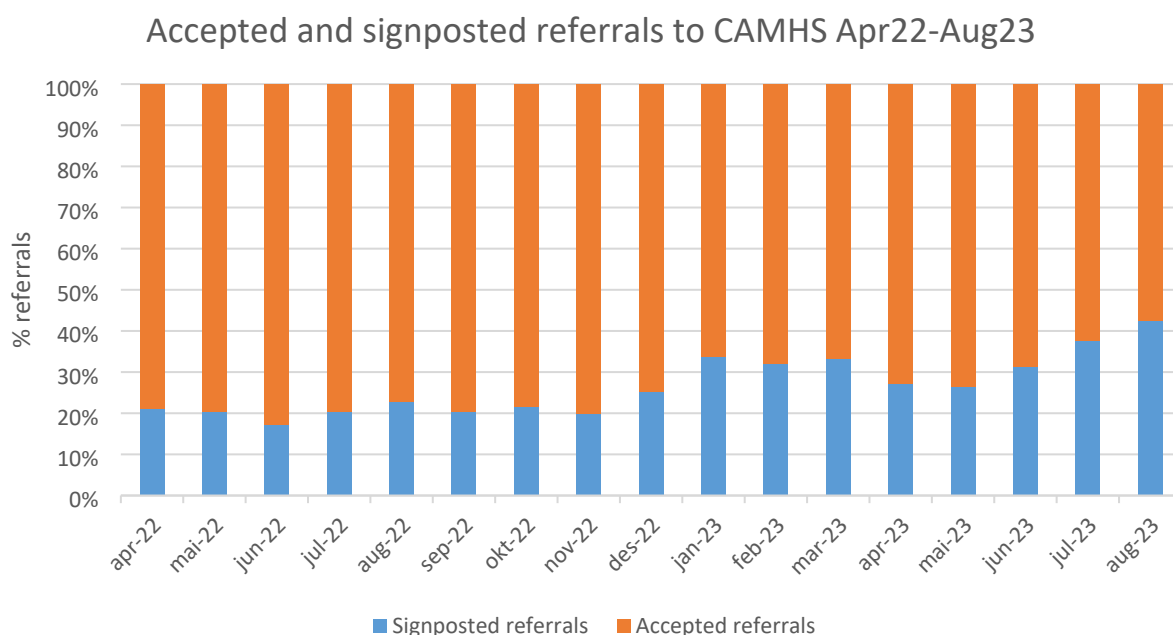
Figure 1:



A significant amount of work has been done to ensure our Screening Team is robust and works efficiently, only accepting referrals appropriate for CAMHS. We have reviewed our processes accordingly and have introduced Therapeutic Letters for individuals and families who do not meet our threshold and have also refined our acceptance for Primary Assessment of Need (PANA) appointments. The Early Intervention Service has offered 427 PANA appointments between January and June 2023 which has allowed the service to meet with children and young people to assess that the right care at the right time is offered. They have written 288 Therapeutic Letters between February and September

2023 and these letters, written in a supportive way, have provided advice regarding appropriate supports and rationale as to why the referrals are not being accepted and show concerns are heard and validated. Through the use of both Therapeutic Letters and our Primary Assessment of Need appointments we ensure that we are meeting the individual needs of children and young people at the right time by the right service, which can include universal and additional supports and allows for the right referrals to be accepted into CAMHS. This is reflected in Figure 2 showing the reduction of referrals accepted during the past six months, ensuring children and young people are signposted to the most appropriate support. On average CAMHS receives 230 referrals per month, with an average of 170 referrals accepted.

Figure 2:

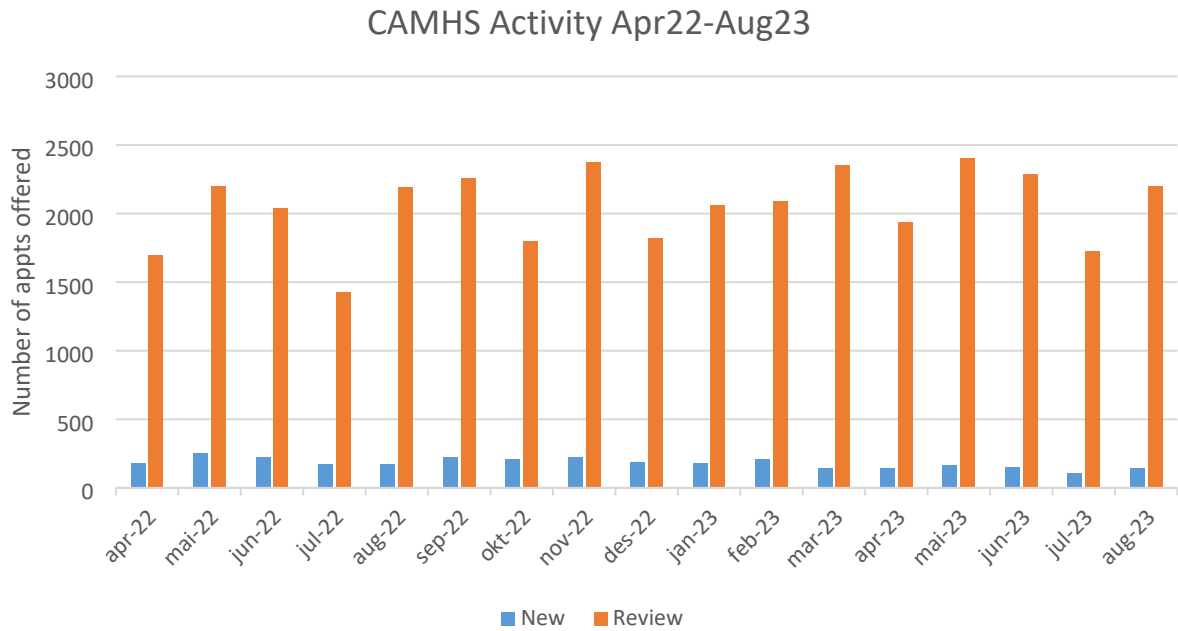


Activity:

As can be seen in Figure 3, activity across CAMHS follows a similar pattern to referrals, with dips during holiday months, and peaks corresponding to higher rates of referrals (May, November, March). On average, 180 new appointments and 2050 review appointments are offered every month. Review appointments are therapeutic interventions/treatment sessions offered following Initial Assessment (new) appointments. Each staff member has a Job Plan which details their allocation of new and review slots each week, which is balanced with other professional and clinical demands. A child or young person will be offered on average three weekly appointments to engage in therapeutic treatment, agreed through their joint formulation of needs, following assessment. This timeframe is reviewed at each appointment and is subject to change due to increasing risk or planning for discharge, for example. Therapeutic Interventions are discussed through various supervision opportunities ie Caseload Discussion, Clinical

Supervision and Group Supervision to ensure that children and young people are offered the right treatment at the right time and are discharged appropriately.

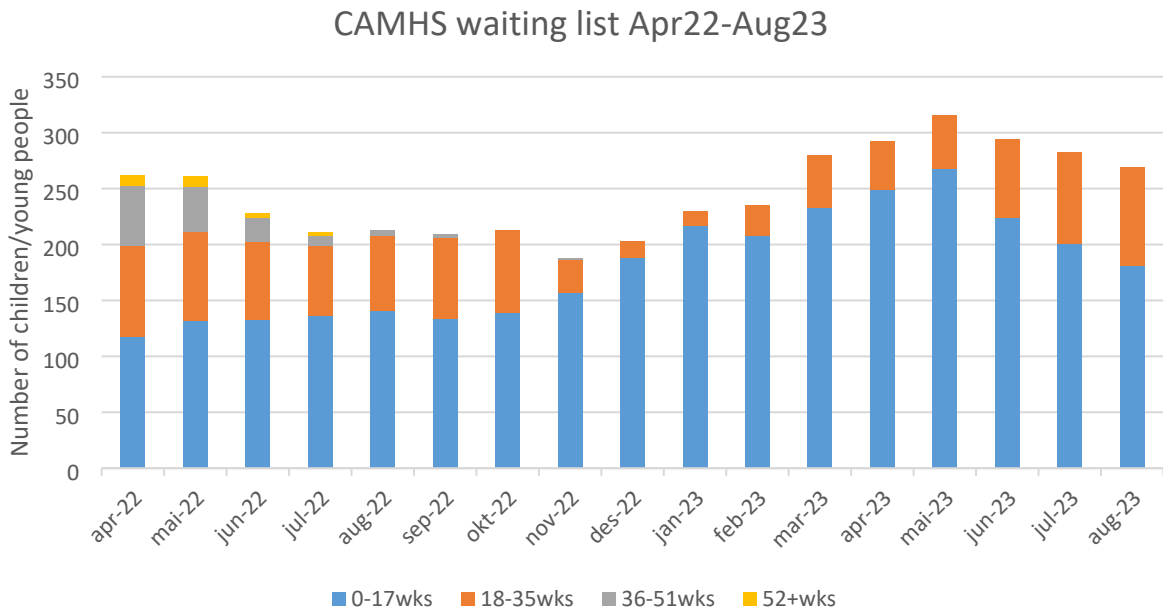
Figure 3:



Waiting Times:

As of 31 August 2023, there were 269 children and young people waiting with 88 waiting over 18 weeks and 0 waiting beyond 36 weeks. Of those waiting over 18 weeks, 31 have appointments booked. Figure 4 shows that although the tip over into the 18- 35 week category has increased, overall, the numbers waiting have reduced.

Figure 4:



A significant amount of work was undertaken to clear all those waiting beyond 36 and 52 weeks. And as can be seen in Figure 4, at the turn of 2023, those waiting over 18 weeks had also significantly reduced with 94% of children and young people waiting under 18 weeks in January 2023. The impact of staff reduction because of staff movement, retiral and long-term sick can be seen from February onwards as the list grows and the waits over 18 weeks increase. The aim during this period has been to maintain the waiting list below 36 weeks as recruitment progresses to allow work to recommence towards meeting the updated trajectory by March 2024.

Figure 5:

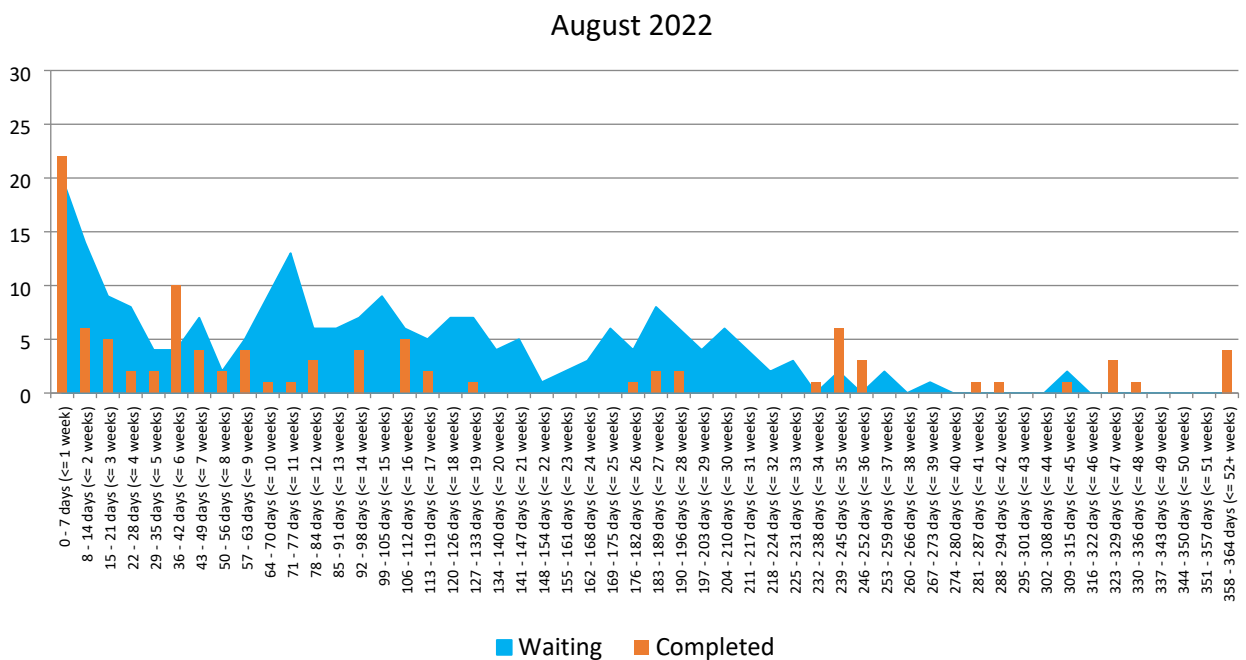


Figure 6:

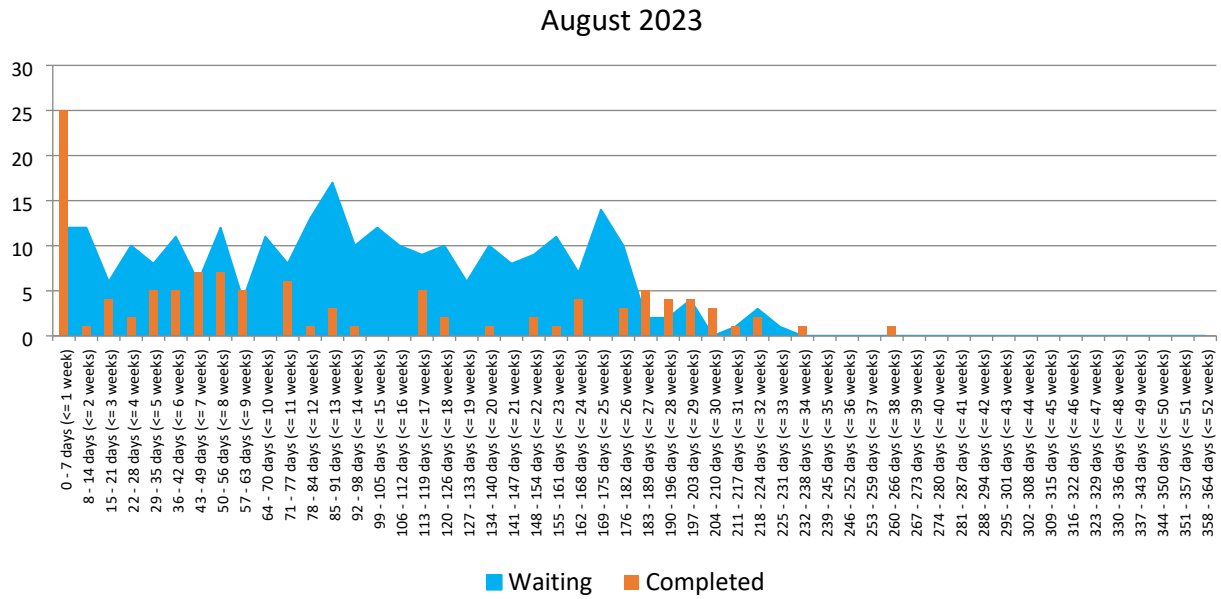
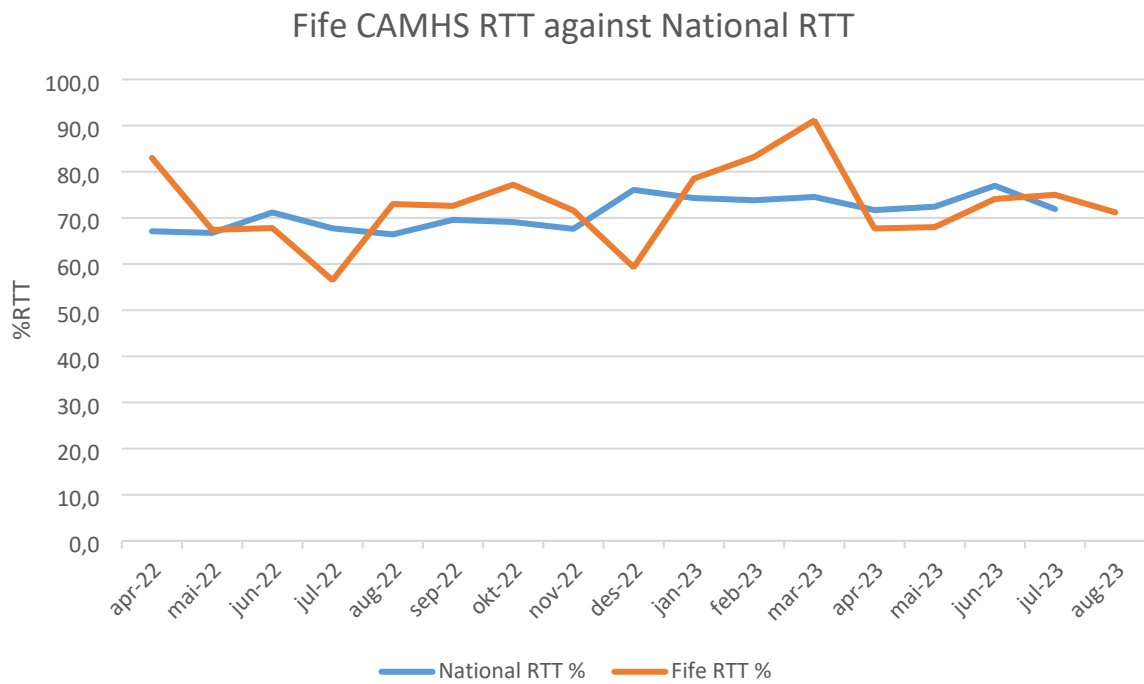


Figure 5 shows the shape of the waiting list as of August 2022 with waiting spread out between 0 and 45 weeks. Whereas Figure 6 shows the current wait list shape. The higher peaks reflect the higher rate of referrals in March and May, as an increased number of children and young people were added to the waiting list. In both charts, the orange bars represent the number of children and young people starting treatment, showing the higher number of urgent/priority presentations at the left hand side of the charts.

Activity to reduce and manage the longest waits will continue to have an adverse effect on RTT until all activity occurs under the 18-week threshold. This is as a result of the RTT being based on the percentage of staff activity that occurs under the 18 weeks and any activity that occurs with patients waiting longer than 18 weeks counteracting this (Figure 7).

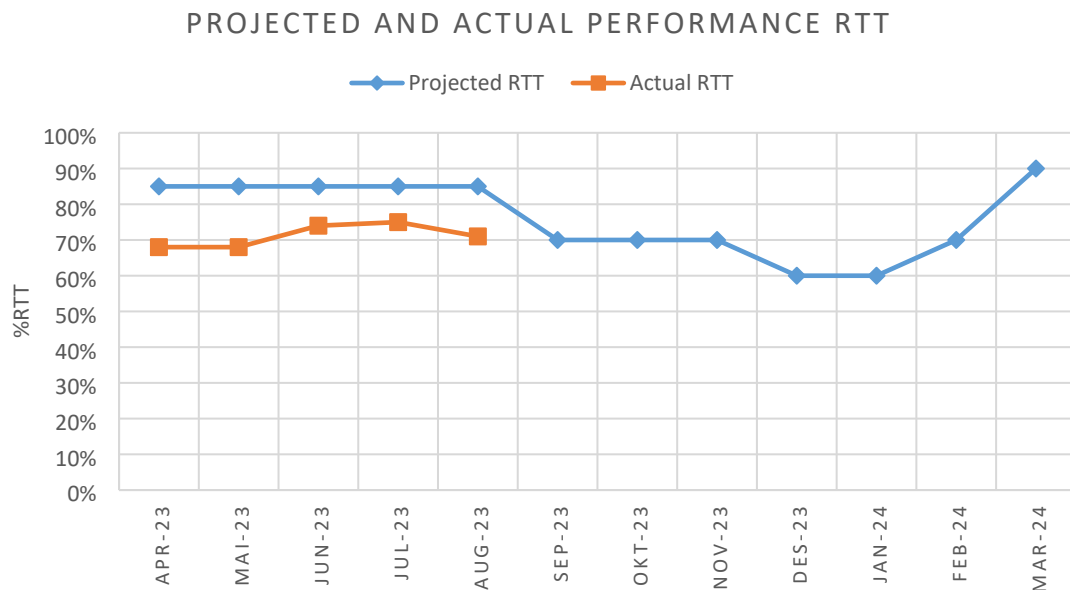
Figure 7:



Performance against trajectory:

In April 2023 an updated trajectory was put forward with the aim of meeting the Scottish Government CAMHS 18-week Referral to Treatment Target (RTT) by March 2024. Figure 8 below shows current performance against projected performance. The lower RTT reflects the ongoing work over 18 weeks, and as the waiting list continues to be addressed, there will be a corresponding drop in RTT.

Figure 8:



The projected waiting list is shown in Figure 9 below. Overall, the number of children and young people waiting is less than expected because of increased demand for priority

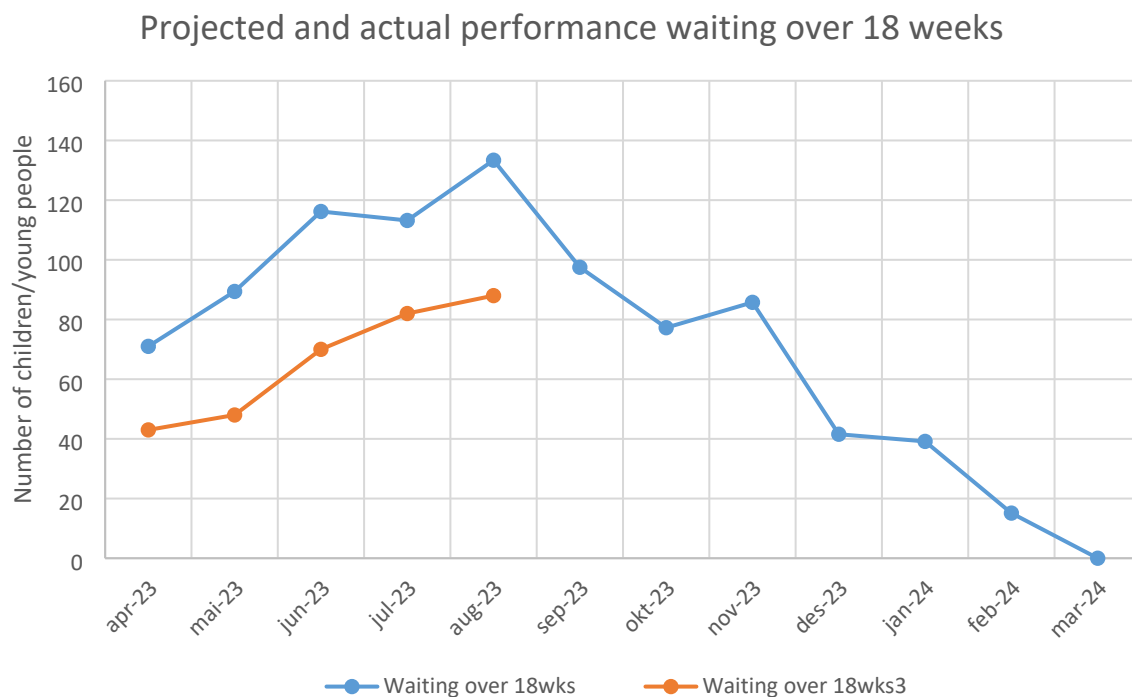
slots and the lower rate of acceptance over recent months. Detail on how referrals are being managed for those who are not appropriate for a CAMHS intervention is described in the Actions section, specifically through Screening & Therapeutic letters, Early Intervention groups and Early Intervention Training.

Figure 9:

mm/yy	Projection			Actual		
	Waiting under 18wks	Waiting over 18wks	Total	Waiting under 18wks	Waiting over 18wks	Total
Apr-23	213	71	284	249	43	292
May-23	209	89	298	268	48	316
Jun-23	216	116	332	224	70	294
Jul-23	230	113	343	201	82	283
Aug-23	218	133	351	181	88	269
Sep-23	228	98	325			0
Oct-23	232	77	309			0
Nov-23	257	86	343			0
Dec-23	235	42	277			0
Jan-24	222	39	261			0
Feb-24	201	15	216			0
Mar-24	200	0	200			0

Waiting over 18 weeks has followed the expected trajectory, increasing from April to August 2023 (Figure 10). There will be a continued increase over the next quarter as appointments are booked into diaries, but children and young people are not yet seen. The waits over 18 weeks will decline as children and young people attend and commence treatment.

Figure 10:



Staffing:

The Scottish Government Recovery & Renewal Fund (R&R) was allocated to Fife CAMHS in order to achieve a range of objectives which included RTT and waiting times, and additionally also prioritised the funding towards improving the quality of care and models set out in the National CAMHS Service Specification. Specific challenges continue to exist around the recruitment to Psychiatry and Psychology posts due to a nationwide shortage of suitably qualified candidates, combined with competition from other boards due to the national funding model. This has allowed staff to move to work within their own locality, reduce work travel time and also to apply for senior posts across the country.

The majority of our nursing posts have been filled however there are a small number of appointments where the candidates are yet to take up post, and one post still in recruitment. The service is therefore not yet at full operational capacity.

Our recruitment from general mental health areas has required investment in the development of staff to reach the core competencies of a CAMHS clinician which in turn creates a lag in clinical activity whilst competencies are developed. A number of our staff have also moved within our service to develop further professionally.

Across Scotland, as has been previously stated, there have been a high number of CAMHS posts advertised which has led to recruitment saturation. In Fife we have responded to this through offering CAMHS Clinician posts, which can be applied for by set disciplines who will add to our skill mix and hopefully bridge the recruitment gaps.

Once fully staffed we will have the capacity to meet the projected demand for priority slots and allocate from our waiting list, in order that we achieve the RTT by March 2024.

Sickness

We are entering into the Winter months where sickness can peak especially as COVID cases are currently rising, and this may directly impact our capacity in offering 'New Appointments'. Longer term absence requires the reallocation of staff caseloads. This typically equates to 35-45 cases per staff member which are picked up 'as new' by team members, reducing capacity for 'New from Waiting list' appointments considerably.

Accommodation

Due to the increased staffing compliment the clinical space, specifically in West Fife, is insufficient to ensure that the staffing resource is used to its fullest potential and that clinical care is delivered in settings aligned to need and risk.

Increased acuity

If there is an unexpected rise in acuity of presentations, capacity will necessarily shift away from waiting list work, with available slots being used for those children and young presenting with higher risk.

Actions:

Managed booking

Existing capacity will be used to book appointments (Oct-Dec23) from the waiting list to ensure that waits are initially brought down to 26 weeks, clearing referrals added to the list in March 2023. As new staff come into post and full capacity is reached, booking can focus on the peak of referrals added to the waiting list in May 2023. Alongside this, capacity will be retained for priority appointments (seen within 6 weeks). This two-tailed approach of booking from both the start (priorities) and end of the waiting list (longest waits) will ensure that RTT is met by March 2024, and maintained going forward.

Evening clinics

Evening clinics commenced in April 2023 and have increased the capacity to offer appointments to the longest waits. Participation is voluntary and overtime is offered to those who wish to take part. Current staffing level: 4 staff 1 session per week, 2 staff 1 session per fortnight (2 appts per session). Figure 11 shows the status of evening clinic cases, and Figure 12 summarises evening clinic activity.

Figure 11:

Status and detail	Count of cases
Appt booked	4
Closed	16
Discharged from CAMHS	7
Passed to Core CAMHS	5
Referred on ADHD	2
Offered new - patient declined care	2
Daytime appt - evening not suitable	3
Open	19
Discharge pending school meeting	2
Ongoing evening clinic	17
Grand Total	42

Figure 12:

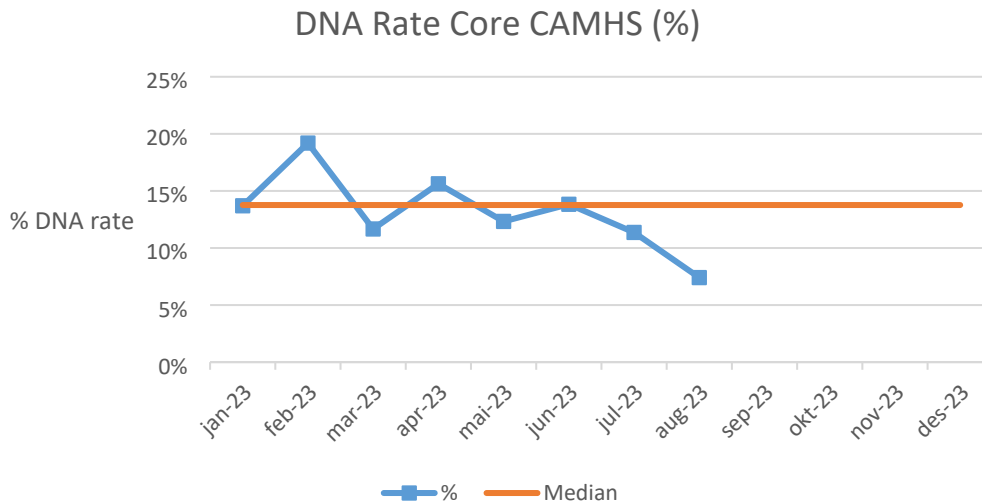
Evening Clinic	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Total
New Patient	18	8		3	11	40
Arrived	14	8		2	11	35
Arrived Not Seen	1					1
Not Attended	3			1		4
Return Patient		41	26	21	27	115
Arrived		38	21	17	26	102
Not Attended		3	5	4	1	13
Grand Total	18	49	26	24	38	155

Evening clinics are planned to continue through the winter months, with an open offer to staff not already involved to participate.

Core CAMHS DNA reduction

Since 17 July 2023 all families receive a phone call reminder about their appointment the following week with Core CAMHS. In the case of unanswered calls, a message is left, and follow-up text/email sent with the appointment details. Figure 13 shows that this has not only reduced the DNA rate but has also allowed timely rescheduling of appointments with families during the call, ensuring that 'new' appointment slots are used and the number of wasted slots reduced.

Figure 13:



Screening/Early Intervention Therapeutic Letters

Since February 2023 the Early Intervention Service has written therapeutic letters in response to referrals that do not meet CAMHS criteria. These letters provide context and rationale around why CAMHS referral criteria has not been met. It also provides opportunity for families to be signposted to the appropriate supports and informs them of how to access these services. This initiative highlights the early intervention principles of getting the right support at the right time. Therapeutic letters have been an excellent addition to our service and are positively commented on by recipients.

Early intervention groups

We have begun to develop early intervention groups to support the referral to treatment trajectory. These groups are being developed with the aim of offering timely, evidence based therapeutic interventions for appropriate children and young people and will be accessed through our screening process. The aim is to provide children and young people the right support at the right time, therefore reducing the possibility of escalating difficulties and preventing them being placed on our waiting list.

Core CAMHS Job plans

Job plans were introduced at the beginning of 2023 to ensure equity across teams for new appointment offers, to support effective diary management as well as ensuring appropriate balance between clinical casework, admin, and other activities e.g., supervision, continued professional development. These are reviewed regularly and adapted accordingly e.g. commencing education, wellbeing, caseload sizes.

Core CAMHS Caseload management

Line managers meet with clinicians monthly to look at their caseload sizes, their throughput, and their capacity. This support has helped clinicians meet the requirement around taking new patients and review appointments with existing patients, as well as offering additional support from their line manager. This supportive measure allows both clinician and line manager to ensure manageable and sustainable caseloads whilst supporting the reduction of the waiting list and also ensuring staff wellbeing.

Core CAMHS Moving on groups

This group, which is in the development stages, is aimed at children and young people who clinicians feel are struggling to disengage from CAMHS. They may need a different approach or would benefit from additional support to move forward to discharge. The aim of this group is to allow for increased throughput to be managed and maintained.

Core CAMHS Culture of Improvement

The delivery of a Development Day within the Core team has been hugely rewarding as work is ongoing to ensure staff feel included and aligned with the vision and ongoing work to support the reduction in RTT. Staff report they feel they are invested in, part of the wider picture, and the overall enthusiasm and positive feedback received shows team moral has benefitted from this. Development focused on data, values and Core capacity, quality, and workload. Focussing on staff support and development, has contributed to upskilling, increasing confidence, knowledge and boundaries around roles and responsibilities, which have all effectively supported an increased quality of work and output, supporting the current RTT trajectory alongside the quality of patient experience, treatment, and journey.

Core CAMHS Access to education

Over the past 2 years staff report an increase in confidence, skill set and throughput as a direct result of participating in NES training. While this reduces front facing capacity for the duration of the training period, the longer-term gain for quality of care delivered offsets this cost.

Early Intervention Training

The Early Intervention Service has been working collaboratively with community partners to support and upskill them in managing distress and providing containment for children and young people. This has included the service providing monthly training opportunities related to managing risk and recognising when a referral to CAMHS is appropriate. It is hoped that through this training that attendees feel empowered and confident to manage the challenges they encounter and ensure appropriate referrals to CAMHS.

Contingencies:

- Detailed collection and analysis of staffing activity combined with continued caseload supervision to ensure that throughput of casework is maintained.
- Demand and Capacity analysis which demonstrates adequate staffing capacity to meet current demand and monitors any changing requirements.
- Alternative accommodation being assessed and costed for West Fife.
- Continued development of internal training programmes to ensure that staff have the required competencies for the increasing complexity of presentation.
- Ongoing recruitment and review of vacant posts to ensure staffing resource is maintained.
- Continuing evening clinics and development of further groups to support RTT trajectory.

2.3.1 Quality/ Patient Care

The improvement in the reduction of waiting times and delivery of the national specification will continue to improve patient care.

2.3.2 Workforce

Increased capacity within the CAMHS workforce will lead to improved stability and retention of skills, plus enhanced career pathways within the specialty.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk Assessment/Management

There is significant reputational risk if improved performance is not sustained.

There is an ongoing risk of workforce migration from Adult Mental Health services to CAMHS.

Future funding allocations through the Scottish Governments Recovery and Renewal fund may be at risk if the organisation fails to fully utilise the current award. It should be noted that this is extremely unlikely given the successful alternative and creative recruitment approaches that have been implemented.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Improvement proposals were developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement team and previous approval from the NHS Fife Executive Directors Group.

2.4 Recommendation

- Assurance

3 List of appendices

N/A

Report Contact

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Email: Rona.Laskowski2@nhs.scot

Meeting:	Public Health & Wellbeing Committee
Meeting Date:	6 November 2023
Title:	Psychological Therapies Standard Update
Responsible Executive:	Nicky Connor, Director & Chief Officer of Fife Health & Social Care Partnership
Report Author:	Dr Frances Baty, Director, Fife Psychology Service

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive
- National Health & Well-Being Outcomes

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report provides an update on the psychological therapies (PTs) performance indicators as set out in the Scottish Government's Annual Delivery Plan (2023/24). The report provides: information on performance against the 18 week referral to treatment (RTT) waiting times standard; the numbers waiting including the longest waiting patients and projected performance on the RTT waiting times standard. Data on the numbers of people accessing psychological therapies is also provided. The data is from August 2023.

2.2 Background

Within the Annual Delivery Plan, the Psychological Therapies (PT) indicators within the mental health drivers for recovery are: a reduction of waiting times in line with the RTT waiting times target; and a decrease in waits over 52 weeks.

The RTT standard states that '*at least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies*'.

There is clear guidance from the Scottish Government regarding which PTs can be counted as part of the standard. The very recently published National Specification for the Delivery of Psychological Therapies and Interventions in Scotland (September 2023) differentiates between psychological care and psychological practice.

- Care is defined as the psychological approaches that professionals use to recognise, listen and help educate people in ways to support their mental health. For example, self help advice on healthy sleep.
- Psychological Practice is defined as evidence-based talking therapies and interventions provided for people with more complex mental health or psychological needs. An example of this would be trauma-focused cognitive behavioural therapy for post traumatic stress disorder or acceptance and commitment therapy for someone with chronic pain.

It is only the latter, evidence-based psychological practice, which is included in the waiting times performance reporting.

Workforce availability remains a challenge facing psychology services across Scotland. While there are no issues with recruitment to some grades of staff, there remain significant difficulties in recruitment of psychologists qualified to meet the needs of people with most complex presentations. People with complex presentations require highly specialist psychological therapy or interventions from a clinical or counselling psychologist that can take many months to deliver. The backlog of longest waits in Fife is comprised of people with these most complex presentations. Sustained improvement efforts, such as the use of skill mix and joint working to expand capacity, have improved flow for people with less complex presentations. Improvement activity is reported in Appendix 1.

It is of particular importance to note that in relation to PTs, complexity does not equate to severity or urgency. All people whose difficulties require urgent assessment and intervention are accorded priority. The psychology service regularly contacts people who are on the waiting list.

2.3 Assessment

Performance against RTT Waiting Times Standard

The Scottish Government's RTT standard includes performance data from CAMHS and psychological services for adults.

The RTT standard measures monthly performance by taking the number of people who begin psychological therapy in that month and comparing the number of people who had waited under 18 weeks with the number who had waited over 18 weeks.

The RTT does not measure the activity required to be undertaken before a course of therapy can begin, e.g. psychological assessment or indirect preparatory work with the team around the person.

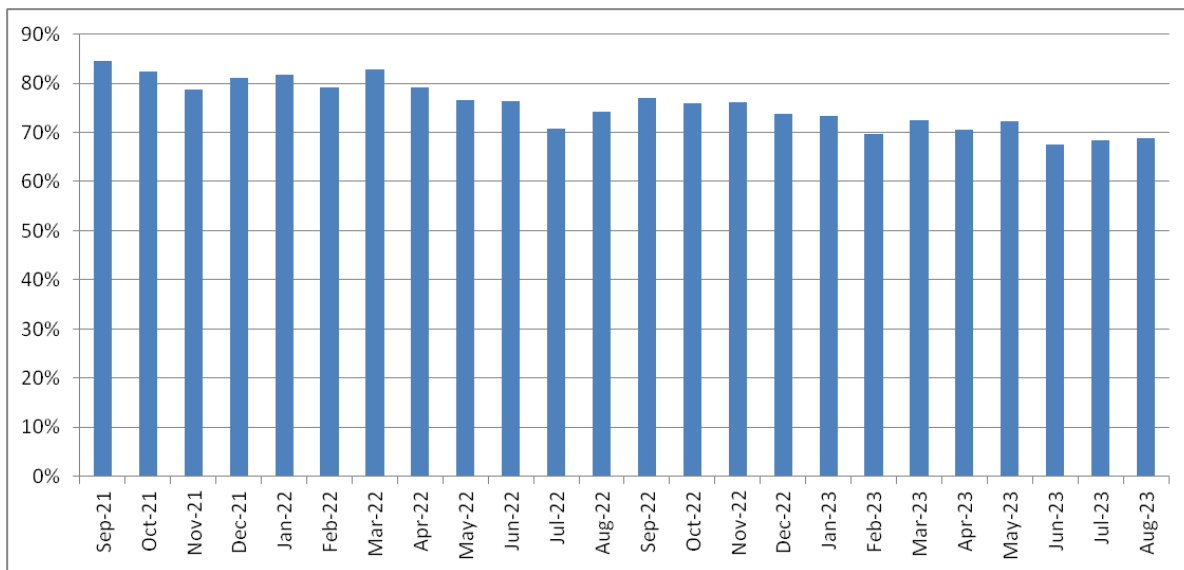
Nor does the RTT target measure the total activity required to deliver a course of therapy, it solely records and considers the first appointment of a new course of therapy.

Performance for the 24 months to August 2023 is shown in Figures 1 and 2 below.

Figure 1.

2021				2022							
Sep	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August
84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%
2022				2023							
Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August
77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%	68.4%	64.8%

Figure 2. Monthly % performance RTT psychological therapies



Performance against the target is reducing because:

1. There are insufficient clinical staff to meet demand
2. Increased activity is reducing the queue, but because most have waited > 18 weeks, this has a negative effect on performance
3. Decreased uptake of lower intensity, higher capacity options for example computer based Cognitive Behavioural Therapy

Performance against the target is slipping. The most significant factor is the difficulty recruiting qualified clinical staff, particularly those with the skills to deliver the most specialist psychological therapies or interventions to those with the most complex needs. Despite sustained recruitment efforts and an overall increase in clinical staffing due to investment, the Psychology Service does not have sufficient staff in post to be in balance with demand. The waiting list will continue to increase until capacity matches demand.

Further, performance on the target is influenced by the proportion of clinical activity (first therapy appointments) which is focused on people waiting over 18 weeks versus those waiting under 18 weeks. Therefore, the larger the number of people who have waited over 18 weeks who are taken on for therapy within a given month, the lower the performance on the target for that month. Once a queue has built up, and many people are waiting longer than the target, increased activity associated with successful recruitment means that more people are being seen, however performance against the target is reduced. This increased activity is positive and a necessary

step for achieving the RTT in a sustainable fashion however in the short-medium term it impacts negatively on performance.

Figure 1 shows that performance began to drop during 2022. During the 18 month period (March 2022-August 2023), an average of 74% of people referred began a PT within 18 weeks of referral. This equates to 11,838 people.

The more recent decrease in performance (June-August 2023) is also associated with increased activity within services for adults - 12% more in June-August 2023 (within specialist, high intensity 1:1 or group PTs) relative to the same period in 2022. While this increase in activity is to be welcomed – and it has positively impacted longest waits (see below) – it does temporarily reduce performance on the target.

Another factor which impacts performance is the number of referrals received both for computerised CBT (cCBT) and for the PTs which are less staff intensive (and so can be offered more quickly). There was a 26% reduction in referrals for these service options during the second half of 2022 relative to the first half (915 compared to 1237). This impacts the target as the lower referral rate for these therapy options reduces the percentage of people who have waited less than 18 weeks who start therapy in a given month. The referral rate for these low intensity options has increased again following a concerted marketing campaign to publicise these options (some of which are self-referral) to both GPs and members of the public.

The data in the remainder of this report relates to PT activity within adult services.

Referrals and waiting times

Overall referral rates are stable having previously returned to pre-Covid levels

Demand for higher intensity therapies, which require more staff activity, has increased by 12% year-on-year

Referral rates

Referral rates have a major impact on capacity to reduce waiting times. Referrals rates for PTs (adults only) have changed only slightly over the last two years, with 2% more people being referred in the period:

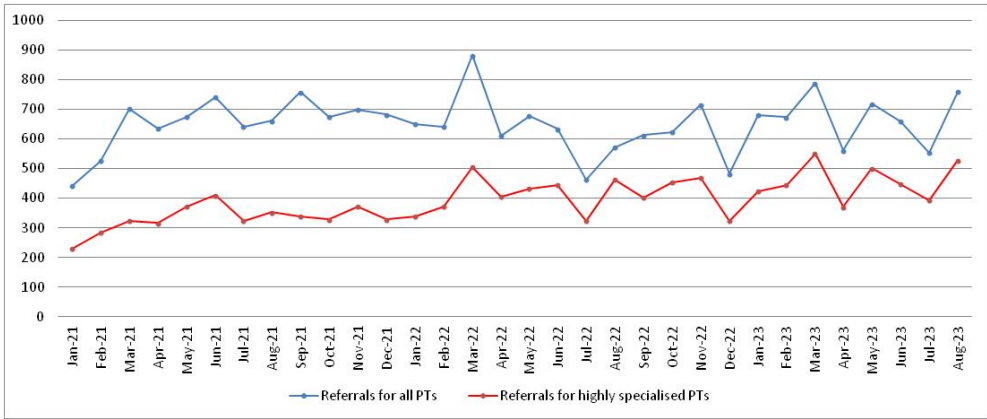
September 2022-August 2023 (7823 people)

compared to

September 2021-August 2022 (7659 people).

As a consequence of previous service improvement work, there is capacity to manage referrals for PTs which are low intensity in terms of therapist contact. Therefore, it is the referral rate for highly specialised PTs which impacts most on waiting times and capacity to improve performance. Referral rates for these latter PTs (which are high intensity in terms of therapist time) have increased by 12% over these same time periods (5305 people compared to 4651 people). Figure 3 shows the referral rate and illustrates the monthly fluctuations.

Figure 3



Longest waits

Between August 2022 and 2023, the number of people waiting:

- more than 52 weeks was reduced by 47%
- 104 weeks+ was reduced by 76%

Meeting the needs of the longest waiting people while also responding to urgent clinical needs, remains the main focus for services in Fife.

All of the longest waits who are waiting for highly specialised therapy are within the Psychology Service. In order to set the current longest waits in context, Figure 4 below gives the numbers waiting over the past 12 months. Clinicians continue to see patients in order of referral (unless they are expedited on clinical grounds).

Figure 4

Numbers waiting	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
In total	2151	2197	2353	2311	2244	2188	2265	2327	2284	2422	2339	2352	2389
>18 wks, <53+wks	660	700	729	714	757	720	739	771	836	802	829	882	815
53+ wks	393	413	403	387	359	331	297	255	248	225	216	211	207
104+ wks	143	144	132	120	100	83	74	53	49	61	57	51	49

The above data shows that from August 2022, there has been a steady reduction in the number of people waiting more than 52 weeks: from 393 in August 2022 to 207 in August 2023 (a reduction of 47%). For the very longest waiting patients (104weeks+), the percentage reduction over this period is 76%.

Figure 5 illustrates this data.

Figure 5.

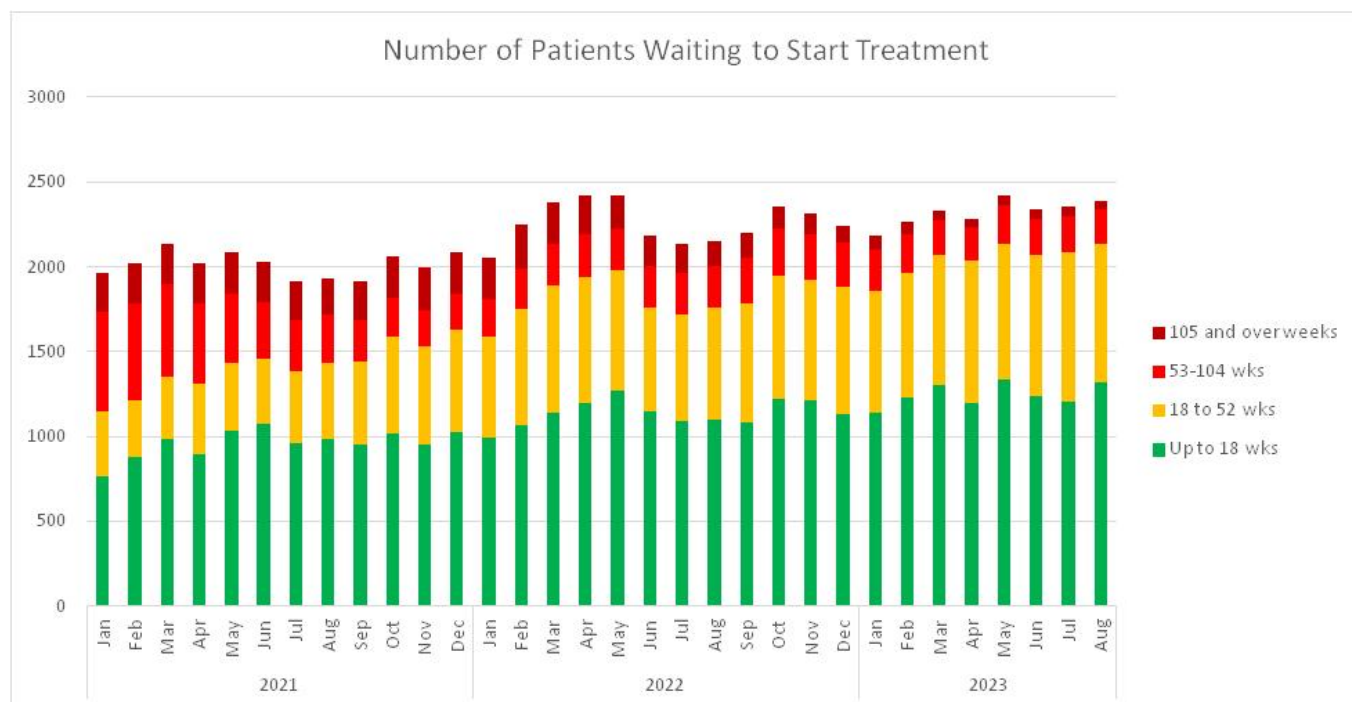


Figure 5 illustrates the impact of the focus on the longest waiting patients. However, it also highlights that the number of people waiting between 19 and 53 weeks increased during this period. This is because the Psychology Service as a whole is not yet in balance, i.e. referrals for specialist PTs continue to be higher than the service’s capacity.

There is variability between clinical specialities within the service and in some specialities the longest wait time for therapy is much less than 53 weeks.

In the clinical specialities with the longest waits, improvement actions have been undertaken with a view to meeting needs of people waiting between 19 and 53 weeks, alongside beginning therapy with the longest waiting patients. A recent example of this is the introduction of a group PT programme – Survive and Thrive- within the AMH Psychology speciality (Appendix 1). While such improvement actions can mean a small reduction in overall capacity for direct clinical work (due to the time required to prepare, deliver and receive the necessary skills training plus provide on-going supervision), this whole systems approach is necessary in order to support sustained improvement in performance.

Numbers commencing highly specialised psychological therapy

The number of people starting highly specialised psychological therapy increased by over 10% year-on-year

The amount taken on each month varies significantly due to individual caseload factors and the starting date of group interventions

Figure 6 shows the number of people commencing therapy each month since January 2021, broken down by length of wait. Monthly fluctuations are associated with changes in therapist capacity to take on new patients and the commencement of specific group programmes. However, Figure 6 also illustrates the impact of new staff picking up caseloads in May and November 2022.

Figure 6

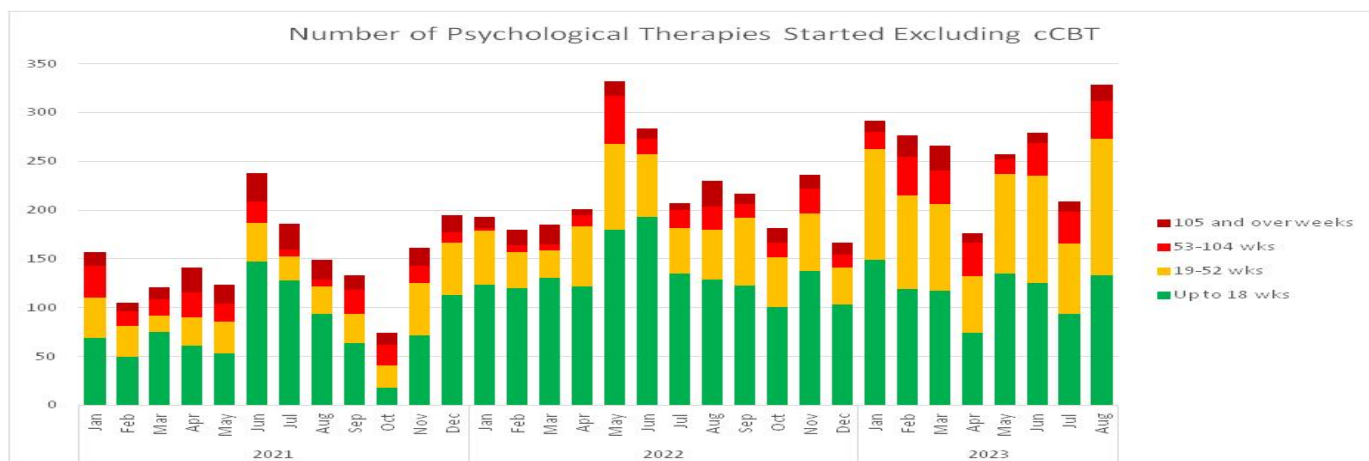
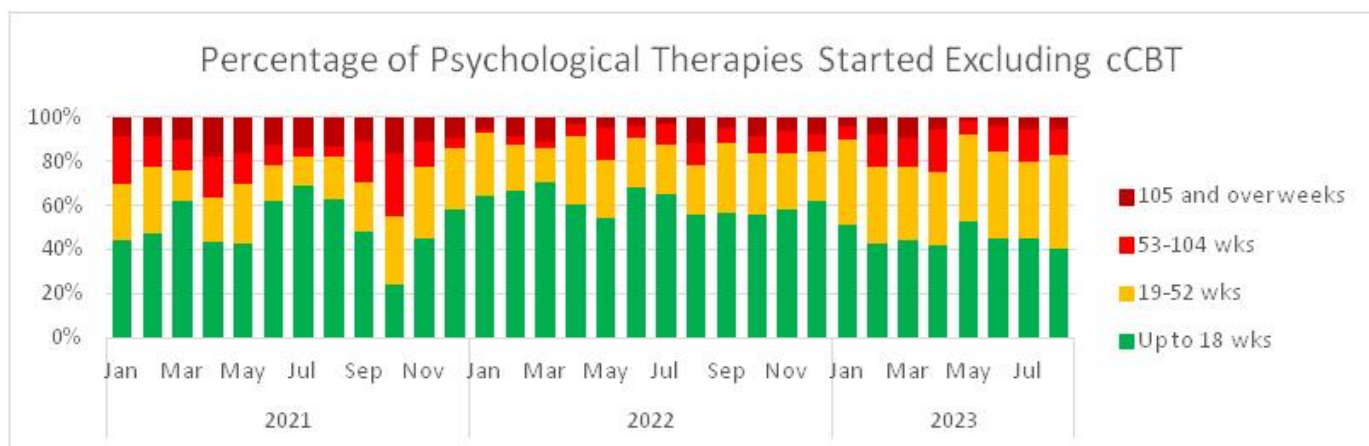


Figure 6a



Other than those prioritised on clinical grounds, people are offered an appointment when they reach the top of the waiting list for their particular psychology specialty. During the 12 months to August 2023, 478 people who had waited 53+ weeks commenced psychological therapy (1:1 or in a group). During the same period, 2409 people who had waited up to 53 weeks also commenced therapy with 1411 of these waiting less than 18 weeks to do so.

The RTT includes data for people commencing cCBT. Including these individuals into the data for the year September 2022- August 2023, a further 2086 people began therapy in under 18 weeks.

Case studies

The following case studies illustrate typical interventions for people who require highly specialist psychological therapy. In both cases, psychological difficulties are having significant effects on the person's functioning and quality of life, however variations in complexity lead to significant differences in terms of the resource required to meet their needs. The first scenario describes a person with lower complexity who would benefit from a group intervention delivered within our Adult Psychology Service. The second scenario describes a person with more complex difficulties including comorbidity and a history of adverse childhood experiences who would be seen within our Clinical Health Psychology Service.

Scenario 1:

Patient X, who experiences debilitating anxiety and depressive symptoms, refers herself through the Access Therapies Fife portal for assessment for the Change Up group programme, which is an evidence-based Cognitive Behavioural Therapy group intervention.

She receives an initial 1:1 assessment, where a psychological formulation is developed between her and a psychologist. They agree that Change Up would be an appropriate intervention and she is allocated a place on the next group. She completes the Change Up group programme, which comprises 10 x 2 hour group sessions and 2 x 1 hour 1:1 sessions focused on making behavioural changes identified within the group. Her progress is reviewed at the end of the group and having achieved significant improvement in her difficulties, she is discharged.

She has received 23 hours of direct clinical input (1 hour assessment, 20 hours group intervention, 2 hours 1:1 intervention). Because the 20 hours of group intervention are delivered by 2 therapists to 10 participants, her net direct clinical input is 7 hours, of which only 24 minutes (her first group intervention session) is counted under the PT RTT standard as a first therapy appointment.

Scenario 2:

Patient B was referred with Post Traumatic Stress Disorder following a heart transplant. His history includes multiple previous traumatic experiences both in childhood and during military service. He has experienced multiple losses of role following the heart transplant (including loss of employment and forced move to suitable accommodation for physical limitations). He has to follow complex treatment regimes to avoid organ rejection, which have side-effects and restrict his activities.

In addition to PTSD, he has symptoms of panic and depression. He requires extended assessment due to the complexities of his difficulties and some indirect work with the team around him. After a shared formulation is agreed, he engages in long-term 1:1 therapy (30 x 1 hour sessions), using a combination of evidence-based interventions, including Trauma-focused Therapy, Compassion Focussed therapy and Acceptance and Commitment Therapy.

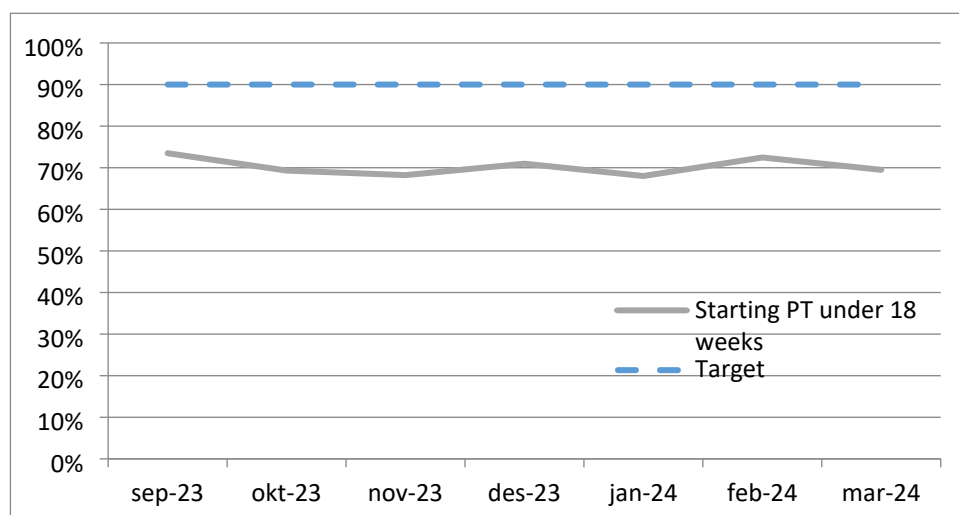
By the time treatment is complete, he has received 2 hours of 1:1 assessment, 3 hours of indirect work, and 30 hours of 1:1 intervention, of which 1 hour (his first 1:1 intervention session) is counted under the PT RTT standard as a first therapy appointment.

Projected Performance on RTT Standard

The date that was set by the Scottish Government for achievement of the Psychological Therapies RTT standard was 31 March 2023.

Understanding the workforce to inform recruitment plans required to meet the RTT standard remains a major focus of demand-capacity modelling within the service. Figure 7 shows projected performance on the RTT standard. Meeting the RTT does not require there to be no waiting list – only for it to be small enough to mean that 90% of clinical activity is with people who have waited less than 18 weeks.

Figure 7: Projected Performance on RTT Standard



As stated above, the Psychology Service is not in balance because demand continues to exceed capacity. The increased rate of referral for highly specialised PTs is a factor in this, but the main factor is that we have not been able to recruit the number of clinical / counselling psychologists (i.e. staff able to work with more complex presentations) to increase capacity as required. While mitigation of this through skill mix change has improved the flow of patients with less complex needs, skill mix does not impact those waiting who have more complex presentations.

Recruitment

Clinical and counselling psychologists are the staff required to meet the needs of people with the most complex presentations and there remains a national shortage of entry grade workforce for clinical/counselling psychology posts. This shortage, combined with the fact that patients with the most complex difficulties typically need longer-term, highly intensive interventions, is a particular challenge in relation to meeting the RTT target.

Recruitment efforts continue and we have seen an increase in applications for qualified clinical psychologist posts during 2023 relative to 2022. However, a number of staff to whom we have recently made offers are currently completing training and will not be available to take up post until April 2024.

The service continues to try to mitigate the challenges in relation to performance on the RTT target.

There has been further progress in increasing access to psychological therapy for those who will benefit from interventions below the most complex level. This has been achieved through the developments detailed in Appendix 1: Improvement Actions.

Other mitigations include:

- Using vacancy funding to increase hours for part-time permanent staff on a fixed term basis
- Using and developing new skill mix approaches to reduce demand at highest tier, and increase the capacity of most specialist psychologists to deliver interventions at this level
- Constant review of assessment processes and case management
- Development of group intervention options at the most complex level

- Working with CMHTs to develop interventions for people with highly complex needs who are unable to benefit from formal PT (unfortunately this latter work has been negatively impacted by the significant workforce challenges within the wider mental health system)

In addition, staff from all clinical specialities within the Psychology Service remain engaged in work to drive and support whole system change, which includes a focus beyond direct PT delivery. Quality improvement in mental health provision, as per the Scottish Government’s mental health transformation agenda, is one driver for this.

Another driver is recognition of the likely future impact of the Covid pandemic and the cost of living crisis on the population’s mental health. For most people, specialised psychological therapy will not be a necessary or appropriate response to the distress associated with these experiences. However, unless alternative more appropriate pathways / options are in place, past experience suggests that referrals of people affected by these events will be made to the Psychology Service (and other mental health services). Equally, there are specific populations (e.g. people who were teenagers or young adults during the pandemic) where demand for PTs within adult services may increase due to their experiences and where PT is an appropriate service response.

Using some current clinical capacity to develop options that will avoid unnecessary future referrals and also working to build capacity to manage an anticipated increase in demand is another key aspect of supporting sustainable improvements in performance in the longer term.

2.3.1 Quality/ Customer Care

Reducing waiting times for PTs will increase access and improve experience for people who can benefit from psychological therapies.

A review of complaints received by the Psychology Service in 2022 – 2023 found the following:

Complaint	Number of Complaints
Quality of intervention	6
Quality of assessment	1
Not accepted for Autism Spectrum Disorder (ASD)assessment	3
Waiting time for ASD assessment	1
Waiting time for intervention	2
Redirection to other services	4
Not accepted for PT	1
Access to Service	1
Opt-in process	1
Data breach	1

Below are some compliments recently received by the Psychology Service, edited where necessary to preserve anonymity:

“the understanding, non-judgemental support... the belief that xxx had in me that I’m not broken beyond repair”

“This service has changed my life”

“thank you for the amazing care you gave us”

“thank you both so much... we have gained so much from both groups”

Current IT systems do not enable routine collection of outcome data. However, the Psychology Service has conducted numerous service evaluations. A recent example is an evaluation of the Change Up group described in one of the case studies above. Change Up is a cognitive-behavioural group intervention. The evaluation looked at outcomes from 18 groups with over 200 participants. Improvements on validated self-report measures of anxiety, depression, daily functioning, wellbeing and emotion regulation were found from pre- to post-treatment. Participants reported finding the group helpful in terms of the content and group setting.

2.3.2 Workforce

There is a risk of increased workforce stress due to workload demands while, at the same time, working in new ways in redesigned services and supporting psychologically informed practice across the wider health and care workforce, plus the increased demands of supporting future expansion of the workforce through additional training posts. The Fife Psychology Service has been successful in mitigating this and this will be an on-going focus for the service.

2.3.3 Financial

There are no additional financial implications arising from this report.

2.3.4 Risk/Legal/Management

The ongoing delay in maximising availability of PTs has a negative impact on demand for wider adult mental health services and reduced efficiencies in the provision of multidisciplinary care.

2.3.5 Equality and Diversity, including Health Inequalities

It is anticipated that timely access to psychological therapies, and delivery of ambitions to expand psychologically informed practice across Fife, will reduce health inequalities.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

There has been regular communication with colleagues from the Scottish Government Mental Health Division Performance and Improvement Team.

2.3.8 Route to the Meeting

SLT Assurance, Fife HSCP 4 October 2023

2.4 Recommendation

This report is for:

- **Assurance** - Members of the Public Health and Wellbeing Committee are invited to consider the range of activity and associated work ongoing to provide continuous improvement in the access to and availability of psychological therapies.

3 List of Appendices –

Appendix 1. Improvement Actions

Report Contact:

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Appendix 1: Improvement Actions

The improvement actions for PTs are monitored via the Fife HSCP Psychological Therapies Steering Group.

Timely access is a key element of quality improvement and drives the actions undertaken. Improving access for PTs involves both increasing the opportunities for people to access PTs and reducing waiting times where these are unacceptably high. Given the wide-ranging nature of the demand for PTs and the fact that referral rates often increase once waiting times reduce, improvement actions must be sustainable. The improvement actions undertaken to date can be described broadly as: those aimed at better managing demand across the health and care system; those which are geared to increasing capacity within the Fife Psychology Service, the wider Mental Health Service, Primary Care services and the 3rd sector; and those which support the sustainability of service improvements.

Different elements of PT service provision vary in terms of performance against the RTT standard and degree of waiting list backlog. The areas of service which are facing the most significant challenges are Adult Mental Health Psychology Services (specifically services for people with the most complex needs) and the Clinical Health Psychology Service (specifically within the general medical psychology service). Improved performance in the latter requires further work on relatively discrete and circumscribed clinical pathways, whereas issues impacting performance in the former are more complex and require a much wider range of targeted actions across tiers of service provision. The rationale which has driven developments within Adult Mental Health systems in recent years includes the following:

- To increase access and flow to PTs that require low intensity workforce in order to improve efficiency within system; increase capacity for high intensity provision; and have a positive impact on GP capacity ‘
- Development of group-based service delivery models in order to increase capacity and harness the evidence-based benefits of group processes in facilitating change;
- Partnership working with 3rd sector in order to improve access and more efficient use of resources; and build capacity for on-going support required by some patients to sustain clinical change;
- Development of CMHTs to increase access to psychologically informed shared care, and psychological intervention when appropriate, for patients with more complex and severe difficulties;
- Development of care pathways to improve clinical decision-making, patient experience and flow through the system; and
- Identify blocks within current system and better understand demand-capacity ratios within tiers of the service.

The table below summarises the improvement actions taken in recent years. These build upon earlier actions such as reviewing and promoting referral criteria to different tiers of the service.

Table 1.

Challenge / Area for improvement	Improvement Action (2018-current)	Impact of improvement Action to date	Next Steps
Increased access and reduced waiting times for patients with less complex difficulties	Improved capacity via new PT group programmes, with streamlined referral process, since 2018	Increase in numbers of patients accessing PTs/month; reduction in wait times for PTs	Development of further group programmes in response to clinical need
Increased access and reduced waiting times for patients with less complex difficulties	Launch of <i>Access Therapies Fife</i> website, enabling self-referral to some PTs, November 2018	Increased access; more efficient use of staff resource; released capacity for more highly specialist work <u>Referrals for online PT</u> 2018 - 912 2019 - 1004 2020 - 1370 2021 - 1056 2022 – 721 Jan-Aug 2023 – 994 <u>Self referrals for group PTs</u> Nov-Dec 2018 – 113 2019 – 2099 2020 – 817 2021 – 1724 2022 – 1560 Jan-Aug 2023 -1011	Expansion of offer of PTs available via website/self referral in line with development of new online and/or group PTs (e.g. <i>Embracing Difference</i> group, 2022); Summer 2023 – Development and implementation of sustainable marketing campaign around online offers
Reduce waiting times for people with complex needs	Development of Community Mental Health Teams across Fife, 2018	Multidisciplinary approach to care for patients with complex issues – MDT approach now in place across all CMHTs supporting targeting of PTs to people most likely to benefit. PT delivery work reduced/ suspended during 2022 due to workforce capacity in wider MH system	On-going developments of clinical pathways and expansion of capacity within CMHT for delivery of psychological interventions
Improve access to PTs for people with complex needs	Development of Complex Trauma/Personality Disorder pathway in 2018 Supports integrated working with 3 rd sector including the <i>Better than Well</i> service developed via partnership between Link Living and Psychology Service, as an improvement action in 2016	Care pathway facilitates access to PTs for people most able to benefit; to provide alternative pathway and psychological interventions. Phase-based approach to treatment implemented across all CMHTs; people most able to benefit from formal PTs can access these more quickly; with 'Phase 1 psychological interventions' available for people less able to benefit from PT	On-going developments to support pathway (e.g. introduction of structured clinical management MDT approach for more complex/high risk patients) Timetable slowed in 2022 due to workforce capacity in wider MH system
Increase capacity for delivery of psychological interventions and use of psychological strategies within Adult Mental Health Service	Psychology training programme for staff in mental health services initiated in 2018 - in <i>The Decider Skills</i> to manage emotional regulation; - in running <i>Safe and Able to Cope</i> group (developed by psychology to meet identified need amongst patients referred to mental health services)	Joint delivery (psychology and nursing) of <i>The Decider Skills group</i> programme; delivery by CMHNs of <i>Safe and Able to Cope</i> with psychology provision of coaching & clinical supervision. These now available across all CMHTs. Above work slowed in 2022 due to workforce capacity in wider MH system	Ongoing programme of Decider Skills and Safe and Able to Cope training. Ongoing supervision and coaching in Safe and Able to Cope.
Continued overleaf			

Challenge / Area for improvement	Improvement Action (2018-current)	Impact of improvement Action to date	Next Steps
Increase capacity within wider mental health system for delivery of psychological interventions (PIs)	Introduction of enhanced PT/PI Training Strategy across all mental health services in 2018	Supporting delivery and implementation of training within wider mental health workforce to ensure sustainability of provision; improved governance structures; oversight via Psychological Therapies Steering group. Some reduction in training in AMH during 2022 due to capacity issues in wider MH system; on-going training programmes in other clinical specialities and with 3 rd sector.	2021/22 refresh to support implementation of psychologically informed care across wider mental health system; on-going delivery.
Improve access to PTs for people who present to mental health service in crisis	In 2019, a Clinical Associate in Applied Psychology joined the Unscheduled Care Team; provision of brief psychological therapy as part of care pathway	Secondary preventative role; improved multidisciplinary working; improved access to PTs; impact on waiting times target	Increase in psychology resource (1.4wte) to Unscheduled Care Team during 2022; on-going recruitment of additional 0.6wte
Improve access to mental health services and better manage demand for PTs	Establishment of mental health triage nurse service in selected GP Cluster areas in 2019	Positive impact meeting demand; improved access to PTs via sign-posting to Access Therapies Fife; no unintended consequences of increased referrals for highly specialist PTs within the psychology service.	2022 Scottish Government supporting 5 year programme of work to improve Primary Care Mental Health and Wellbeing. Multidisciplinary work programme established with Year One focus on co-production.
Maintain efficient delivery of PTs in light of restrictions imposed by COVID-19 pandemic	2020 development of digital versions of group PTs as appropriate and modification other group PTs for 1:1 digital delivery; expansion of online therapy options accessible via <i>Access Therapies Fife</i> website	Maintained efficiencies associated with delivery of group PTs for people with less complex needs; improved access to online PTs with an additional 1131 people self referring for online PTs in 2020/21. Both of these have a positive impact on waiting times.	Digital delivery now mainstreamed for PT groups and 1:1 PTs where this is clinically appropriate
Address backlog on PT waiting list and reduce waiting times for people with complex needs	Development and trial of two group programmes for people with complex needs who require highly specialist PT provision, 2020/21	Online Schema therapy group had good participant retention rate and clinical outcomes. All patients on AMH psychology WL now been reviewed and if appropriate assessed and offered Schema therapy group. First pilot of Compassion focused therapy group November 2022; second group planned.	On-going schema therapy groups now part of core service provision. Compassion-focused therapy group - second group commenced in Glenrothes March 2023; On-going evaluation during 2023 ;
Improve access to and reduce waiting times for PTs for previously underserved populations	Scottish Government funding supported establishment of new services within psychology - MACH (Mental Health After Covid hospitalisation) - Major Physical Trauma Psychology Service - Maternity and Neonatal Psychological Interventions Service & - Perinatal Psychology Service	Improved access to highly specialist PTs, enhanced MDT working and supported provision of, and training in, psychologically informed care to populations with specific needs.	On-going evaluation of impact of new services
Continued overleaf			

Challenge / Area for improvement	Improvement Action (2018-current)	Impact of improvement Action to date	Next Steps
Improve access and reduce waiting times for people with less complex problems; facilitate self management	2021, expansion of Guided Self help Service (tier within Adult Mental Health Psychology Service to provide structured PTs for mild problems) across Fife via change in skill mix and new funding.	Has impacted positively on waiting times. Anticipate that development will impact positively on demand elsewhere within AMH psychology due to needs being met before difficulties become more entrenched; TOC underway in Levenmouth to assess impact of direct referral to the Psychology GSH service from Local area co-ordinators	Further expansion during 2022 via participation in Scottish Government funded programme to increase psychology workforce through training Assistant Psychologists as Enhanced Psychological Practitioners; evaluation of TOC; April 2023 service rolled out across Fife, now mainstreamed.
Reduce waiting times and back log within Clinical Health Psychology Service (Pain Management Service)	2021, expansion of skill mix model to increase delivery of low intensity interventions and the introduction of a tiered service model of 1:1 PTs in the Pain Management Clinical Health psychology service	Positive clinical outcomes; reduction in waiting times and backlog (WL reduced from 170 to 101 during 2021); some fluctuations in reduction to backlog during 2022 due to vacancy with 83 waiting over 18 weeks at November 2022.	2021 changes now mainstreamed
Reduce waiting times and back log within Clinical Health Psychology Service (General Medical Service)	2022, increase in resource supporting work to clear the backlog on the assessment waiting list	Will inform next steps in development of clinical pathways and support development of new elements of service. Will build on learning from 2021 improvement actions within pain management service. Anticipate impact on backlog and sustainability	Implement service redesign based on learning from this improvement action; Marked reduction in waiting time for assessment; focus on treatment waiting list in 2023
Increase capacity for work with more complex patients within Adult Mental Health Psychology service	<ul style="list-style-type: none"> - 2021/22 programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology (CAAPs) in the provision of PTs for people with less complex eating disorders and also delivery of interpersonal psychological therapy (IPT) - 2021/22 Training to support staff to conceptualise therapy with most complex patients as 'episodes of care' 	<p>Enhancing the skills of CAAPS will increase capacity amongst other psychology clinicians who are able to work with more complex presentations</p> <p>Provision of episodes of care should improve flow, reduce staff burnout and address backlog</p>	<p>Training in less complex Eating Disorders presentations completed and CAAPs engaged in this work. Effectiveness to be evaluated as part of the wider ED Pathway development work</p> <p>NES funding secured to train another CAAP in IPT during 2022-2023, increasing PT options at this tier</p> <p>Training in working with more complex cases at this tier delivered and this is being supported through ongoing supervision</p>
Continued overleaf			

Challenge / Area for improvement	Improvement Action (2018-current)	Impact of improvement Action to date	Next Steps
Meet Scottish Government deadline for 18 week referral to treatment target, March 2023	<p>Recruit new staff as per Psychological Therapies Recovery Plan. Recruitment is on-going for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions).</p> <p>The national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations.</p>	<p>Increased capacity for provision of specialist and highly specialist PTs is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the waiting times target in a sustainable fashion.</p>	<p>Recruitment on-going; service continues to identify any opportunities to increase capacity for provision of highly specialist PTs via skill mix changes; 2023 – SLWG established within service to produce resources to support active recruitment of qualified staff</p>
Increase capacity within Addictions Psychology Service	<p>Additional funding supported recruitment to 3.0wte new posts (October 2022)</p>	<p>Increased capacity will lead to reduced waiting times for PTs and allow progression of training and implementation plan to increase capacity within third sector.</p> <p>September 2023 – impact of new resource evident on waiting list</p>	<p>On-going monitoring of impact</p>
Improve access and reduce waiting times for people with less complex problems	<p>November 2022 - Marketing campaign for cCBT targeting both GPs and the public.</p>	<p>There was an immediate increase in uptake (141 cCBT starts in October and 195 in November). This impacts positively on the RTT as cCBT referrals equate to treatment starts.</p>	<p>2023 - On-going marketing; responsibility incorporated into job plan (of non-clinical staff) to support sustainability and on-going focus</p>
Increase capacity for delivery of psychological interventions and use of psychological strategies within Adult Mental Health Service	<p>April 2023 TOC to assess the impact of providing a Brief Psychological Formulation Intervention to people referred to both the Kirkcaldy Community Mental Health Team and the Levenmouth Community Mental Health Team.</p>	<p>In addition to impacting direct patient care, this development aims to improve psychologically-informed practice and interventions delivered by non-Psychology staff.</p>	<p>On-going assessment</p>
Improve access and reduce waiting times for people with less complex problems	<p>May 2023 - re-introduction of a Brief Interventions Service for people referred from Primary Care settings.</p>	<p>This will improve access to PTs and help maintain performance against the PT target in the future.</p>	<p>On-going delivery and monitoring of impact</p>
Address backlog on PT waiting list and reduce waiting times for people with complex needs	<p>Spring 2023 – AMH Psychology began pilot of a group programme (Survive and Thrive) for people who have experienced interpersonal trauma.</p>	<p>Increased capacity for PT delivery with people with more complex presentations.</p>	<p>On-going -evaluation to be completed.</p>
Increase capacity for delivery of psychological interventions for people with complex difficulties	<p>June 2023 – Staff training in the specific therapy Eye Movement Desensitisation Therapy (EMDR).</p>	<p>Increased capacity across clinical services for working with people who have experienced significant trauma.</p>	<p>Monitoring of impact, consideration to be given for further staff to be trained, subject to availability of supervision.</p>

Meeting:	Public Health and Wellbeing Committee
Meeting date:	6 November 2023
Title:	Alcohol and Drugs Partnership Strategy Development Overview
Responsible Executive:	Nicky Connor: Director of Health and Social Care
Report Author:	Nicky Connor: Director of Health and Social Care

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is presented to the Public Health and Wellbeing Committee for discussion regarding the emerging themes/priorities and for assurance that NHS Fife stakeholders are engaged in the development of the Alcohol and Drugs Partnership (ADP) strategy supporting strong connection to NHS Fife Population Health and Wellbeing Strategy.

2.2 Background

Within NHS Fife Population Health and Wellbeing Strategy priority 1 seeks to reduce the use of and harm from alcohol, tobacco, and other drugs. The strategy outlines that NHS Fife

will support improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

The Alcohol and Drugs Partnership is a strategic multi-agency group with both statutory and commissioned services and the voice of lived experience with a shared mission to help the people of Fife to be free from the harm of drug and alcohol use.

The Alcohol and Drugs Partnership is in the process of renewing a 3 year strategy for Drugs and Alcohol in Fife. The process of developing this strategy will involve stakeholder engagement from agencies, individuals and families with lived experience.

2.3 Assessment

An event took place in August 2023 which is informing key themes for this strategy focusing on:

- What the current priorities should be for Fife Alcohol and Drug Partnership in supporting families, young people and for MAT Standards
- What's going well
- What needs developed

The key themes and priorities identified for the new strategy were:

- Communication pathways - wider strategy
- Accessibility - statutory and commissioned services
- Embedding meaningful lived experience
- Raising awareness - publicly and for service users
- Whole family approaches
- Joint working and whole systems approach

The next steps are to have focus groups with:

- People with lived/living experience including family members who have people within their families with lived/living experience
- Staff from our commissioned services who have highlighted their passion for supporting the ADP in developing our route plan for the Statutory for the next 3 years
- Service Committee who have committed to reviewing and guiding the strategy refresh through to completion

The completed strategy is anticipated to be approved the Alcohol and Drugs Partnership by April 2024 and thereafter will be shared with the Public Health and Wellbeing Committee with an SBAR that outlines the connection to the Population and Health and Wellbeing Strategy.

2.3.1 Quality, Patient and Value-Based Health & Care

Utilising experience and knowledge from those in our commissioned services along with statutory services as well as those with lived experience is vital in ensuring that we explore how best to incorporate, evaluate and succeed in meeting the themes described above to improve outcomes and quality for people with the needs

2.3.2 Workforce

The strategy development will include engagement from staff across all sectors to involve staff from NHS Fife, Fife Council, Third and Independent Sector.

2.3.3 Financial

The strategy will be developed in accordance with the funding delegated for the Alcohol and Drugs Partnership aligned to the national and local priorities including the ongoing delivery of Medication Assisted Standards.

2.3.4 Risk Assessment / Management

The strategy will be informed by data and the voice of lived experience and will outline the areas of risk and how they are being mitigated in relation to meeting the shared mission to help the people of Fife be free from the harms of drug and alcohol use. There is significant involvement from NHS services in the development of the strategy including Public Health, Pharmacy, Addictions Services, Mental Health and the Health and Social Care Partnership which will support alignment to the strategic ambitions of these organisations.

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

A key focus of this strategy is enabling a positive approach to address health inequalities. Through the commissioning of third sector services and the development of priorities such as peer support workers there is clear alignment to Anchor Ambitions.

2.3.6 Climate Emergency & Sustainability Impact

No immediate impact from this report.

2.3.7 Communication, involvement, engagement and consultation

This report outlines the ongoing engagement that is taking place with wide range of stakeholders as part of the wider Alcohol and Drugs Partnership network in Fife including individuals and families with lived experience.

2.3.8 Route to the Meeting

This paper has been previously considered by the Fife Alcohol and Drugs Partnership

2.4 Recommendation

This paper is provided to members for:

- **Discussion** – The Public Health and Wellbeing Committee are invited to discuss the themes emerging from the stakeholder event.
- **Assurance** – That there is alignment to NHS Fife Population Health and Wellbeing Strategy and there is strong engagement from NHS Fife Teams in the development of this strategy which will be shared with the Public Health and Wellbeing Committee following approval at the Alcohol and Drugs Partnership in April 2024.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Executive Summary ADP event.

Report Contact

Nicky Connor

Director of Health and Social Care

Email nicky.connor@nhs.scot

Executive Summary

<https://www.fifeadp.org.uk/>



Executive Summary:

Fife ADP Stakeholder Event

Wednesday 23rd August

Hall B, Rothes Halls

Introduction

Background

ADP Fife are in the process of reviewing and refreshing their strategy in order to realign themes and be responsive to current issues. The resulting action for the ADP was to hold a stakeholder event as part of this process.

A meeting was held to agree the aims, objectives, collaborations and target audiences in order to achieve greatest impact on the audience as well as the necessity to capture the necessary feedback to influence the new ADP strategy.

It was also agreed that the MAT standards would be covered as one of the biggest upcoming pieces of work for Fife ADP.

Aim

The stakeholder event was planned, managed and run by Fife ADP team with specific ideals in place to collate feedback, ideas and performances in order to steer the direction of the new 23/25 strategy.

Delegates

The event was widely promoted by the ADP staff team, commissioned services and through the Health and Social Care Partnership. Upon sending out the save the date emails, it became very apparent that the original space was not large enough to accommodate delegates based on early indicators for numbers.

An alternative venue was booked with a capacity for 90 delegates including the ADP team, speakers and stall holders. Formal invites were sent out to potential delegates to an overwhelming response. A waiting list had to be put in place as well as asking venue staff to put in a 10th table with ADP staff moving to that to allow more attendees into the groups.

Please see Appendix 1 for a full list of delegates that attended the event.

Event Programme: Presentations



Setting the Scene:

Nicky Connor (ADP Chair & HSCP Director): Opens the event and gives welcome and Purpose of event (ADP position in HSCP strategy, structure, reporting and National and Local Context)



Fiona McKay (Head of Strategic Planning, Performance & Commissioning): Continues with a review of the previous ADP Strategy highlighting areas that have performed well and areas that continue to require development.



Children/Young People and Family Support:

Laura Crombie (Clued Up Service Manager & young person): Provide overview of the organisation and the Young People Service including the young person's lived experience .



Kirsten Holland (Scottish Families Affected by Alcohol and Drugs & Family Member Family Support Development Officer): Gave an overview of the Family Support Service and supported a family member to discuss their lived experience.



Rebecca Shovlin (Fife ADP Policy Officer) & Catherine Jeffery-Chudleigh (NHS Fife Public Health Consultant): Discussed addressing Alcohol Specific Deaths and gave an overview of research carried out.

Event Programme: Presentations



Treatment System Improvements :

Susanna Galea-Singer (NHS Fife Addiction Services Clinical Lead & Consultant Psychiatrist): Gave an overview of NHS Addictions services along with the MAT Standards and the Hospital Liaison Service.



Jamie Steele (ADAPT FASS Action Service Recovery Specialist): Gave an overview of ADAPT Methil One Stop Shop as well as the Non-Fatal Overdose project run in partnership with Fife ADP and NHS Fife.



Liz Nardone (FIRST for Fife Residential Rehabilitation Co-ordinator & Lauren Murphy FIRST for Fife representing lived experience): Discussed topics around their Residential Rehabilitation Service and different pathways and routes to and from residential rehabilitation.



Harm Reduction and Lived/Living Experience

Marisa Bruce (Fife ADP Policy Officer), Danielle Wong (We Are With You Specialist Recovery Worker and Naloxone Coordinator-Fife) and Matthew Kent (We Are With You Specialist Harm Reduction Worker): They presented detailed information on Take Home Naloxone. harm reduction and overdose awareness.

Market Place: Stall Holders

Prior to the event starting and during scheduled breaks, the following services had market stalls and actively engaged with those attending the event to show case their services, work being done and current issues:

1. **Restoration Fife**
2. **Scottish Recovery Consortium**
3. **Scottish Families Affected by Alcohol & Drugs**
4. **DAPL**
5. **ADAPT**
6. **SACRO**
7. **We Are With You**
8. **Barnardo's**



Discussion Themes 1

1st Session:

Discussion & Feedback – Based on what you have heard:

1. What do you think the current priorities should be for Fife Alcohol and Drug Partnership in supporting families, young people and for MAT Standards?

- Alcohol as a priority
- Normalising and supporting not drinking in our community
- Earlier support/prevention
- Wrapping support around families and individuals
- Co-location/collaboration
- Learning through Lived Experience
- Integration
- Whole family support
- Keep doing it!
- Raise awareness of Services: ADP website?
- One Stop Shop
- Accessible information for people – stages of life
- Communication strategy
- Education for HSC and GPs – Primary Care
- Criteria for access – fit for purpose?
- Single Point of Access – community led support – shared “language”
- Clinics within GPs – specific Clinics for this Group
- Access to same day prescribing (not realistically happening)
- Lack of Chemists dispensing methadone, etc. People are having to go to Pharmacies out with where they live
- All staff in Pharmacies to be aware they can distribute naloxone (training issue).
- Not enough rehab beds for us to access.
- Bigger focus on alcohol.
- Pathway from hospital admissions to Services for under 25s needs to be devised.

Discussion Themes

2. From your perspective what do you think is going well?

- Passion
- Progress on whole family
- Community Cafes – local areas
- Partnership working is now much better
- Feedback from Lived Experience
- Feedback when 'things don't go right'
- Locality Planning Groups: One Stop Shops - Naloxone availability
- Shared vision – MAT Standards
- Development of performance framework
- Navigator role – access to all

3. What do you see as the current gaps or areas where improvement is needed?

- Access and travel – bus passes
- Closing of pharmacy
- Complicated landscape
- Families affected by substance use with children under 4
- Employer support – information/awareness
- Focus on alcohol
- Links with other community based Services, e.g. Andy's Man Club
- Use data more: What works - Only useful if used - Rich data - Client voices
- Need to integrate entire system much more, e.g. adults/children
- Early intervention, e.g. children
- Additional navigator posts: Raise awareness - Evaluate Difference
- Retention Team
- Non-Fatal Overdose Team
- Mental health
- Scope to improve commissioning
- Improve staff morale – 'value' staff
- Third sector reporting – 'standardise'
- Whole systems approach
- Alcohol services – resource
- What is not working?: e.g. MAT Standards 7, 8, 9 - Those become the priority
- Babies – under 5s?: Triple bereavement - Unseen for support

4. How can you and your service support the improvements needed?

- Awareness/access, given wide range of Services – Primary Care, not just clinical
- Marketing: Advertising/Social media/TV Campaigns
- Service Map/Navigator
- Local presence and visibility
- No wrong door – but enabled
- Services working around individual
- Inclusion – digital inclusivity
- Making sure we continue to support the practical work: Sustainability - Longer term, more secure funding - Need to maintain momentum
- Continue to build partnership working
- Development time to work at improvements
- Whole systems approach
- Information sharing
- Training opportunities



Discussion Themes 2

2nd Session:

Discussion & Feedback - Based on what you have heard:

1. What do you think the current priorities should be for Fife Alcohol and Drug Partnership in treating and supporting people?

- Partnership working to continue, avoid duplication and grow
- Knowledge of other Services
- Sharing what's really going on/being done
- Development of The Wells
- Directory of Services – ownership of this
- Making system and Services accessible
- Integration of mental health and substance use services/systems
- Sustainability of funding
- Loss of momentum/staffing/resource due to short-term funding

2. From your perspective what do you think is going well?

- Continue involving those with Lived Experience
- Peer support
- Connections
- Amazing third sector practice!
- Living/Lived Experience staff; giving hope – more of this needed!
- Strong partnership working has enabled rapid and effective responses to emerging problems
- Genuine connection to Lived Experience to drive improvement
- Experience of Surgeries in Cowdenbeath and Lochgelly was good, easy to access, etc.

Discussion Themes

3. What do you see as the current gaps or areas where improvement is needed?

- Need for easier access: Better systems - Booking - Digital
- Different access points, e.g. supermarkets
- Need for greater focus: Alcohol - Psychostimulants - stimulant users
- Mental health support in the community - Chicken and egg! - Not getting treatment because of addiction issues
- Upskill staff
- Statutory Services and third sector being more integrated
- How we share knowledge about Services
- Early intervention and how to prevent substance use
- Where do they get their information
- How to communicate with other Services
- How staff connect to what's going on in their communities
- Access to GP Services
- Dual diagnosis – mental health and substance use - issue for over 20 years
- Make sure Lived Experience is truly valued – never tokenistic - Housing/homelessness needs more of this
- Continue to work on overdose training
- Partnership working
- Training – consistent
- One Stop Shop – co-production design key to all Service development
- How are Services taking ownership of ADP Strategy – locality/service planning “everyone's business”
- Raising awareness of ADP function/third sector
- Is there enough funding/resource to support demand?
- Organisations/Services being properly resourced to be meaningfully involved in strategic partnerships - Not funded at levels to support operational delivery
- Publications of Services so people know where to go for help (i.e. Tik Tok)
- GPs need to be more informed about Services and interventions available
- More awareness of Liaison Nurses in GP Surgeries because easier to get appointments with them.
- Lived Experience Groups so young peoples voices are heard.
- More resources for young people and family support across the whole of Fife (MIWF).
- Pre-school children affected by substance use needs more work. When Health Visitors take over from the Midwife VIP Services, there is a gap in specialism there from Health Visiting.

4. How can you and your service support the improvements needed?

- Learn more from clients: Be comfortable with criticism - Opportunity to improve - Not just deficit – opportunity
- Do we have full inclusivity? - All backgrounds
- Identify at issues at an earlier stage: What does it mean? - What does it look like? - Start small (replicate)

Main Themes Identified



- Communication pathways - wider strategy



- Accessibility - statutory and commissioned services



- Embedding meaningful lived experience



- Raising awareness - publicly and for service users



- Whole family approaches



- Joint working and whole systems approach

Taking Feedback Forward

After analysing the large volume of feedback that came from the round table discussions, it is a priority to review those themes and look to the new strategy for how we embed those themes. Utilising experience and knowledge from those in our commissioned services along with statutory services as well as those with lived experience is vital in ensuring that we explore how best to incorporate, evaluate and succeed in meeting those themes.

We have set up 3 separate focus groups to support us in reshaping the strategy and developing how we take it forward. As suggested above, these focus groups are:

- People with lived/living experience including family members who have people within their families with lived/living experience
- Staff from our commissioned services who have highlighted their passion for supporting the ADP in developing our route plan for the next 3 years
- Statutory Service Committee who have committed to reviewing and guiding the strategy refresh through to completion.

Pre & Post Event: Jam Boards

Jam Board Feedback

“What do you think the current priorities should be for Fife Alcohol and Drug Partnership?”

Key Statements:

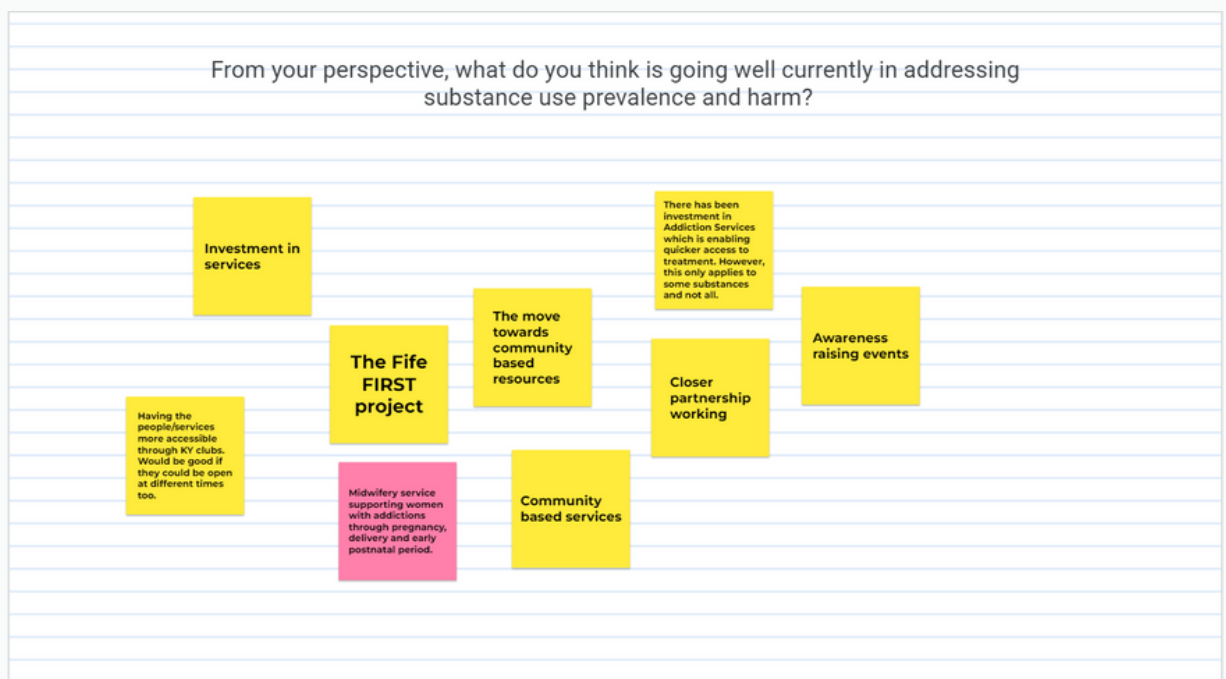
- Implement MAT standards
- Lived experience
- Perceptions of drugs vs. alcohol
- Partnership working
- Root causes & trauma
- Inclusion
- Prevention
- Family impact
- Flexibility
- Engagement
- Accessibility



“From your perspective, what do you think is going well currently in addressing substance use prevalence and harm?”

Key Statements:

- Investment in services
- Fife FIRST project
- Impact of KY Clubs
- Inclusivity from midwifery
- Integration into communities
- Closer Partnership Working
- Awareness raising



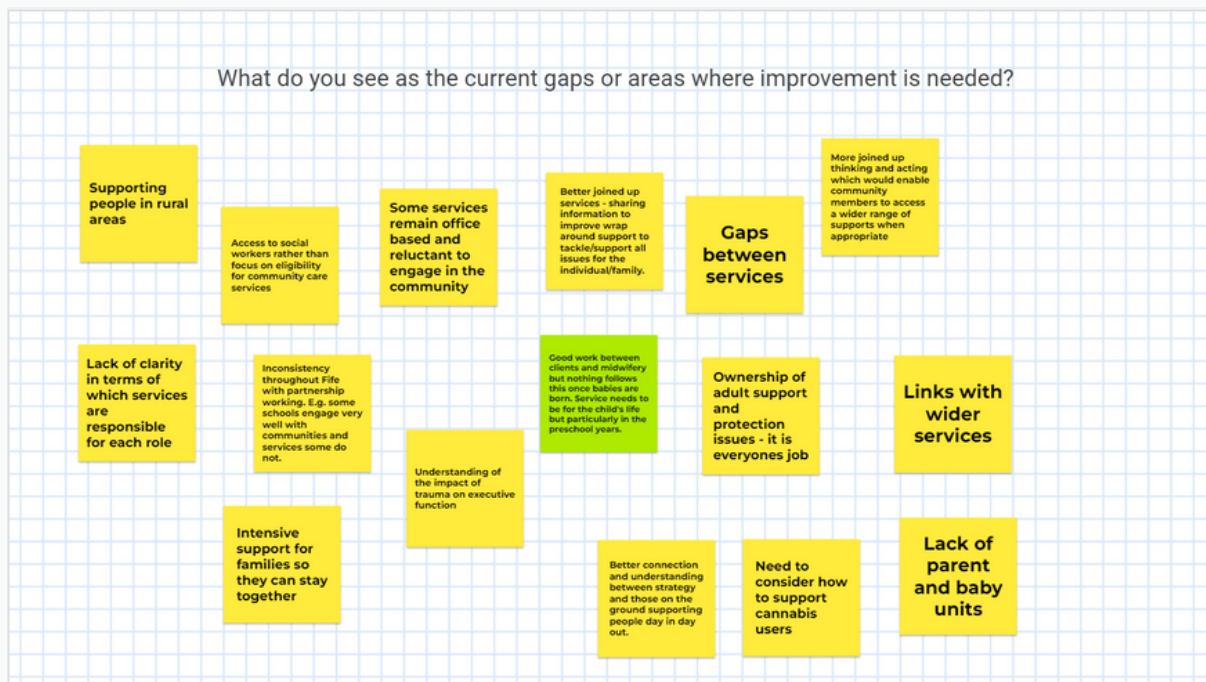
Pre & Post Event: Jam Boards

Jam Board Feedback

“What do you see as the current gaps or areas where improvement is needed?”

Key Statements:

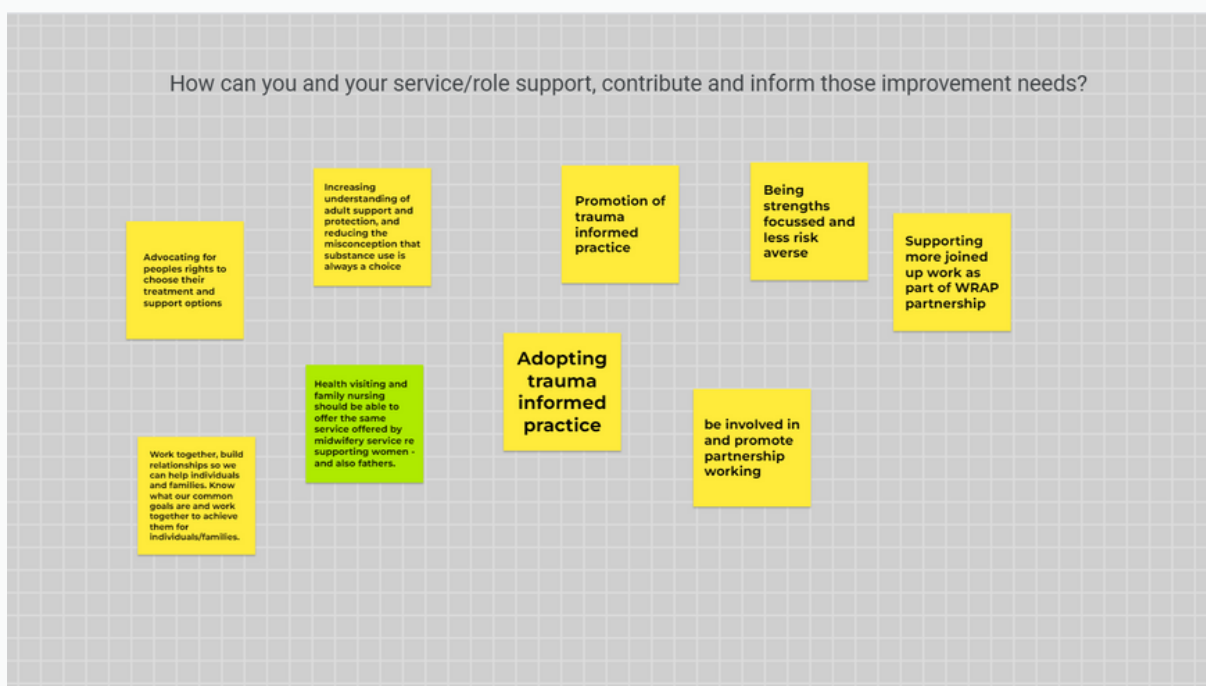
- Support in rural areas
- Clarity on service provision
- Continued support for babies
- Accessing social work
- Varying engagement
- Family support
- Understanding trauma
- Inconsistency
- Service gaps
- Ownership of ASPs
- Links with services



“How can you and your service/role support, contribute and inform improvement needs?”

Key Statements:

- Advocating for service users
- Work together/joined up approaches
- Increase knowledge around ASP process
- Trauma informed care
- Be strengths focused
- Closer Partnership Working
- Be part of WRAP partnership



Comms Support

Support for the event was provided by Health Promotions who took ownership of creating the jam boards for attendees to access prior to and after the day of the event. They also gave advice on areas to cover and pre-planning stages. This enabled the ADP to focus on all other aspects of planning and setting up the event.

The staff at Rothes Halls were very supportive in creating the right atmosphere, with ADP colours used for atmospheric lighting as requested. IT and communication on the day went seamlessly with technicians available for the duration of the event.

Event Cost

All aspects were quoted for prior to the event and Rothes Halls proved to be an ideal location enabling all aspects to be covered by them and their team.

The total cost of the event came to £1182.60 which was inclusive of hall hire (inc. facilities), resources required on the day, morning teas, coffees and pastries as well as a later break offering teas, coffees and biscuits).

Event Feedback

A future consideration would be to include a post event email with a link to feedback forms. It was unfortunate that this was an oversight as informal feedback has been incredibly positive including such statements as:

'The people talking about their lived experience was so impactful, I had tears in my eyes listening to their journey.'

'I really didn't realise that there were all these services in Fife.'

'I feel like I really got the opportunity to input through the round table discussions and jam boards.'

Event Outcomes

Accomplished Outcomes:

- ADP commissioned services were showcased and celebrated
- Awareness to issues was raised within the delegates attending as well as the general public engaging with stalls
- It highlighted the progress made by the ADP with the support of its commissioned services
- Focus areas were identified for future development
- The impact of the voices of lived experience were not only heard but felt
- The ADP were able to be transparent in the direction and future focuses in tackling problematic drug and alcohol use
- Attendees and the ADP were able to network in person for the first time since COVID restrictions

Conclusions & Next Steps

The event proved to be a huge success and garnered more interest than both firstly thought but then secondly decided for maximum capacity. It is heartening to have such a positive response to an event highlighting the journey of drugs and alcohol services and the direction that it plans to head in.

The market stalls and speakers had the opportunity to speak about the services that their organisations deliver. The market stalls were set up in the public reception area and gained much interest from the general public. Some stated that they were looking for support for friends/family, some were looking for support from themselves whilst others wanted to gain more knowledge about the various services.

The speakers were able to have a significant impact on the attending audience and especially as lived experience was represented in 5 of the talks that day. The inclusion of lived experience is vital in ensuring that we are assessing that services are having a positive impact.

On the back of the event, we intend to use the positive momentum and engagement to steer the development of our new strategy for 23/25. Those that were highly engaged with the event have now joined a review panel and are actively inputting and influencing the content and direction of the new strategy.

We will also use the learning from the event to review current services to ensure that they are achieving the targets that they set out to. We will support any changes required and continue to help embed lived experience through services and focus groups.

Appendix 1 - Delegate List

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Sarah	Woodburn	Sarah.woodburn@fife.gov.uk	
Maggie	Wright	kirsten@sfad.org.uk	I think she may have attended instead of Lisa Bain from SFAD
Claire	Zimnowlocka	claire.zimnowlocka@barnardos.org.uk	
Kerys		abbey.taylor@cluedup-project.org.uk	

Appendix 2 - Event Flyer

The following document was created as part of the EventBrite registration process so that all potential attendees were aware of the scope of the event.



ABOUT US

Alcohol and Drug Partnership (ADP) is a strategic partnership of the Health and Social Care Partnership (HSCP), aiming to reduce the prevalence, impact and harms associated with problematic alcohol and drug use throughout Fife for individuals, children, young people, families and communities.

The partnership comprises of senior officers of statutory authorities and representatives of the third sector agencies with an interest in or a shared responsibility for meeting the various care groups' needs. The ADP Committee has a direct reporting link to the HSCP and the Scottish Government, on progress and improvement achieved from all allocated investment and has representation from those with lived/living experience. It is our mission to enable ALL the people in Fife to live healthy lives free from the harms or alcohol and drug use. It is our Committee and services' responsibility to work with partners to deliver that strategy.

THE EVENT

Fife Alcohol and Drug Partnership are in the process of developing a new strategy and we are inviting you all to come along to our event to consider with stakeholders what this will mean for Fife, identify our priorities and ascertain how we will deliver these over the next three years.

You will be able to hear from our commissioned services, people with lived/living experience, family members of people with lived/living experience as well as individuals from the ADP Team and ADP Committee. There will be opportunities to network and discuss in more detail the vital work that our commissioned services provide throughout Fife.

Fife ADP are committed to making a difference within Fife so please join us as we discuss the way forward.

VENUE



Hall B,
Rothes Halls,
Kingdom Shopping Centre,
Glenrothes,
KY7 5NX

CONTACT



Alcohol.DrugInfo@fife.gov.uk

Appendix 3 - Event Finder

To ensure maximum participation and to prevent any delays in delegates getting to the event, the following was emailed out via EventBrite to all delegates registered to attend:



STORE GUIDE

Centre Managers Office

- T** Toilets inc. disabled, baby change
- ☎** Telephones
- 💰** Cash machines
- Taxi** Taxis

- ♿** File Shopability
- I** Customer Information Desk
- P** Free parking up to 3 hours
- 🗑** Pay & Display: £1 all day
- ♻** Recycle

PURPLE ZONE - MARCHMONT GATE

01 Savers	15 First Stop / Watch Repair Centre
02 Card Factory	16 Denjo the Natural Hair Company
03 Greggs	17 Card Choice
05 O2	19 Cafe Alfresco
10 Sportsdirect.com	20 Rothes Halls / Library
12 Value Specs	23 EE
14 Thomas Cook	

BROWN ZONE - UNICORN WAY

01 Dunnes Stores	21 Every Last Detail
02 Phoenix	22/3 Baynes the Bakers
04 Subway	24 Socialites
06 Mobile Technician	25 Natural Doctor
07 Reta Clothing	26 Thomas Cook
08 Adkins Hair & Beauty	28 Chain's Accessories
10 Thomson Holidays	29 Sphere & Turnet
11 Timpson	30 BBs Coffee & Muffins
12 JD Sports	32 Barnhead Travel
13 Frags	33 ii Music
14 WHSmith	34 Harvey Wallis
15 Store Twenty One	35 Officers Club
16 Poundworld	36 Ryman Stationery
17 New Look	37 Yarnies Candy
18 The Money Shop	38 3 Mobile
19 Max Spielmann	39 Presento

GREEN ZONE - FALKLAND GATE

01 Ramodens	17 Jessop Jewellers
04 Poundland	18 Clarks
07 Carlphone Warehouse	19 Specsavers
08 Game	20 Sky Stand
09 Card Land	22 Shoe Zone
10 Vodafone	24 Royal Bank of Scotland
11 Card World	28 Iceland
13 Bank of Scotland	30 Phones 4 U
15 M&Co	31 Superdrug
14 Holland & Barrett	32 Home Bargains
15/16 Brighthouse	

BLUE ZONE - LYXW SQUARE

01 Kilt Knox	23 R S McColl
02 Caledonian Kilts	24a Baynes the Bakers
03 Fone Master	26 McKinnon & Co
04 Oxfam	26a Gardiner Accounts
05 Credit Union	27 Lloyds TSB Scotland
06 Abetanon	30 First Choice
08 Home DIY	31 H.Samuel
09 British Red Cross	32 The Works
10 Stuarts of Buckhaven	35 Quicksilver Amusements
11 DAPL	36 Farmfoods
12 Gleeson McCafferty	37 Rach Optometrists
13 Certax Accounting	38 Nationwide
15 McKenna's	39 Boots
16 British Heart Foundation	40 Debra
17 POSA	41 File Butchers
19 Greggs	42 Boots Opticians
20 Cash Generator	43 Sally Hair & Beauty
21 Poundstretcher	44 Centre Management Suite
22 Blairs Quality Foods	45 Glenrothes Area Heritage Centre

- • Event Location
- • £1 Parking Locations

Please Note the Change of Location from the Save the Date Below

VENUE
 Hall B,
 Rothes Halls,
 Kingdom Shopping Centre,
 Glenrothes,
 KY7 5NX

CONTACT
 Alcohol.DrugInfo@fife.gov.uk

Meeting:	Public Health and Wellbeing Committee
Meeting date:	6 November 2023
Title:	Development of a Green Health Partnership
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Mrs Lucy Denvir, Consultant in Public Health

1 Purpose

This report is presented for:

- Discussion

This report relates to:

- Annual Delivery Plan
- 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):

- Person Centred

2 Report summary

2.1 Situation

A working group of partners emerging from the River Leven Programme are establishing development of a Green Health Partnership. It is planned to initiate this in Levenmouth but with potential for expanding across Fife. This initiative will contribute to a range of national and local priorities for health and well-being and environmental sustainability. The committee are invited to discuss any issues arising and to support this initiative.

2.2 Background

Green Health Partnerships (GHPs) are a concept driven forward in recent years by Nature Scot (formerly Scottish Natural Heritage). Areas that have already introduced this include our neighbours in Dundee from whom we have been able to gain very helpful advice and learning. In principle these partnerships aim to create 'Our Natural Health Service' with the overall aim of bridging the gap between public health and health and social care with Scotland's green infrastructure and natural environment. The objectives of such partnerships are to promote everyday contact with nature, support development of nature based health promotion initiatives and initiatives to meet defined health needs and outcomes.

2.3 Assessment

The River Leven Programme is a partnership of key multisector agencies led by the Scottish Environmental Protection Agency (SEPA) with the following vision:

'The River Leven and its catchment will be at the heart of regeneration in mid-Fife and by 2030, the Leven catchment will be a living, breathing example of sustainable, inclusive growth and community resilience, achieving environmental excellence whilst maximising social and economic opportunities.'

It is a great example of how investing in partnership working can help all involved achieve shared ambitions. A key theme of the programme is Health and Well-being and this theme has been led by NHSF Public Health. Following stakeholder engagement it was agreed that a key initiative for this workstream would be to establish a Green Health Partnership (GHP). This has potential to contribute across all six Public Health Priorities and in particular PHP1 'A Scotland where we live in vibrant, healthy and safe places and communities'. At local level it is intended that the GHP will initially be established in the Levenmouth locality. It is recognised that many indicators of health and well-being are worse in this area relative to the rest of Fife so making this locality a priority demonstrates a shared aspiration to address health inequalities. SEPA, FHSCP Health Promotion Department and Fife Coast and Countryside Trust have been instrumental in an initial working group to get the project going. The working group have taken time to gather evidence and consider processes and resources available. We have also engaged with a wide range of stakeholders to gauge support and learn from them about what already exists and is working well and what is missing and would add value locally. The benefits of this consideration and engagement have resulted in development of an outline proposal with an initial shared vision statement:

'As part of the Leven Programme, we will develop a Levenmouth Green Health Partnership which will support the local population to engage with local green space as part of their day to day lives and as part of their healthcare needs.'

The full proposal document is attached and sets out development of the GHP under the Nature Scot 5Ps framework:

- PARTNERSHIPS: Identify local and national partners and stakeholders to plan, develop and implement the Levenmouth Green Health Partnership.
- PLACES: Identify, develop, deliver and promote local spaces where people can engage and/or participate in green health activities.
- PEOPLE: Identify key community champions and targeted populations to support and promote the benefits of green health activity.
- PROJECTS: Identify, develop and promote local organisations and projects to develop or create green health opportunities.
- PROMOTION: Develop resources to promote the benefits of engaging with green health and the opportunities to participate. (National/local/digital/resources)

Key steps in the project plan are set out below:

1. Establish engagement and agreement in principle in the Green Health Partnership model by partners and stakeholders.
2. Grow a green health and social referral network.
3. Grow the partnership work and understand the potential for collaborative work to address local needs.
4. Develop the Steering Group membership and develop governance structure through Community Planning Partnership and FHSCP Locality Planning partnerships.
5. Engage with local people in developing a base line in green space used for health and wellbeing. Use this information in a community co-creation process, to build a picture of local need.
6. Scope local assets for green health and social referral opportunities, understanding their reach and capacity.
7. Design a centrally coordinated Green Health asset to address identified needs. This asset will involve collaboration and cooperation between invested services.
8. Establish key measures to identify short-term, medium-term and long-term impacts such as attitude change, engagement level.

To date engagement with partners has been successfully established. Initial GHP Steering Group membership has been agreed with meeting dates agreed for the rest of 2023. Membership includes SEPA, Fife HSCP, Fife Coast and Countryside Trust, along with other members from primary care and local third sector providers. Representation also includes colleagues from NHSF Estates and Facilities so clear links can be made to NHSF Greenspace Strategy. The steering group will oversee progress on the project plan.

A key priority for the steering group will be to establish funding for a dedicated GHP co-ordinator role to deliver the project plan and in the longer term secure future sustainable funding. A draft job description has already been prepared and applications for funding through Fife Council Community Recovery Fund and the Natural Heritage Lottery Fund have both received very positive feedback. We are hopeful funding will be confirmed in the new year. For the project to be successful in the long term and achieve sustainable support and funding it will need to demonstrate success so the steering group will need to consider and develop key outcome and impact measures. The GHP initiative has come about through the River Leven Programme Health and Well-being Theme and as such will report back to the Programme Board. However, it is acknowledged that the GHP also needs to become embedded both with primary care and the voluntary sector so there will need to be consideration of other governance routes e.g. through community planning and Fife HSCP.

In summary establishment of a GHP will align with the Boards strategic priority 1: To improve health and well-being. The initiative is also in alignment with a number of other local policies and strategies including; NHS Fife Population Health and Well-being Strategy

2023, Fife Health and Social Care Partnership Strategic Plan 2022, Levenmouth Health and Social Care Locality Plan, NHSF Greenspace Strategy 2023, Fife Mental Health Strategy 2020-24. The project is being progressed on the basis of very positive partnership engagement.

A steering group has been agreed and in the coming months is aiming to address some key issues including funding and sustainability along with reporting channels and impact measures.

2.3.1 Quality, Patient and Value-Based Health & Care

A GHP will provide a network that will promote everyday contact with nature in our communities and provide a clear framework for those with specific health needs to engage with a wide range of nature based initiatives.

2.3.2 Workforce

By promoting contact with our natural assets and greenspaces our staff will benefit as members of our communities. The GHP will also provide an additional resource for staff to engage with in making green and social referrals for patients.

2.3.3 Financial

NHS Fife does not provide direct funding to this initiative, resource is provided through staff time. It is anticipated the GHP project will initially get financial support through Fife Council Community Recovery Fund and National Heritage Lottery Fund over 3 years. The steering group are aware that in that period it will be important to understand the impact of the project and be able to secure on-going sustainable funding.

2.3.4 Risk Assessment / Management

Development of the GHP will contribute to reporting on a number of key local and national policies and strategies across community planning including the Public Health and Well-being Strategy. This multiple reporting and oversight will provide both support and risk management for the project.

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

The GHP will provide an additional resource for social and green referrals to meet the individual needs of a wide range of patients. It is intended that the GHP will be initiated in Levenmouth to benefit our most deprived communities and contribute to tackling inequalities. By making close links to the NHSF Greenspace Strategy the GHP will also contribute to facilitating use of NHSF estate for the benefit of our communities and patients. This will contribute to the Board's Anchor Institution aspirations.

2.3.6 Climate Emergency & Sustainability Impact

The GHP will help facilitate the best use of NHSF estate greenspace in line with the NHSF Greenspace Strategy.

2.3.7 Communication, involvement, engagement and consultation

The GHP working group have developed the proposal in partnership with the River Leven Programme and have held two wider stakeholder events to engage with a wide range of partners. The most recent workshop was held on 21st June 2023. The GHP Steering Group will oversee further on-going engagement with partners and communities as the project develops.

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.

- River Leven Programme Board and Health and Well-being Theme Stakeholders

2.4 Recommendation

Discussion – The Committee are invited to discuss and share any comments or queries regarding the GHP project and endorse support for the initiative in principle. The Steering Group would welcome the opportunity to report back on progress next year.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Levenmouth GHP Proposal and Action Plan
- Appendix No. 2, PHWC GHP ppt slides

Report Contact

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Leven Programme Green Health Partnership Proposal and Action Plan

Leven Programme - Health and Wellbeing Workstream
Green Health Partnership Steering Group



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Definitions

Green Health Partnership	Local partnerships finding ways to make the most of green health opportunities, bringing together health, social care, environment, leisure, sport and active travel to make more use of local green space as a health-promoting resource
Social prescribing/ referral	Social prescribing or referral is commonly used in primary care, council and third sector settings and provides non-medical options for primary care staff to draw on to support their patients’ health & wellbeing. It is mainly used to connect people to non-medical sources of support or resources within their community.
Nature-based activities	Any range of activities which connect people with nature. Social activities Any range of activities which connect people to others in their community.
Sustainability	Sustainability refers to the ability of the project to continue beyond the length of the current funding, including how it will be funded, resourced and supported.

The Journey So Far

In May 2022 The Leven Programme Health and Wellbeing Workstream Steering group held its first engagement event. The event was well attended with participants from across public sector, local community groups and third sector attending.

Participants discussed options and opportunities to improve people's health & wellbeing which included current opportunities as well as hopes moving forward.

Highlighted points included:

<p>Tackle loneliness and isolation</p> <p>☞</p> <p>Improve physical health and mental health</p>	<p>Improving the health of river systems</p> <p>☞</p> <p>Sustainable fishing opportunities</p>
<p>Improved access to greenspaces</p> <p>☞</p> <p>Building a Green Health Consortium</p> <p>☞</p> <p>Re-wilding unused spaces</p>	<p>Providing affordable access to community and sports facilities</p> <p>☞</p> <p>Encouraging outdoor activities and education</p> <p>☞</p> <p>Better logistics (suitable times and spaces)</p>
<p>Improved referral approach & signpost to services and activities</p> <p>☞</p> <p>Improve communication and build confidence</p> <p>☞</p> <p>More opportunities to network, share ideas and opportunities to work together</p>	<p>Upskill, connect and support people to create the change they want</p> <p>☞</p> <p>Support skills development opportunities, job training and work opportunities</p>

The event identified that collectively we want:

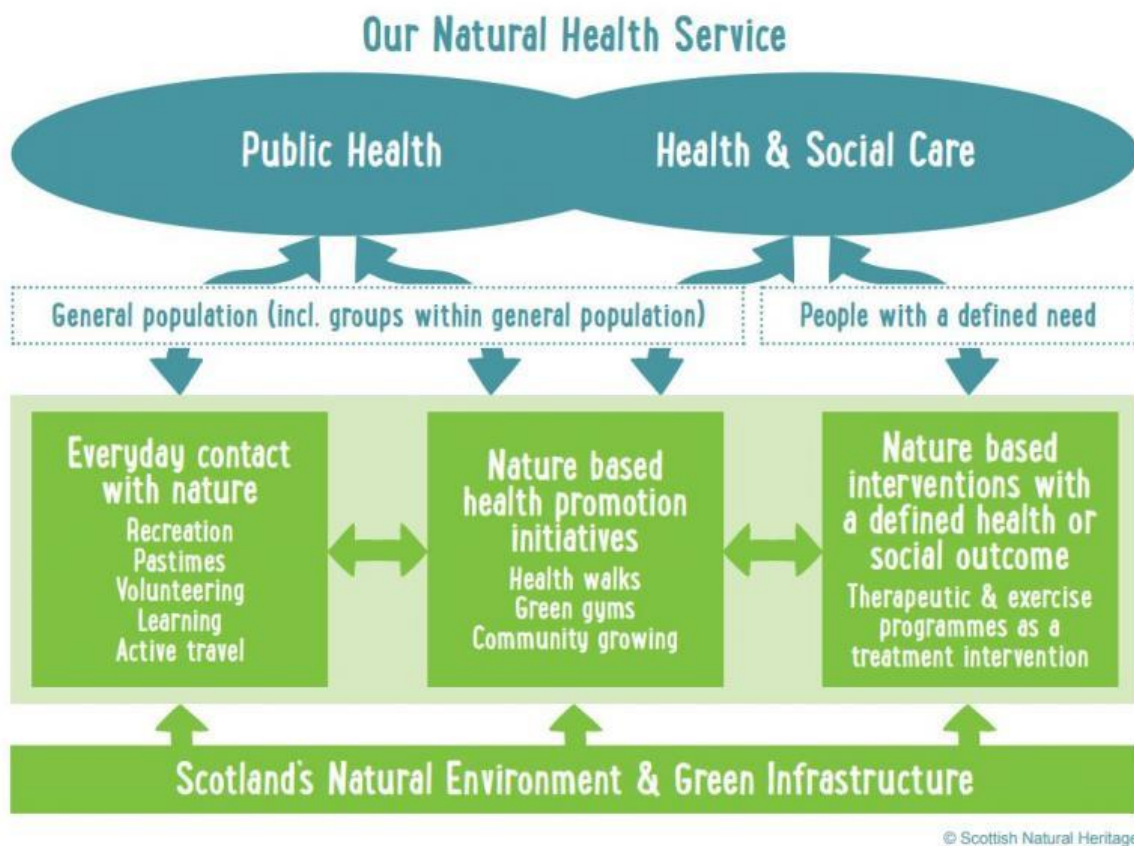
- The River Leven Programme and its partner organisations to support the various outcomes through the improvement of the river's habitat and environment, and the linking pathways which will encourage more community use of the area.
- Partners to have the ability to refer people to organisations which offer mental and physical health improvement programs through a collaborative process.

It is from this event we considered a few different green health models to determine how we can grow partnership links and local referral networks, one of which was the Green Health Partnership (GHP) model.

Scotland has piloted four GHPs (Dundee, Highlands, Lanarkshire and North Ayrshire) with successful results such as green prescriptions, improved access to green space, and improved network links between groups, organisations and people.

Green Health Partnerships are the centrepiece of NatureScot’s led programme ‘Our Natural Health Service’⁽¹⁾ which aims to encourage better use of Scotland’s natural environment as a resource to improve health and wellbeing.

As part of the Leven Programme we aim to develop and promote a Levenmouth catchment area wide, Green Health Partnership. This work will draw on sound knowledge of community needs, existing outdoor assets and green health activity as part of ‘Our Natural Health Service model’⁽¹⁾. This approach aims to promote greater use of the outdoors, drawing on existing public and third sector service provision and nature’s innate therapeutic qualities, to tackle widespread physical inactivity, mental health issues and health inequalities.



The diagram above of the concept of ‘Our Natural Health Service’ demonstrated how green health activities that make use of our environmental assets can contribute to the collective responsibilities associated with public health, and health and social care.

Leven Programme Background and Rationale

The Leven Programme is made up of a wide range of partner organisations that are working closely together to deliver a number of benefits for the River Leven and the areas and communities it passes through.

On 29 July 2019, 15 partners signed a landmark **Sustainable Growth Agreement** ⁽²⁾ which formalised the partnership, committing them to work together to explore new and innovative ways to improve environmental performance and focus on practical actions that deliver environmental, social and economic success for the Leven catchment.

The health and well-being of communities along the River Leven is at the very heart of the Programme.

Pressures have been placed on the health and well-being of many local communities and have been mounting over the years, mainly as a result of high levels of deprivation, however, as a nation, we're all experiencing a cost-of-living crisis with energy price increases pushing more people into fuel poverty, and inflation causing basic necessities to become unaffordable for some. This is unlikely to change anytime soon and is placing more pressures on people's physical and mental health. (3)

The Covid pandemic has added to economic turbulence but has also resulted in changes in how we interact with our natural surroundings. Throughout the pandemic, many of us were using this time to reconnect with nature. However, with restrictions limiting how far people could travel, this allowed people to experience local parks and walks around their local community. This also exposed a lack of accessible greenspace and nature in some of our communities, impacting on people's health and well-being.

With more people having a newfound appreciation of nature, this is a pivotal time to explore the use of our natural environment to deliver better health and well-being outcomes.

It's in Our Nature

The positive links between environment and human health and wellbeing are now well proven, supported by research from around the world and echoed in powerful individual life stories of how contact with nature can help people acquire and maintain healthy behaviours⁽⁴⁾.

Exposure to green space has significant wellbeing benefits that impact upon both physical and mental health⁽⁵⁾. Interest in the use of green spaces as an intervention for health care has been steadily increasing in recent years, this coincides with a steadily solidifying research and evidence base for its efficacy in promoting wellbeing and recovery. With the physical environment being a recognised determinant of health, the regeneration of the Leven catchment area serves as a fantastic opportunity to promote the use of greenspaces by both the community and by healthcare professionals.

NatureScots 'Our Natural Health Service'

As part of NatureScots 'Our Natural Health Service', four pilots were initially set up in 2018 and have continued to grow and develop. The four pilot Green Health Partnerships have demonstrated how better cross-sectoral co-ordination can mainstream approaches to increasing physical activity and improving mental health through engagement with the natural environment ⁽⁶⁾.

"The aim of a green health partnership is to enable partners in the environmental, voluntary and health and social care sectors to work together more closely to expand the provision of green health opportunities, support existing opportunities, enhance the quality of the opportunities, and promote them to a wider range of individuals through health and social care professionals." ⁽¹⁾

Led by local health boards and local authorities, these partnerships bring together the health, social care, environment, leisure, sport and active travel sectors in order to make more use of local green space as a health-promoting resource.

Action plans are being implemented that are shaped around local health priorities including tackling health inequalities, and connect with current models such as Realistic Medicine, social prescribing and public health reform. Each partnership draws on its sound knowledge of community needs, existing outdoor assets and green health activity, and adds value by identifying co-benefits.

Design, Integration and implementation of the four pilots differed between locations, as they each responded to the needs and infrastructure of their respective health board area. Each Green Health Partnership, however, indicative of their success, has since integrated into a more holistic approach taken by the respective health boards, to improve upon the use and potential of local green assets and services.

Policy Landscape

In recent years, the climate emergency has been central to Scotland's evolving policy landscape, with developments across a diverse range of policy areas being underpinned by efforts to decarbonise and move towards a resourceful and renewable future. This approach is reflected in Fife where many local strategies are being developed to improve lives within our communities. The impact of the proposed Green Health Partnership will be seen directly by NHS Fife, Fife Health and Social Care Partnership and third sector providers. However, successful implementation of the Green Health Partnership will have widespread impact and will

play a part in implementing a variety of policies, such as: Healthcare, planning, transport, biodiversity, sport, education, community empowerment, landscape & outdoor access, environment and more.

As an illustration of synergy with government policy, a number of 'Our Natural Health Service' related actions are included within Scotland's Physical Activity Delivery Plan ⁽⁷⁾. The aims of the programme are also supported in the NHS Scotland's Climate Emergency and Sustainability Strategy ⁽⁸⁾ which includes the proposed action to:

“establish and embed Green Health Partnerships and similar approaches to increasing the use of nature-based solutions to deliver health outcomes”

as part of Sustainable Care. The strategy also emphasises the potential to improve and make more use of NHS greenspace within Sustainable Communities and includes the proposed action to:

“work with local authorities to ensure the NHS estate contributes to local open space strategies and that our green spaces are well linked to other local greenspace and active travel networks.”

The Green Health Partnership development work, will contribute to the delivery of the following strategies and plans:

- Healthcare Quality Strategy for NHS Scotland
- NHS Scotland climate emergency and sustainability strategy: 2022-2026
- NHS Fife 2030 Greenspace Strategy
- Local Outcome Improvement Plan: Plan for Fife (2017-2027) (Recovery and Renewal - A Plan for Fife 2021-24 Update) with direct links to the priority themes:
 - Opportunities for all
 - Community led support
 - Thriving places
- Fife Health & Social Care Partnership – Strategic Plan for Fife 2023-2026, with direct links to the priorities:
 - Local: A Fife where we will enable people and communities to thrive
 - Wellbeing: A Fife where we will support early intervention and prevention
 - Integration: A Fife where we will strengthen collaboration and encourage continuous improvement
- Local Transport Strategy for Fife 2023-2033
- Fife Mental Health Strategy 2020 – 2024
- The Leven Connectivity Project – Behavior Change Community Action Plan
- The Leven – Concept Masterplan
- Local Our Plan for Levenmouth CPP Plans 2023-2024

The Vision & Aim

Vision

As part of the Leven Programme, we will develop a Levenmouth Green Health Partnership which will support the local population to engage with local green space as part of their day to day lives and as part of their healthcare needs.

Aim

The planning, development and implementation of the Levenmouth Green Health Partnership will be built on a solid foundation of partner and local community engagement and participation.

Five P's (Five Priority Areas)

The five priority areas have been identified to ensure partners and stakeholders feel part of the journey. The Five priority areas will form the basis of the Fife Green Health Partnership project plan.

The five P's of the Levenmouth Green Health Partnership:

1. **PARTNERSHIPS:** Identify local and national partners and stakeholders to plan, develop and implement the Levenmouth Green Health Partnership.
2. **PLACES:** Identify, develop, deliver and promote local spaces where people can engage and/or participate in green health activities.
3. **PEOPLE:** Identify key community champions and targeted populations to support and promote the benefits of green health activity.
4. **PROJECTS:** Identify, develop and promote local organisations and projects to develop or create green health opportunities.
5. **PROMOTION:** Develop resources to promote the benefits of engaging with green health and the opportunities to participate. (National/local/digital/resources)

Objectives

1. Create a Green Health Partnership network – bringing together nature/outdoor and social referral partners to develop and agree a Green Health Partnership Framework
2. Build local engagement opportunities – Continue to involve the local population to build a picture of needs and interests in green health (data gathering, mapping, consultation and service planning), with a conscientious focus on avoiding community fatigue by making use of information gathered in previous consultations and coordinating joint engagement with existing projects and initiatives.
3. Developing referral pathways to green health projects – establish/strengthen green health pathways, existing physical activity, mental health, social prescribing and lifestyle pathways and programmes
4. Develop new green health projects and opportunities – advocating for and working with partners/ green health activity providers to deliver new, or add value to, existing projects.
5. Raise awareness of the value of green health within healthcare – communicating the benefits of green health to practitioners from the health, social care and voluntary sectors and ways to connect their service users to local opportunities.
 - a. Improve access to green health information – collate information about accessible green spaces and green health projects for promotion by partners
6. Promote the benefits of green health to the population – promote the range of green health activities and their health benefits to the wider population and targeted groups.
 - a. Promote the development of and use of safe access to greenspaces for communities where accessibility and perceptions of safety are barriers. Advocating on behalf of these communities and working closely with community planning and developers.

Funding opportunities

As part of the Leven Programme, a multi-organisation, joint funding bid was submitted to the National Lottery Heritage Fund in (2022). This was to secure funds to develop [The River Park | The Leven Programme](#) which will allow areas along the River Leven to be restored and developed. Part of this bid includes the development of Outdoor Learning opportunities and a Green Health project in the locality. We have been successful in receiving the funds for a one-year development phase (2022/23). The development phase has allowed us to deliver two local partner engagement events and engage with local people. Upon completion of the development work, we will then apply for four-year delivery phase funding (2024-2027/28) which will be used to further develop and implement the Outdoor Learning opportunities and Green Health Partnership and employ a Green Health Co-ordinator.

As part of the Community Development Recovery Fund, a one year application for a Green Health Partnership Co-ordinator has been submitted and is waiting on review (August 2023). This post will lead on the development of the Green Health Partnership network, community engagement and improving the joined up working across partners.

Levenmouth Green Health Partnership Project Plan

1. Establish engagement and agreement in principle in the Green Health Partnership model by partners and stakeholders.
 - a. Grow a green health and social referral network
 - b. Grow the partnership work and understand the potential for collaborative work to address local needs.
2. Develop the Steering Group membership and develop governance structure through Community Planning Partnership and FHSCP Locality Planning partnerships.
3. Engage with local people in developing a base line in green space used for health and wellbeing. Use this information in a community co-creation process, to build a picture of local need.
4. Scope local assets for green health and social referral opportunities, understanding their reach and capacity.
5. Design a centrally coordinated Green Health asset to address identified needs. This asset will involve collaboration and cooperation between invested services.
6. Establish key measures to identify short-term, medium- term and long term impacts (such as attitude change, engagement level)

Participation, Engagement and Partnership

Leven Programme and beyond

Across the length of the project, GHP Steering Group members who sit on a range of steering groups within the Leven Programme governance structure, such as the River Park Steering Group and the Leven Programme Steering Group who will share information in both directions ensuring any and all Programme activities relating to green health are built into the Green Health Partnership structure, preventing duplication and confusion. This will also be the GHP Steering Groups way of working in relation to other local projects and programmes, such as those being progressed under SportsScotland.

Programme activities which are not related to green health will be discussed to identify whether there are opportunities for the Green Health Partnership to add value.

Community Engagement

The GHP Steering Group will use existing connections and participate in local engagement work underway. The Group will also share local communication and engagement plans, data and information to prevent duplication and over engagement with local population and targeted groups. Community engagement will be designed and delivered with local partners to support participation, develop community ideas and explore opportunities for community leadership and ownership of assets.

Levenmouth Green Health Logic Model – 12 months

Inputs	Activities	Short-Term Outcomes	Medium-term Outcomes	End Outcomes	Measures
<p>People</p> <ul style="list-style-type: none"> Existing community assets (participative activities) Project Steering Group multiagency member commitment Partner commitment to partnership working Project Lead commitment (FCCT/SEPA) <p>Resources</p> <ul style="list-style-type: none"> Supportive local and national policy context River Leven Programme development of the River Park and other environmental assets Existing green space 	<p>Engaging communities</p> <ul style="list-style-type: none"> Raise awareness and engage communities in dialogue about green health Support communities to identify shared issues/priorities and solutions <p>Project working group and wider network of partners</p> <ul style="list-style-type: none"> Development of Steering group membership Development of a GHP network Development of year 1 action plan Funding dependant: Recruitment of GHP Co-ordinator 	<ul style="list-style-type: none"> Communities have defined their green health priorities and interests Steering group membership is agreed with governance structure GHP Co-ordinator recruited GHP Network established Funding streams agreed 	<ul style="list-style-type: none"> Community is using local green space Increase in volunteer and membership numbers with local third sector organisations Increase in referrals to green health Increased participation in green health activities/ programmes Increased collaboration between partners 	<ul style="list-style-type: none"> Public awareness has increase around green health opportunities. Public Health behaviour change. Share final data, findings, progress with recommendations report with wider River Park Steering Group Partners are working together collaboratively to increase participation in green health activities and programmes (pathways strengthened). Improved service provision. GHP Network – sustainability 	<ul style="list-style-type: none"> Community engagement feedback/levels Effectiveness of the Steering group Engagement level of partners within the network Baseline attendance number and number of health activities 6/12 month evaluation of attendance numbers at green

<p>assets</p> <p>Funding</p> <ul style="list-style-type: none"> • 1 year development phase NLHF (2022/23) • Pending Application to 4 year NLHF (2024) • Application to 1 year CRF – in progress 	<p>Communication and Promotion</p> <ul style="list-style-type: none"> • Promoting the benefits of green space to health care • Promotion of the availability of green space • Promotion of local activities 	<ul style="list-style-type: none"> • Resources available to support awareness raising and communication of green activities, programmes and space 		<p>arrangements in place</p> <ul style="list-style-type: none"> • Increased communication around the benefits of green space between healthcare and the public • Recommendations report for future funding of GHP 	<p>health activities</p> <ul style="list-style-type: none"> • 6/12 month evaluation of number of green health activities • Action plan achievement
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Levenmouth Green Health Partnership Moving forward 12 – 48 months

1. Based on development work done in the first 12 months, the partnership will build services around the agreed model, continuing to keep lines of communication and engagement open between stakeholders and the community. And will:
 - a. Maintain and coordinate green health and social referral network
 - b. Strengthen and develop social referral opportunities and protocols
 - c. Continue to grow the partnership, staying apprised of community needs and collaborating with stakeholders to develop workstreams that address presenting needs.
2. Work to embed green health partnership approaches into Levenmouth Health and Social Care Partnership, NHS, Public health and third sector long term delivery structures.
3. Strengthen promotional activity informing of green health opportunities and benefits to all stakeholders and participants involved in the green health partnership approach
4. Based on key measures from months 0-12, take an informed view when developing a prioritised work plan for centrally coordinated activity, forming the basis of the coordinators job role

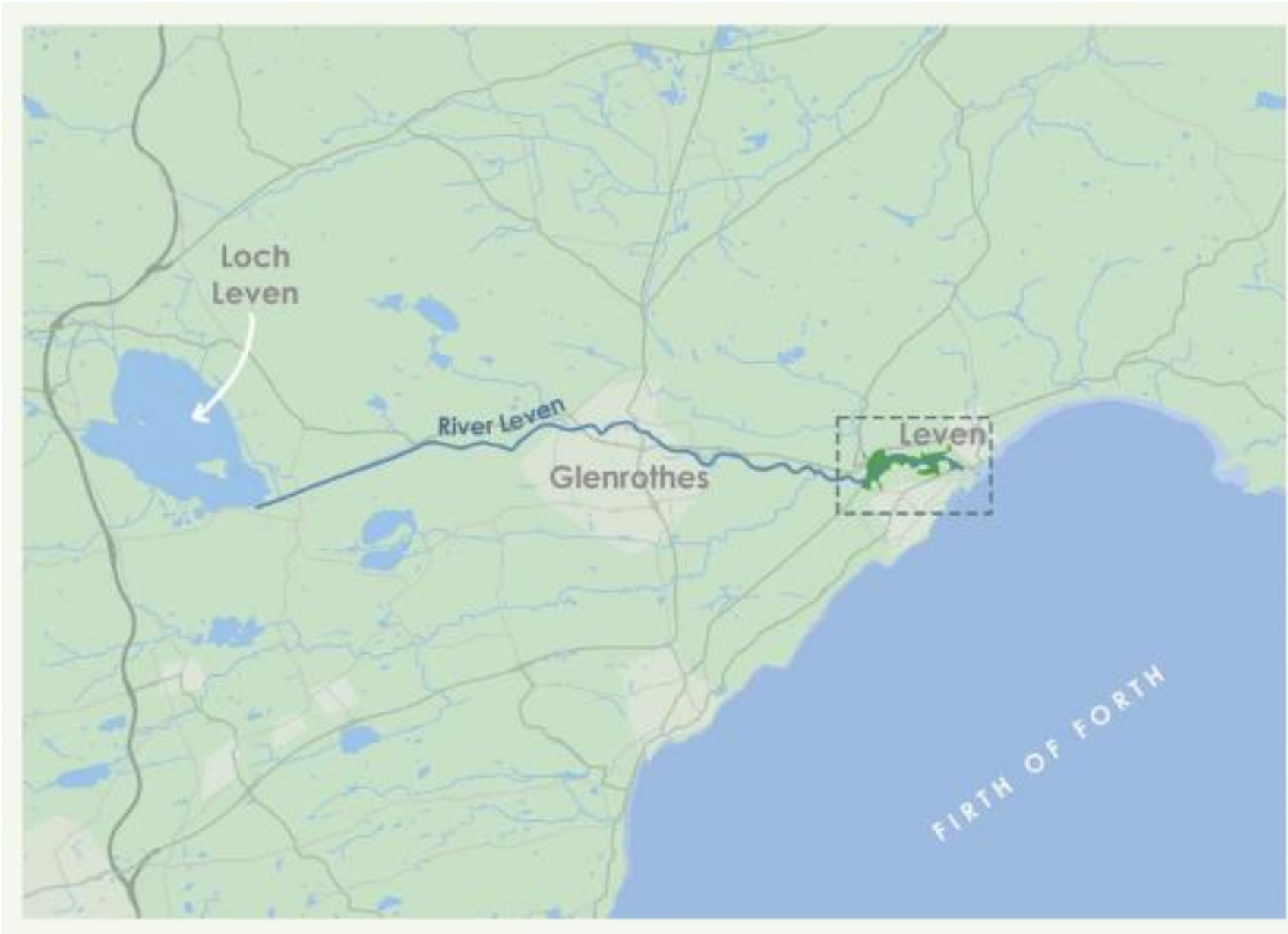
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The Leven
Growing with the Flow

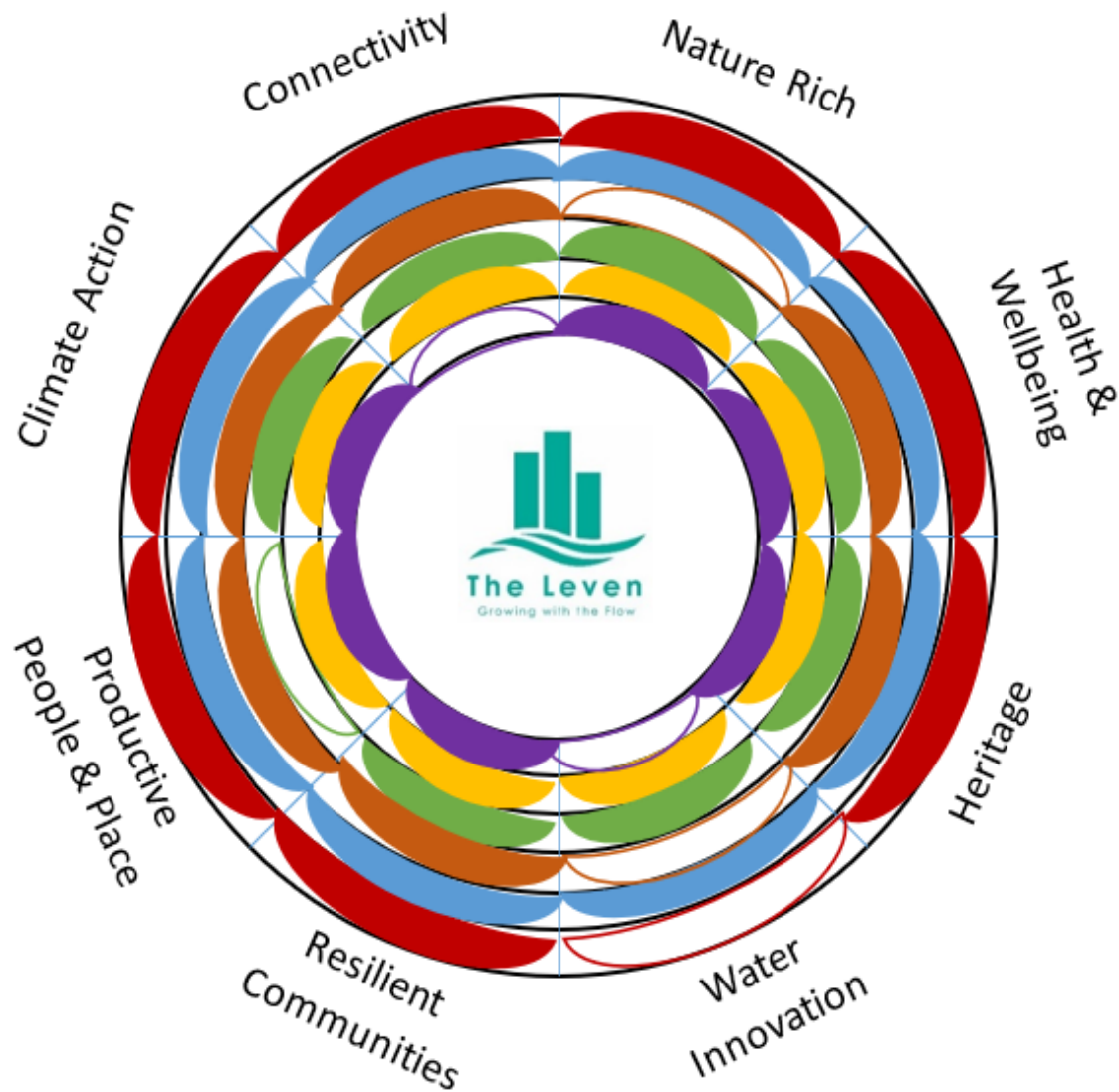




Leven Programme Vision

The River Leven and its catchment will be at the heart of regeneration in mid-Fife and by 2030, the Leven catchment will be a living, breathing example of sustainable, inclusive growth and community resilience, achieving environmental excellence whilst maximising social and economic opportunities.

Wheel of life – adding value in development (2023)



Projects:

- Connectivity
- River Park
- Levenmouth Rail Link
- River Restoration
- Nature Network
- Unexpected Garden

Scotland's 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

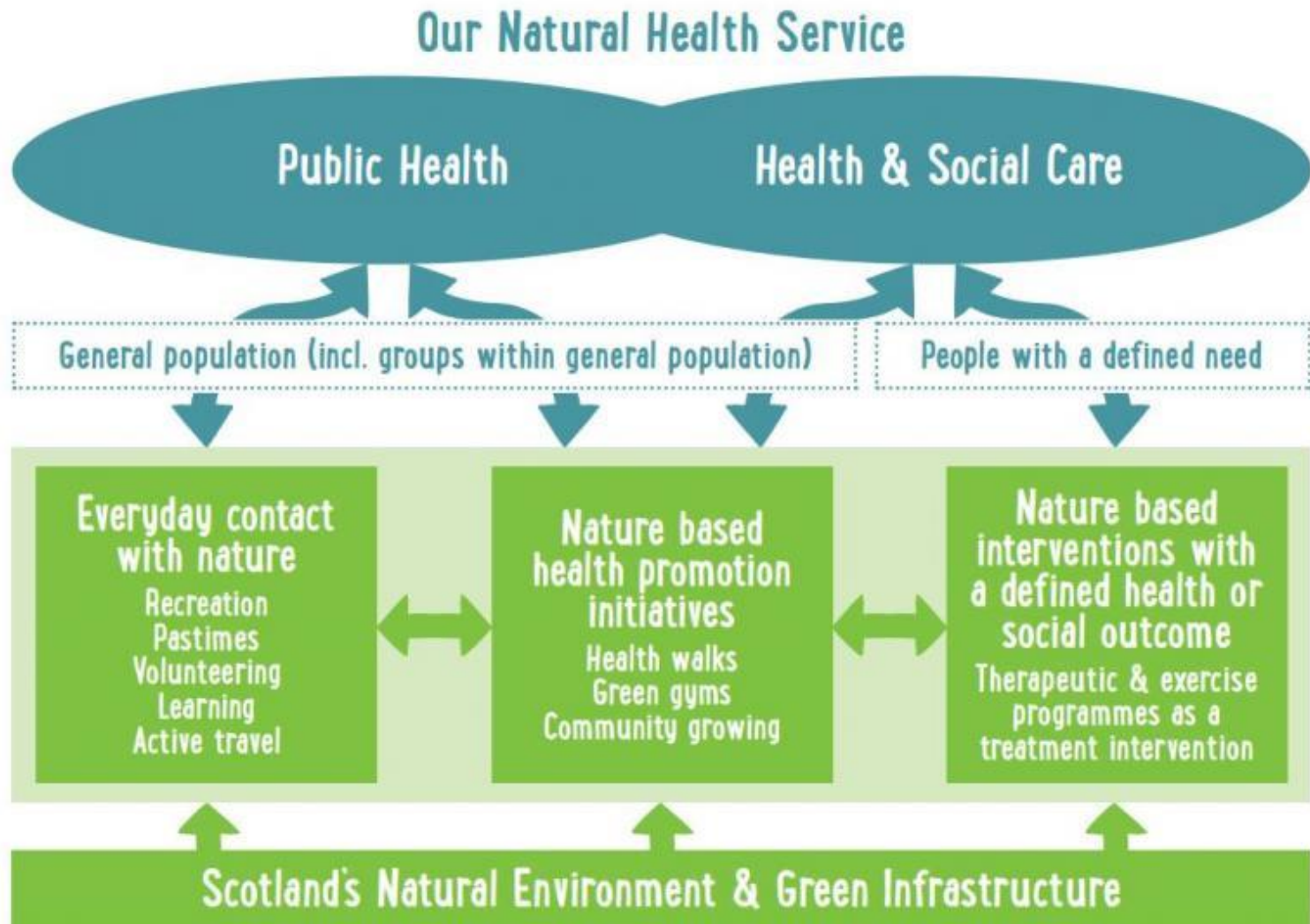
A Scotland where we eat well, have a healthy weight and are physically active

A Scotland where we live in vibrant, healthy and safe places and communities





Green Health Partnerships



Journey So Far!

- May 2022 Leven Programme Health and Well-being Theme identified GHP as a key project for development
- Working Group gathered and developed our thoughts on evidence, resources and process
- June 2023 stakeholder event held to engage potential partners

Stakeholder Event

- In what ways could nature-based organisations benefit from a GHP network? Would there be interest locally from them?
- In what ways could a GHP network be useful for social prescribers?
- In what ways could local people find green social referrals helpful?
- Map - What already exists?
- Who is missing from today
- What is working well
- How can we add value to improve what already exists (i.e., what are the gaps and how can we fill them)

Vision

As part of the Leven Programme, we will develop a Levenmouth Green Health Partnership which will support the local population to engage with local green space as part of their day to day lives and as part of their healthcare needs.

Place

*Local Spaces
people can engage
with*

People

Universal and
Targeted
Approaches

Green Health covers 5
Priorities (5P's) which
can support the
development of local
planning and direction.

Partnership

*Developing
Networks and
Building
Relationships*

Projects

*Identify and
Support Green
Health
Infrastructure*

Promotion

*Strong Messaging
on Green Health
Benefits and
Opportunities*

Funding!

- 1 Year Community Development Recovery Fund (FC)
- National Heritage Lottery Fund 3 years
- Long Term Sustainability????!!!!!!!

Next Steps

- Confirm Steering Group and wider network Membership
- Consider reporting lines and impact measures
- Confirm and clarify funding and establish co-ordinator role
- Progress project plan objectives!

Meeting:	Public Health and Wellbeing Committee
Meeting date:	6 November 2023
Title:	Public Health Screening Programmes Annual Report 2023
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Cathy Cooke, Public Health Scientist Dr Olukemi Oyedeji, Consultant in Public Health Dr Lorna Watson, Consultant in Public Health

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an overview of the main achievements and emerging concerns from the public health screening annual report 2023, for the six national screening programmes in NHS Fife.

2.2 Background

Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. Screening programmes detect early indications of disease or conditions and provide a reliable method of referral for diagnostic testing and/or treatment. Screening policy is set by the Scottish Government which considers advice from the UK National Screening Committee. NHS Boards are accountable for providing screening to their own population, however many elements of screening are commissioned or procured on a national basis.

In NHS Fife, each screening programme has a designated Consultant in Public Health Lead for Screening. A Public Health Scientist and Project Support Officer work across all the programmes. The adult screening programmes use a call/recall function to invite participants. Some of the screening programmes have these call/recall functions provided within Fife and others are delivered nationally or by neighbouring Board areas. Each screening programme has a local performance and governance committee, and specialist clinical input is provided either locally or nationally. Some of these committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board.

Oversight and assurance of screening within each NHS Board is provided by the Director of Public Health, as the designated accountable officer.

2.3 Assessment

This report summarises the key learning, achievements and challenges for each of the screening programmes, and highlights planned policy changes and developments. The report provides a high-level overview of the outcomes being achieved through the screening programmes in Fife. It highlights differences in uptake by deprivation by using the Scottish Index of Multiple Deprivation where possible.

Variation in timings of data release and reporting intervals mean that the period covered in this report varies by programme. Detailed information on performance indicators can be found in programme specific reports. The impact of Covid-19 and the rate of recovery varied across the adult screening programmes due to the differences between how the screening programmes are delivered.

The report was reviewed by the NHS Fife Public Health Assurance Committee on 18 October 2023.

2.3.1 Quality, Patient and Value-Based Health & Care

This report is part of the governance arrangements for screening programmes in NHS Fife which aim to ensure that the screening programmes are operating to the highest standards. The quality of the screening programmes is monitored by programme specific performance and governance committees.

2.3.2 Workforce

There are no immediate workforce issues relating to the screening programmes in Fife. Workforce pressures within specific programmes are highlighted within the report. It has been noted nationally that there is reliance on small numbers of individuals to deliver screening functions and there is fragility, particularly with the call/recall function across Scotland.

2.3.3 Financial

This paper has no financial impact or capital requirements. Each screening programme has a steering group and mechanisms to escalate cost-pressures.

2.3.4 Risk Assessment / Management

Risks are considered for each programme at their respective local performance and governance committee. The Public Health Assurance Committee maintains an overview of risks and incidents across the programmes.

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

There are substantive inequalities in participation in the national screening programmes in Fife. In all adult screening programmes, those living in the most deprived areas are less likely to participate in screening compared to those living in the least deprived areas. Screening tests are not mandatory and people can opt out as part of the process of informed consent. However, there may be modifiable barriers to understanding screening information or attending which may affect different groups in the population.

A screening inequalities needs assessment has been conducted in Fife. An NHS Fife action plan for adult screening is now being developed by the Screening Team in collaboration with staff from the individual screening programmes and other relevant stakeholders.

2.3.6 Climate Emergency & Sustainability Impact

There are no immediate sustainability issues related to the national screening programmes. Within each of the programmes there are potential opportunities to reduce waste. Given these are national programmes any changes will require national coordination.

2.3.7 Communication, involvement, engagement and consultation

The report is based on evidence from programme specific reports. These provide more detailed information on performance indicators, and are scrutinised by their relevant local governance committee.

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 Assurance Committee on 18 October 2023.

2.4 Recommendation

Committee members are asked to note the content and take assurance from the public health screening annual report 2023. The report highlights performance metrics, incidents and ongoing activity to improve delivery of screening across the programmes in Fife. Planned areas of work for 2023/24 are set out at the end of the report. This includes the production of an adult screening inequalities action plan which will guide our approach to addressing inequalities in screening in Fife.

This paper is provided to members for:

- **Assurance** – For Members' information

3 List of appendices

The following appendices are included with this report:

- Appendix No.1, Public Health Screening Programmes Annual Report 2023

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PUBLIC HEALTH SCREENING PROGRAMMES ANNUAL REPORT 2023

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Consultant in Public Health

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NHS Fife Public Health Screening Programmes Annual Report

Report to the Public Health and Wellbeing Committee on 06 November 2023

1 Introduction

- 1.1 Screening is the process of identifying apparently healthy people who may have an increased chance of a disease or condition. Screening programmes detect early indications of disease or conditions and provide a reliable method of referral for diagnostic testing and/or treatment.
- 1.2 There are six national screening programmes in Scotland:
 - Abdominal aortic aneurysm (AAA) screening programme
 - Bowel screening programme
 - Breast screening programme
 - Cervical screening programme
 - Diabetic eye screening programme
 - Pregnancy and newborn screening programme
- 1.3 A guide to National Population Screening in Scotland (NSO/NSS, 2022) sets out the roles, governance structures and commissioning arrangements in the screening pathway:
 - Screening policy is set by the Scottish Government which considers advice from the UK National Screening Committee.
 - Screening strategy sits with the Scottish Screening Committee and NHS Board Chief Executives.
 - Oversight, assurance and direction lies with the Director of Screening, the National Screening Oversight Board, the six national screening programme boards and, at a local level, Directors of Public Health (the designated NHS Board accountable officers).
 - Operational delivery of screening lies with the national screening delivery partners, National Services Scotland screening delivery services, territorial Boards and the screening programme sub-groups.
- 1.4 Healthcare Improvement Scotland, in partnership with stakeholders, develops national standards for the six national screening programmes in Scotland. To date, each set of individual programme standards had a core section covering leadership and governance, training and education, and information and support. In 2018, it was agreed that HIS would develop one set of core screening standards that apply across all the screening programmes. These [core screening standards](#), coproduced with stakeholders from all six screening programmes, were published in September 2023. The standards aim to support consistency in approach and minimise duplication across screening quality and assurance approaches.

- 1.5 In NHS Fife, each programme has a designated Consultant in Public Health Lead for Screening. A Public Health Scientist and Project Support Officer work across all the programmes. The adult screening programmes utilise a small number of call/recall staff; for some programmes this function is provided nationally or by other Board areas on behalf of NHS Fife. National work is ongoing to look at call/recall capacity and provision across adult screening programmes in Scotland.
- 1.6 Each screening programme has a local performance and governance committee, and specialist clinical input is provided either locally or nationally. Some of these committees cover more than one Board area where the programme is delivered in collaboration with a neighbouring Board. Each performance and governance committee aims to meet 2-3 times per year to monitor the performance of the programme and also review key performance indicators (KPIs), incidents and adverse events.
- 1.7 For the coordination and quality assurance of the screening programmes, the public health screening team is accountable to the Public Health Assurance Committee, chaired by the Director of Public Health. A single integrated screening report is submitted annually to the Public Health Assurance Committee for scrutiny. The report is submitted thereafter to the NHS Fife Public Health and Wellbeing Committee.
- 1.8 Variation in timings of data release and reporting intervals mean that the period covered in this report varies by programme. Detailed information on performance indicators can be found in programme specific reports.

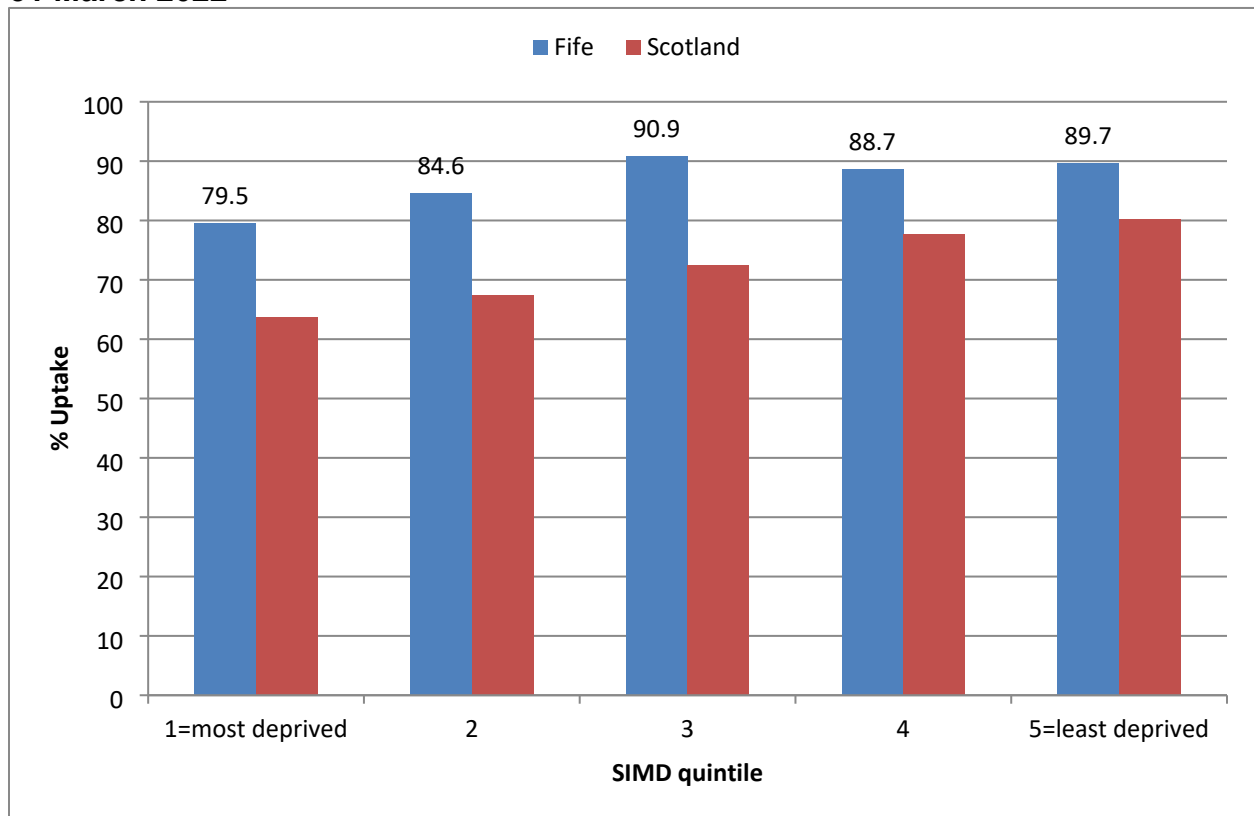
2 Abdominal Aortic Aneurysm Screening

- 2.1 An abdominal aortic aneurysm (AAA) is a swelling (aneurysm) of the aorta, the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.
- 2.2 All men aged 65 years are invited, by letter, to attend a screening appointment for a one-off ultrasound scan to identify the presence of an abdominal aortic aneurysm (AAA). The aim of the screening programme is the early detection and elective repair of asymptomatic AAA to prevent rupture and reduce mortality.
- 2.3 The Scottish AAA Screening Programme is delivered in Fife by the NHS Tayside and NHS Fife collaborative. A service manager, administration staff and screeners are employed by NHS Tayside. Screening takes place at four screening clinic sites in Fife. Some pre-assessment appointments are also held in Fife but surgery, when required, takes place at Ninewells Hospital, Dundee. Governance of the screening programme is provided by the joint NHS Tayside and NHS Fife AAA Screening Performance and Governance Committee.
- 2.4 The AAA screening programme was paused due to Covid-19 from March until September 2020. The reporting period for this report is later, 1 April 2021 to 31

March 2022, but Covid-19 was still having an impact during this time on service delivery and attendance. When services resumed after the pause, additional infection control measures, reduced clinic availability and increased staff absences impacted on screening capacity.

- 2.5 Uptake of AAA screening is measured at age 66 and 3 months. During the year 1 April 2021 to 31 March 2022, uptake was high with 86.8% of eligible men in Fife attending compared with 72.6% of men in Scotland attending.
- 2.6 As in the rest of Scotland, uptake for those living in the least deprived area in Fife was higher than uptake for those living in the most deprived area (figure 1). The effect of increasing deprivation on uptake is less marked for Fife than for Scotland.

Figure 1: AAA Screening uptake by SIMD quintile, Fife and Scotland, year ending 31 March 2022



2.7 Most men have a normal result and are discharged from the screening programme. During the year ending 31 March 2022, 22 men from Fife were referred to a vascular specialist for assessment of an aneurysm after attending screening. Most aneurysms were small; the number of medium and large aneurysms was ≤5. This was similar to recent years.

2.8 The cumulative total of Fife men who have had an aneurysm detected through routine screening from the implementation of the programme to the end of March 2022 is 269 (1.5%). Of those the majority were small (215, 79.9%), 31 were

medium (11.5%) and 23 were large (8.6%). In Scotland the cumulative total of those who have had an aneurysm since the implementation of screening is 1.3%.

- 2.9 Despite the challenges of the pandemic, NHS Fife met the essential or desirable threshold for all but two key performance indicators (KPIs) during 2021/22.
- 2.10 Men with a small or medium sized aneurysm are invited to attend surveillance appointments regularly to check the size and monitor any growth. The surveillance KPIs measure the attendance at surveillance scans within tightly defined timescales. Men on quarterly surveillance should be tested within four weeks of their appointment due date (KPI 1.4b).
- 2.11 The essential threshold for KPI 1.4b is set at $\geq 90\%$. Of the 78 appointments due in Fife, 70 (89.7%) were tested within 4 weeks of the due date; in Scotland 93.9% were tested within 4 weeks. Fife narrowly missed the essential threshold for this KPI due to unavoidable reasons. Eight appointments were delayed due to staff illness, participant illness or Covid anxiety around attendance.
- 2.12 KPI 3.2 (the percentage of men with AAA $\geq 5.5\text{cm}$ deemed appropriate for intervention who were operated on by a vascular specialist within 8 weeks of screening) has proved challenging for most Boards in Scotland since the implementation of the screening programme. Of the eleven NHS Boards with men deemed appropriate for surgery in the year ending 31 March 2022, no Boards met the 60% essential threshold for KPI 3.2.
- 2.13 In Fife, the essential threshold of $\geq 60\%$ was not met in 2019/20 (46.2%) and no men were operated on within 8 weeks of screening in 2020/21 or 2021/22 (the number of men appropriate for surgery per year is small, usually <10).
- 2.14 In March 2020, clinical guidance was issued by the Vascular Society for Great Britain and Ireland in response to the clinical risk posed for any surgical intervention during the Covid-19 pandemic. The guidance set out restrictions for surgical interventions, and this resulted in most of the planned AAA repair operations being postponed and only very large or symptomatic AAAs being considered for surgery.
- 2.15 Services resumed after the total pause with reduced capacity due to necessary increased health protection measures and other pressures. During the year ending 31 March 2022, multiple waves of COVID-19 and a second lockdown made it difficult for patients to receive surgical intervention within the eight-week timeframe.
- 2.16 Further, in some cases men may have other health conditions that need investigation and/or treatment by other specialists before surgery can proceed. Other factors that may cause delays include the need for custom-built stents for some AAA repairs and patient choice. This means some men deemed appropriate for surgery will not be operated on within the eight-week target.
- 2.17 There continues to be close monitoring of men awaiting surgery and the reasons for this and, where possible, delays are minimised. There is also work being

progressed by NHS Fife and NHS Tayside to investigate a range of factors (including theatre capacity) to assess where improvements can be made within AAA screening and the vascular service as a whole.

- 2.18 The AAA screening programme has largely recovered from the Covid-19 pandemic but unplanned screening staff absence has continued to impact on screening capacity. This is being monitored and managed appropriately. Pre-Covid-19, most men were screened between 65 years and 65 + 5 months. Current operational data indicate that most men are screened between 65 + 5 months and 65 + 11 months. This is in keeping with the KPIs for the programme and within the Healthcare Improvement Scotland standard that all eligible men are routinely invited for AAA screening during the year they are aged 65 years.

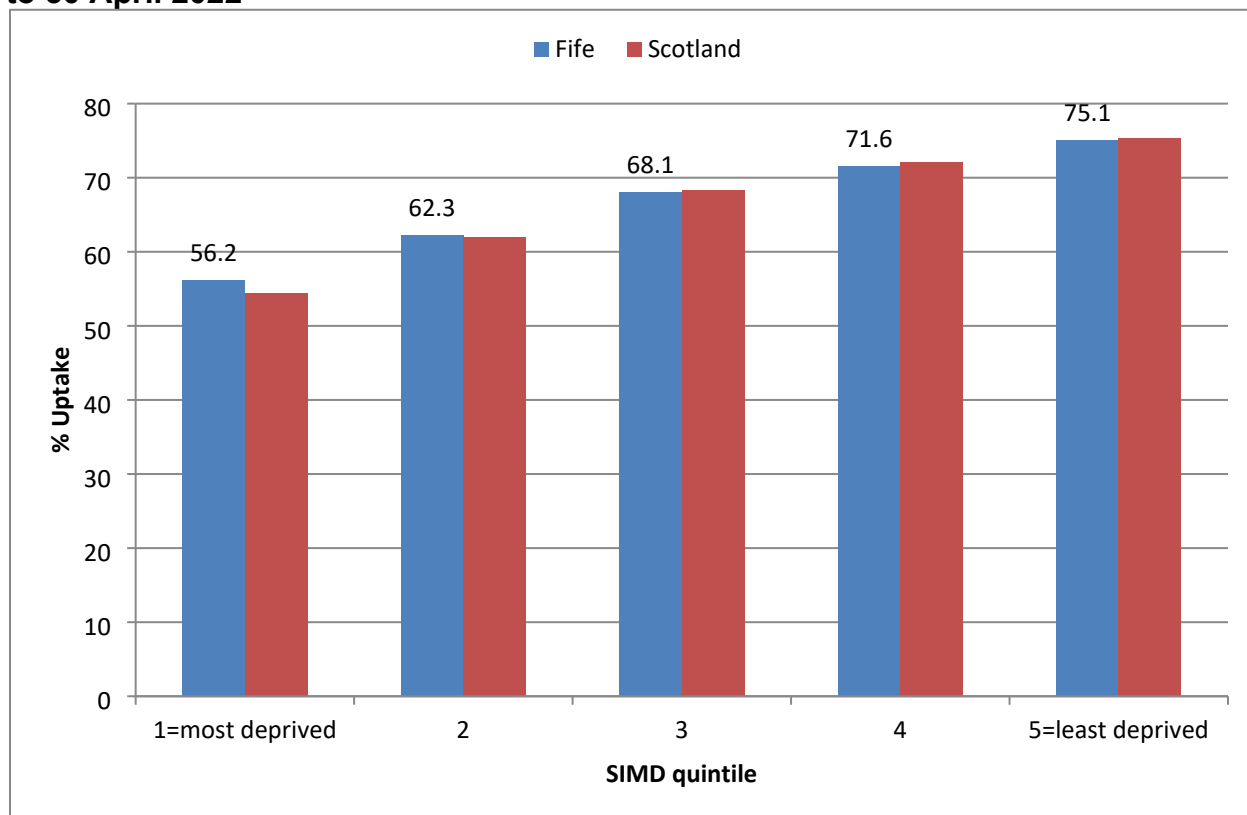
3 Bowel Screening

- 3.1 Bowel cancer is the third most common form of cancer diagnosed among men and women in Scotland. People aged 50 years and over accounted for 94.3% of cases diagnosed in Scotland in 2021.
- 3.2 The aim of the bowel screening programme is to reduce deaths by picking up and treating bowel cancer at an early stage in people with no symptoms. Pre-cancerous polyps (wart-like growths) can also be identified and removed through screening, and this may prevent future cancers developing.
- 3.3 All men and women with a Community Health Index (CHI) number and aged between 50 and 74 years are sent a test kit every two years. The test is completed at home. The quantitative Faecal Immunochemical Test (FIT) has been used in the Scottish Bowel Screening Programme since November 2017. The introduction of FIT simplified the bowel screening process for participants by requiring only one sample to be taken, compared to 3 samples in the past. This led to an increase in participation in the screening programme.
- 3.4 The screening programme was paused for new invitations from March to October 2020 due to Covid-19. To aid recovery of the programme, recall dates were extended by the length of the pause (for one screening round only).
- 3.5 Review of the key performance indicators report for bowel screening (published by Public Health Scotland (PHS), February 2023) did not highlight any issues of concern for the programme in Fife. The data cover the period between 1 May 2020 and 30 April 2022:
- Of those invited to participate, more than two thirds (66.8%) had a complete screening test result in Fife. Uptake is higher in women (68.8%) than in men (64.7%). This is also the case for Scotland where overall uptake is 66.7% (69.1% women, 64.3% men). This represents an increase in participation for both men and women in Fife and Scotland, and is the highest level of participation in the programme's history. For the previous reporting period (1

May 2019 to 30 April 2021) uptake was 65.2% in Fife and 64.9% in Scotland. The programme target for uptake is 60% of women and 60% of men.

- Uptake for those living in the least deprived area quintiles in Fife was higher than uptake for those living in the most deprived quintiles (figure 2). There was an 18.9 percentage point difference in uptake between the least deprived (75.1%) and most deprived (56.2%). The 60% target for uptake was met in all but the most deprived quintile. In Scotland the percentage point difference between the least and most deprived was 20.9.
- The proportion of those completing the screening test with a positive result requiring further investigation in Fife was 2.56%. The rate for men (3.08%) is higher than that for women (2.08%).
- NHS Fife performed notably better than Scotland in the time from screening test referral to the date a colonoscopy was performed. 80.5% of participants in Fife had a colonoscopy within 4 weeks of referral; this compares with 31.4% in Scotland. To achieve this, the bowel screening nursing team works closely with the endoscopy booking unit and waiting times are also monitored by a Patient Navigator. If required, extra colonoscopy lists are arranged.
- Of those who had a colonoscopy as a result of a positive screening FIT, 5.1% had colorectal cancer (Scotland 5.2%) and 44.1% had an adenoma (a benign growth which can become cancerous) (Scotland 46.4%). Detection rates are higher in men than women.

Figure 2: Bowel Screening uptake by SIMD quintile, Fife and Scotland, 1 May 2020 to 30 April 2022



3.6 The proportion of those with a positive screening test going on to have a colonoscopy performed was 81.3% in Fife and 74.5% in Scotland. Some work has been undertaken at the national level to explore reasons behind this. A high proportion of those who do not go on to have a colonoscopy either decline the procedure or do not attend the appointment. Initial findings show there is a deprivation gradient with the least deprived more likely to go on to have a colonoscopy. Men are slightly more likely than women to go on to have a colonoscopy, and younger participants are more likely to have the procedure.

3.7 Healthcare Improvement Scotland (HIS) published new standards for the bowel screening programme in August 2023. The standards have been developed to ensure that there is a consistent and equitable approach to the provision and monitoring of the bowel screening pathway in Scotland. The standards map to the participant pathway and apply to all NHS Scotland organisations involved in the delivery of the bowel screening programme.

3.8 The standards cover the following areas:

- bowel screening invitation (call-recall)
- bowel screening laboratory service
- bowel screening test result
- pre-investigation assessment
- diagnostic investigation
- histopathology.

- 3.9 A local review of performance against the standards will be undertaken in 2024 following publication of annual national programme statistics.

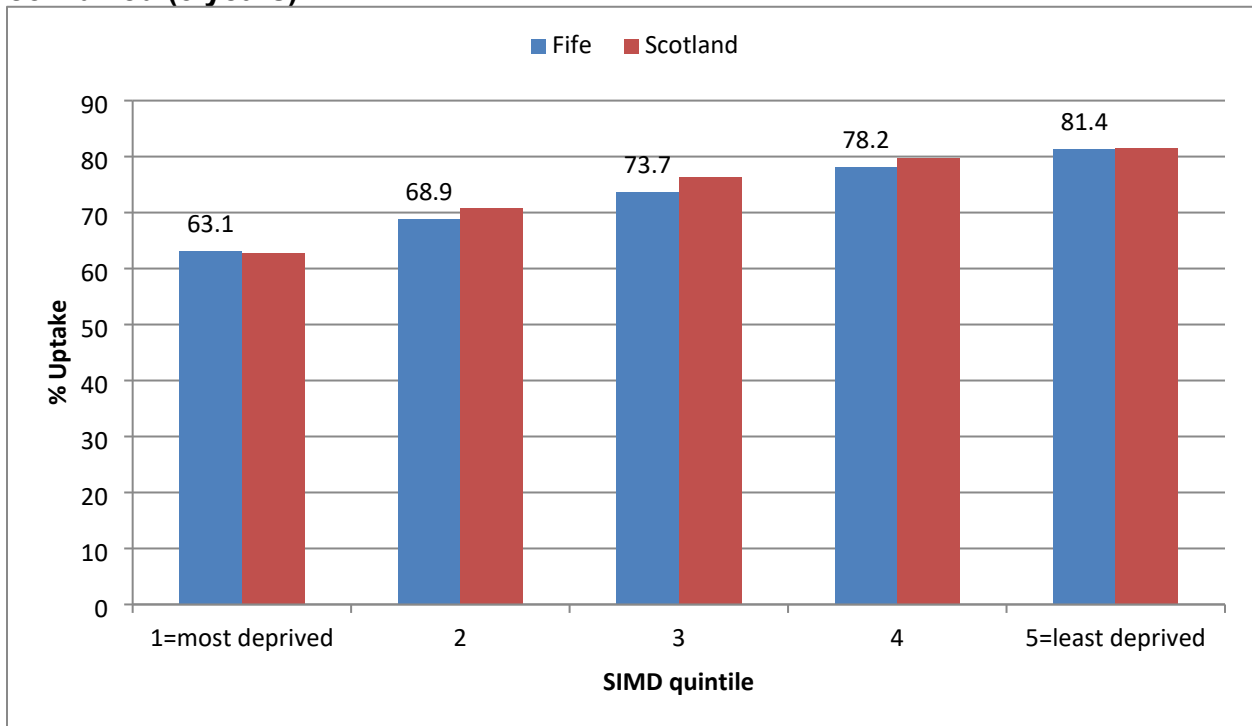
4 Breast Screening

- 4.1 The main purpose of breast screening is to reduce mortality from breast cancer by detecting and treating cancers at an earlier stage than they would otherwise present. A secondary aim is to reduce the need for more radical treatment.
- 4.2 Eligible women aged 50 to 70 years are invited to attend for screening by mammography at three yearly intervals. There are six breast screening centres across Scotland and two of these provide the service for Fife. Screening is provided for women resident in North East (NE) Fife by the East of Scotland Breast Screening Programme (ESBSP), which is hosted by NHS Tayside. Women resident in the rest of Fife are screened by the South East of Scotland Breast Screening Programme (SESBSP), which is hosted by NHS Lothian.
- 4.3 Routine breast screening was paused due to Covid-19 in March 2020. Participants who had already been referred for follow-up investigation and/or treatment before the pause continued to be seen and treated as appropriate. Screening restarted in Fife in August 2020.
- 4.4 Self-referral appointments for women 71 years and over were also paused in March 2020. A stepped approach to reinstatement of self referrals is being taken. From 29 August 2022, women aged 71 to 74 (+364 days) and women over 75 with a history of breast cancer have been able to register for self referral appointments.
- 4.5 Self referral remains unavailable to women aged 75 and over with no history of breast cancer however this remains under consideration by the breast screening programme board. There isn't clear evidence that the benefits of screening people over 71 outweigh the potential for harm. For example, diagnosing and treating a breast cancer that would otherwise not cause harm within a person's lifetime.
- 4.6 As participants are invited every three years it is helpful to examine performance over three-year periods, rather than single years, so that the whole of the invited population can be compared. The data reviewed in this report covers the Covid-19 pandemic and the pause in the screening programme. During the three-year period 2019/20 to 2021/22, more than 7 in 10 participants took up the invitation for screening (72.5%) in Fife. This meets the acceptable performance standard of $\geq 70\%$ but is a decrease of 0.6% on the previous reporting period (73.1% in 2018/21). Uptake in Scotland was 74.5% (and increased by 1.3% on the previous reporting period).
- 4.7 Notably, Fife was the only Board area where uptake decreased on the previous 3 year period. This is possibly due to no screening having taken place in NE Fife

during the 3 year period because of the Covid-19 backlog and workforce pressures. NE Fife practices have historically had good uptake figures (usually $\geq 75\%$) and had they been screened within the 3 year period, it is likely that Fife's overall uptake would have been higher.

- 4.8 For those living in the least deprived area quintiles in Fife, uptake was higher (81.4%) than for those living in the most deprived areas (63.1%). This variation is similar in Scotland (figure 3).

Figure 3: Breast Screening uptake by Scottish Index of Multiple Deprivation (SIMD) quintile, Fife and Scotland, participants aged 50-70, 2019/20 to 2021/22 combined (3 years)



- 4.9 The Healthcare Improvement Scotland (HIS) standards for the breast screening programme were updated in June 2019. The standards have acceptable and achievable thresholds. Eleven of the 12 acceptable performance standards were achieved in Scotland and Fife in the 3 year period 2019/20 to 2021/22. The standard not met was the benign biopsy rate (per 100,000 women screened) for 50-52 year olds. The acceptable standard is <1.5 ; in Fife it was 2.0 and in Scotland 1.7.
- 4.10 At the time of the last report, due to the Covid-19 pause in the breast screening programme and a number of service pressures, there was a backlog across all breast screening services in Scotland. The acceptable national standard for breast screening invitations is that $\geq 90\%$ of the eligible population will have been invited within a 36 month round time.
- 4.11 ESBSP developed a detailed action plan for recovery in Tayside and NE Fife and agreed with NSD, responsible for the delivery of breast screening in Scotland,

that the 36-month screening round for 90% of the eligible population would be achieved by the end of August 2023. This target was achieved.

4.12 To address the screening backlog in NE Fife, the following steps were taken:

- A second screening unit was located in St Andrews; two mobile units collocated were able to accommodate a wider screening geographical pool. The eligible women invited to St Andrews were screened over a shorter period, reducing the waiting time for some.
- Temporary boundary changes were agreed with the South-East Scotland Breast Screening Service who invited over 1,800 women from the Auchtermuchty and Ladybank practices to the SESBSP mobile unit in Glenrothes.

4.13 Other actions undertaken by ESBSP included recruiting and training additional radiographers and securing funding for additional assessment sessions. Programme and location changes were also introduced to improve service efficiencies and increase screening capacity.

4.14 The SESBSP re-established screening after the pause in Fife in August 2020. In 2021 further investment was made to the programme to increase capacity due to the increasing eligible population and to address the backlog of women who were overdue for breast screening. This included an additional (6th) mobile screening unit, an increase in radiography staff and weekly Saturday clinics.

4.15 In 2021/22 invitation and screening activity increased to the highest ever level in the SESBSP. These levels fell back during 2022/23 due to difficulties with the introduction of new mobile screening units and also significant downtime from older screening units. Issues with the new mobile units were managed as an adverse event by NSD.

4.16 One of the actions taken to reduce the backlog was to have two screening units collocated in Dunfermline from June to September 2023. SESBSP anticipates being back to a 38 month screening round by Autumn 2023 and within 36 months early in 2024.

4.17 Uptake from each individual general practice is monitored to assess whether it is in line with uptake from previous rounds of screening. In particular the decision to site a mobile screening unit in Dunfermline, rather than more locally to some GP practices, was closely monitored along with uptake from the practices in NE Fife screened by the SESBSP in Glenrothes (table 1; operational data – not published). The decision to invite additional practices to Dunfermline, as well as Ladybank and Auchtermuchty practices to Glenrothes, were taken by the screening services in conjunction with NHS Fife Public Health. The changes were made due to difficulties with the more local sites including building work and previous complaints about proximity of other public services; and to assist with the recovery from Covid-19. Evidence so far indicates that the changes haven't had significant impact on uptake for the most recent screening round. Uptake will

continue to be monitored along with consideration of centralised provision in Dunfermline in future rounds of screening.

Table 1 Uptake in practices invited to new location (Dunfermline or Glenrothes)					
Practice	% Uptake 2018/19 (Local)	% Uptake 2022 (Dunfermline or Glenrothes)	% Change	Invited 2022 N	Attended 2022 N
Kelty Medical Practice	69	71	+2	1012	715
Oakley Health Centre	74	72	-2	1324	957
Valleyfield Medical Practice	73	74	+1	683	505
Meadows Practice	71	68	-3	790	541
Wallsgreen Medical Practice	69	68	-1	444	300
Benarty Medical Practice	58	59	+1	633	376
Lochgelly Medical Practice	68	68	0	540	369
Dr Thompson, Lochgelly	68	65	-3	332	216
Ladybank, Howe of Fife Medical Practice	79	77	-2	847	655
Auchtermuchty Medical Practice	79	77	-2	1009	775

- 4.18 Scottish Government agreed to provide funding to support a ‘Modernising Breast Screening Programme’ to take forward recommendations from the Breast Screening Review which was published in May 2022. A Programme Board has been established and significant service redesign is anticipated. This includes the development of a new approach to call/recall and the development of static satellite screening centre provision.
- 4.19 Meetings have been held between SESBSP and NHS Fife to consider the pilot of a static satellite centre in Fife. It is hoped that a static screening location will provide a wellness hub to encourage greater participation and also allow those who miss their screening window greater opportunity to attend at a later date.

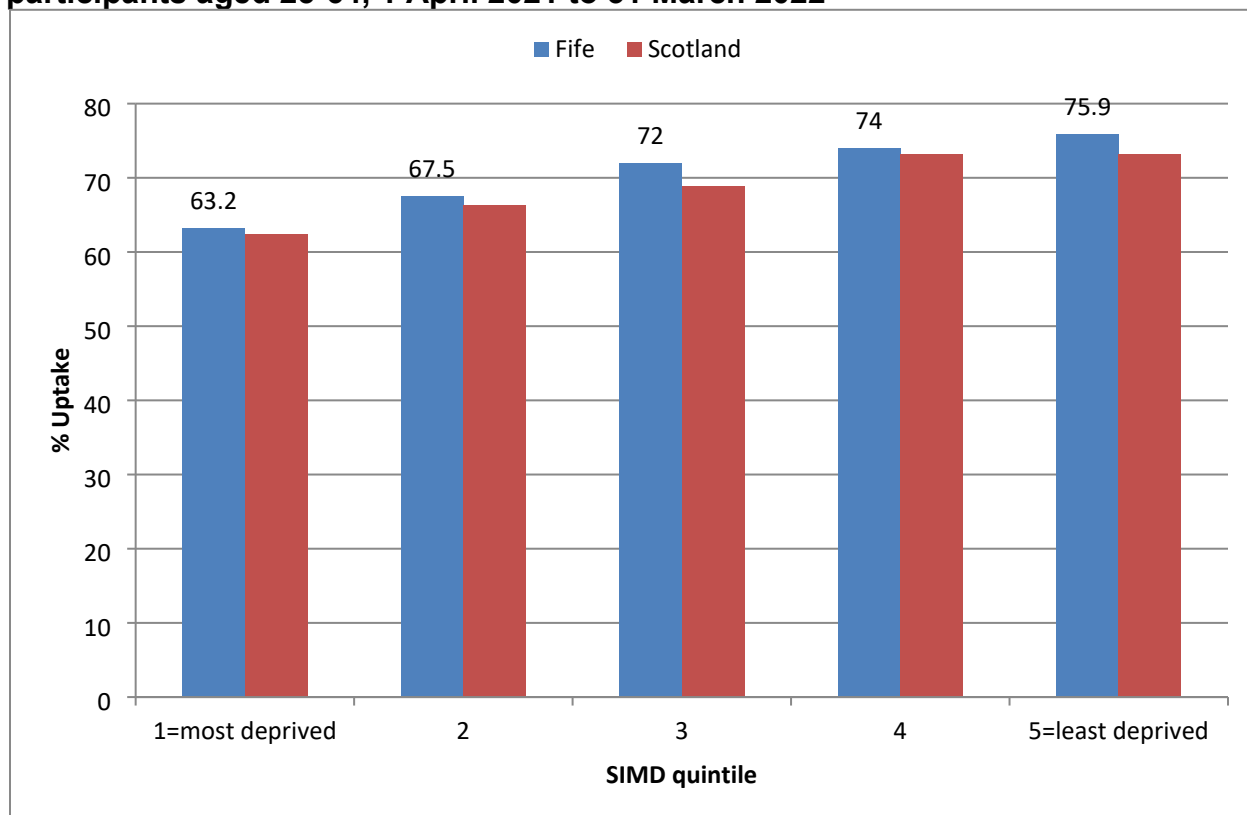
5 Cervical Screening

- 5.1 The Cervical Screening Programme aims to detect HPV (Human Papillomavirus) and/or changes in cervical cells early to reduce the number of invasive cancers of the cervix. Cervical cytology was replaced with high-risk HPV primary testing in Scotland on 30 March 2020.
- 5.2 Women aged 25 to 64 years are eligible for routine screening. Since the introduction of high-risk HPV primary screening in 2020, cervical screening samples are first tested for HPV and if negative, a recall invitation will be sent in 5 years. If the HPV sample is positive, the sample is tested further for the presence of abnormal cells. Recall for women on a non-routine screening pathway can vary and they can be invited for screening up to the age of 70.
- 5.3 The incidence of cervical cancer has fallen since the introduction of the national screening programme in 1988. In 2020, an age-standardised rate of 9.4 per 100,000 persons was the lowest incidence recorded in Scotland. This low rate is probably due to the temporary pause of screening in 2020 and disruption to other

healthcare services during the Covid-19 pandemic. In 2021, an age-standardised rate of 12.3 per 100,000 persons was reported for Scotland; the rate for Fife was 12.0.

- 5.4 In the most recent year for which published data are available, there were 22 new cases of cervical cancer in Fife (2021) and 8 deaths from cervical cancer (2021).
- 5.5 An audit is conducted of all new cases of invasive cancer of the cervix diagnosed in Fife residents during each calendar year. This includes a review of all records connected to an individual's cervical screening history from the past 10 years. NHS Fife also submits data to PHS for the national invasive cervical cancer audit.
- 5.6 Cervical screening data presented in this report cover the period 1 April 2021 to 31 March 2022. The Covid-19 pandemic resulted in a temporary pause to cervical screening invitations between March and September 2020 in Fife. The ongoing impact of Covid-19 may be reflected in some of the figures reported.
- 5.7 In 2021/22, 70.2% of eligible women in Fife had been screened within the previous 3.5 or 5.5 years. Uptake in Scotland over the same period was 68.7%. Uptake has been declining for several years.
- 5.8 When uptake is broken down by 5-year age groups, it is lowest in women aged 25-29 (58.1% in Fife) and highest in women aged 50-54 years (77.3% in Fife). This pattern is also seen in Scotland.
- 5.9 In women aged 25-64 years, the combined percentage uptake to 31 March 2022 fell with increasing deprivation in Fife and Scotland (figure 2). Uptake was 75.9% in the least deprived quintile in Fife, and 63.2% in the most deprived.

Figure 4: Cervical Screening uptake by SIMD quintile, Fife and Scotland, participants aged 25-64, 1 April 2021 to 31 March 2022



- 5.10 The majority of cervical cancers are caused by HPV infection. The Scottish HPV immunisation programme started in September 2008 and vaccination is now routinely offered to all secondary school pupils at age 11 to 12 years.
- 5.11 Cervical screening uptake is higher in HPV-vaccinated women aged 25-31 (67.5% in Fife; 69.6% in Scotland) when compared to those with incomplete vaccination (66.3% in Fife; 67.5% in Scotland) and those not vaccinated at all (48.0% in Fife; 37.9% in Scotland). Evidence now shows only one dose is needed to give protection (unless further doses are clinically required). From 1 January 2023, young people have been offered only one dose to be fully vaccinated. This change was based on advice from the Joint Committee on Vaccination and Immunisation.
- 5.12 When cervical cytology was replaced with high-risk HPV primary testing in Scotland, there was a reconfiguration of the existing laboratories to deliver both cervical cytology and Hr-HPV testing from two sites only: one in NHS Lanarkshire and one in NHS Greater Glasgow and Clyde. Cervical screening samples from NHS Fife are now processed at Monklands Laboratory, Lanarkshire.
- 5.13 In 2021/22 there were 280,000 cervical screening tests processed within the programme in Scotland, noticeably higher than the number processed in 2020/21 (174,299). This is largely due to recovery since the pause of screening in 2020. Laboratory cytology results are not published by individual Board area. During 2021/22, of those testing positive for HPV in Scotland, 69.1% had negative cytology with no sign of abnormal changes in cells, 25.3% had low grade cell

changes and 5.62% were identified as having high grade cell changes (including cervical cancer).

- 5.14 The laboratory turnaround time is defined as the number of days from the date the sample was received by the laboratory to the date the result was reported by the laboratory. In 2021/22, the turnaround times for 95% of all cervical screening test processed in Scotland ranged from 18 days (July to September) to 38 days (January to March). This is broadly in line with historical performance for Scotland.
- 5.15 In 2021, all NHS Boards were required to investigate records on the Scottish Cervical Call Recall System (SCCRS). These were records of patients indicating that a sub-total hysterectomy had been carried out, and to which a 'no cervix' exclusion had been applied. A total of 191 patient records were investigated by the Fife multidisciplinary audit team to assess whether the exclusion from cervical screening had been applied appropriately.
- 5.16 An audit of a wider cohort of patients excluded from cervical screening is now in progress. The purpose of the audit is primarily to ensure that participants in the Scottish Cervical Screening Programme have been permanently excluded appropriately and to correct any inappropriate exclusions. If any participants are identified as having been inappropriately excluded, they will be managed through defined pathways in a way that is clinically appropriate for their age group.
- 5.17 In Fife, the audit requires the review of approximately 10,400 participant records. The Fife audit team comprises an audit project manager, a public health consultant, administration support, clinical reviewers and an audit facilitator.
- 5.18 The audit process starts with an information gathering exercise conducted by administration staff in general practices. Since April 2023, the majority of general practices in Fife have been engaging well with the audit. Some practices have been delayed by an ongoing digitisation exercise. All Fife paper medical records are being converted and practices are at different stages of this process. As at September 2023, evidence had been uploaded to the electronic audit database from 48 out of 53 practices for around 6300 participants. Evidence for around 4200 patients is still required.
- 5.19 The next step in the process is a review and decision-making process conducted by a clinician-led team at health board level. In many cases, reviewers have to search a number of other clinical systems to gather evidence in addition to the information uploaded from general practice. When that is complete, they assign management cohorts to straightforward cases and escalate difficult or complex cases to the senior clinical reviewer (a consultant gynaecologist).
- 5.20 The team has found that auditing participants is taking significantly longer than initially anticipated. This is mainly due to insufficient acceptable evidence uploaded from some GP practices requiring further evidence searching from secondary care record systems. The call/recall system (OCCURS) used in Fife prior to 2007 (when SCCRS was implemented) has also presented some data

quality issues within the audit. It is possible that the audit work will extend beyond 12 months, into the next financial year (2024/25).

- 5.21 The audit team is working with primary care and colposcopy colleagues to identify capacity to see patients in clinics for recommended follow up. Scottish Government has approved £12.58 payment per participant to be seen at primary care for a cervical screening test. This will be women who are <71 years of age who either have a cervix or there is inconclusive evidence of the presence or absence of a cervix. Scottish Government has also approved funding for up to 114 gynaecology or colposcopy clinics for the follow up of participants aged 71 years or over who either have a cervix or there is inconclusive evidence of the presence of cervix.
- 5.22 Healthcare Improvement Scotland published a 'review of processes, systems and governance for exclusions from the national cervical screening programme in Scotland' in August 2023. A number of areas are covered in the recommendations including engagement with women, training for SCCRS users, management of exclusions, national and local governance structures and the national invasive cancer audit. The final recommendation is that Scottish Government should consider which organisations are best placed to deliver the recommendations set out in the report. This is being addressed. Coordinated action at both NHS board level and national level will be required.

6 Diabetic Eye Screening (DES)

- 6.1 Diabetic retinopathy is a common complication of diabetes which affects the eyes. Untreated diabetic retinopathy is one of the most common causes of visual impairment and blindness. Diabetic eye screening can detect retinopathy at an early stage before any symptoms are apparent.
- 6.2 In 2016 the UK National Screening Committee recommended revised screening intervals for patients within the DES programme. The recommendation was that the interval between screening tests should change from one year to two years for people at low risk of sight loss. The revised screening intervals began to be implemented in early 2021.
- 6.3 The 2021 screening annual report shared DES data from the year 1 April 2019 to 31 March 2020. In May 2020, the national software platform for the screening programme (Vector) was replaced with a new system, OptoMize. Verified KPI data reports have not been published since the introduction of OptoMize. This has been due to a number of factors including the Covid-19 pause to screening, prioritising higher risk participants on the restart of screening, the implementation of revised screening intervals, and incorporating optical coherence tomography (OCT) within the screening programme. All these factors impact on how the KPI data are produced and interpreted.

- 6.4 In 2019/20, 21,185 people in Fife were eligible for diabetic eye screening. Of these, 75.9% attended at least once for screening, higher than the Scottish average of 72.4%, but below the target uptake of 80%. Screening was lower than in previous years in 2019/20, but it is thought that this was due to the pause in screening introduced in March 2020, and the impact of Covid-19 in the period leading up to the pause.
- 6.5 In the absence of KPI reports, current operational data are monitored by local and national programme committees. They show no areas of particular concern for the DES programme in Fife.
- 6.6 Analysis undertaken in 2021 of participation in diabetic eye screening in Fife, using data from SCI diabetes between 1 November 2020 and 31 October 2021 found that 10595 appointments were allocated in this time, with an 86% attendance rate. Levels of DNAs were higher in younger people, and among those living in the most deprived areas. People who were newly diagnosed with diabetes were more likely to attend for screening than those who were diagnosed a number of years previously.
- 6.7 In July/August 2022, the DES service carried out a survey of a large sample of patients attending for retinal screening at 6 clinic locations and across a range of Retinal (Fundus) Camera (90%), Slit Lamp (9%) and OCT (Optical Coherence Tomography) Scanning (1%) appointments. The purpose of the survey was to measure patients' experience in terms of the appointment booking process, attending the clinic location and their satisfaction with the service provided at their appointment.
- 6.8 The survey work was conducted by telephone by two former Test and Protect Practitioners. The questionnaire was adapted from the national standard Consultation and Relational Empathy (CARE) measure questionnaire developed by the Departments of General Practice at Glasgow University and Edinburgh University. A total of 1826 patients attended clinics in the period 1 July 2022 to 8 August 2022; 1304 were interviewed giving a response rate of 71%.
- 6.9 With regards to patients' experience, feedback was very positive. Screeners were rated very good or excellent by >90% respondents with regards to listening to the patient, making the patient feel at ease, showing care and compassion and explaining the process clearly.
- 6.10 Action has already been taken in response to comments on directions to clinics, signage, parking and lack of information. The appointment letter has been amended to clearly indicate how to access the clinic location and nearby parking. There have also been some improvements to on-site signage. Information boards have been updated at Queen Margaret Hospital and Victoria Hospital with information and images about screening.
- 6.11 Following the Covid pandemic, some changes to service delivery were made due to a combination of factors including lack of clinical space in GP practices and health and safety issues around the movement of mobile equipment. As a result, a decision was made to permanently locate cameras at Randolph Wemyss

Hospital, Adamson Hospital, St Andrews Hospital and Skeith Health Centre. This enabled longer screening days and reduced risk to staff having to move heavy equipment in and out of a van.

- 6.12 Clinics were ceased at Auchtermuchty, Ladybank and Tayview Medical Practices and these patients now attend Adamson or St Andrews Hospitals. A small number of comments were made about these changes by respondents to the survey. However, it is no longer possible or practical for the service to visit these GP practices. There are reasonably good public transport links to Cupar and St Andrews and the Scottish Ambulance Service Patient Transport Service is available for those with a clinical need.
- 6.13 The national programme will soon introduce patient focused online booking for appointments and also text message reminders around 3 days before a clinic appointment.
- 6.14 Although the DES programme in Fife has recovered from the Covid-19 pandemic, a challenge to the sustainability of the service continues to be the increasing number of people with diabetes (approximately 5% increase per year across Scotland) and the subsequent increase in demand on ophthalmology and acute services to deliver treatment. The increasing eligible population and staff capacity is kept under review.

7 Pregnancy Screening Programmes

7.1 Pregnancy screening covers:

- Infectious diseases (hepatitis B, syphilis and HIV).
- Haemoglobinopathies (sickle cell and thalassaemia).
- Down's syndrome, Edwards' syndrome and Patau's syndrome.
- Fetal anomalies.

7.2 Where possible the most recent data available are presented in this report. There are some limitations to the data and this also affects other Health Board areas. Unlike the other screening programmes, there is no national IT system to support the programme and therefore a lack of comprehensive national data to monitor the performance of pregnancy and newborn screening. Some of the national work set up to determine where the gaps are and how these can be addressed was temporarily paused during the pandemic. Public Health and Intelligence colleagues within Public Health Scotland are leading on this work.

7.3 The aim is to better capture data from many different (and currently unlinked) IT systems used in the pregnancy and newborn screening programmes so that performance can be monitored against the pregnancy and newborn screening key performance indicators.

7.4 A national contract has now been established with the providers of the BadgerNet IT system. BadgerNet is a clinical IT system for maternity care. It is not designed explicitly for reporting screening performance indicators although some data are available. NHS Fife maternity service has been using BadgerNet since August 2018. The quality and completion of the data on BadgerNet has improved over time. All Boards except NHS Lothian use BadgerNet.

7.5 The risk that NHS Fife cannot monitor pregnancy and newborn screening comprehensively as systems for robust data reporting are not available is on the NHS Fife Public Health Risk Register.

7.6 A new action plan will be developed to address some of the issues around pregnancy screening data. Working with an eHealth senior data analyst and the Badgernet midwives, reports will be set up to capture pregnancy screening programme data from BadgerNet, address any quality issues and provide a report against the pregnancy screening KPIs.

8 Infectious Diseases

8.1 A new laboratory system (Laboratory Information Management System, LIMS) is in the process of being implemented in Fife laboratories. While this work is ongoing, it has not been possible for the microbiology laboratory to produce reliable data for the infectious diseases screening programme. The data below are from BadgerNet, the electronic maternity records system. Once implementation of the new LIMS system is complete, a project will be undertaken

to allow BadgerNet users to import laboratory results directly from LIMS to BadgerNet. This will increase the quality of data available on BadgerNet.

- 8.2 99% of eligible women were tested for hepatitis B, syphilis and HIV. This is in keeping with the KPI desirable threshold of $\geq 99\%$. Of those tested, there were <5 cases of hepatitis B detected, no cases of syphilis detected and <5 cases of HIV detected.
- 8.3 99% of results were reported to maternity services ≤ 8 working days of the sample being received by the laboratory. The desirable threshold for the turnaround time KPI is $\geq 97\%$.
- 8.4 In 100% of cases, those with a confirmed screen positive result for hepatitis B or HIV were referred to an appropriate specialist ≤ 10 working days of receipt of the result. The desirable threshold for the KPI is $\geq 99\%$.
- 8.5 In 100% of cases, those with hepatitis B attended for specialist assessment within 6 weeks of the positive result being reported to maternity services. The desirable threshold for the KPI is $\geq 90\%$.
- 8.6 Over the 5 year period 2017 to 2022, a total of 15 babies were born to mothers infected with hepatitis B resident in Fife. All newborns (100%) received the first dose of vaccine within 24 hours of birth. The desirable threshold for the KPI is $\geq 99\%$.

9 Haemoglobinopathies

- 9.1 Haemoglobinopathies (sickle cell and thalassaemia disorders) are serious blood disorders that affect haemoglobin.
- 9.2 The NHS Fife haematology laboratory received 2775 samples from pregnant women to be screened for haemoglobinopathies during the year ending 31 March 2023 (source: NHS Fife haematology laboratory).
- 9.3 No pregnancies were confirmed to be at risk of a significant haemoglobinopathy. Fourteen carriers were identified. Partner testing was declined or unavailable in <5 cases.

10 Down's syndrome, Edwards' syndrome, Patau's syndrome and Fetal Anomalies

- 10.1 First trimester screening is supported by NHS Lothian laboratory service and second trimester screening is supported by Bolton antenatal screening laboratory. For those pregnancies with a higher chance result from first or second trimester screening, non-invasive prenatal testing (NIPT) is offered as a second line screening test. The laboratory service for NIPT is provided by the East of Scotland Regional Genetic Service based at Ninewells Hospital, Dundee.

These arrangements for laboratory provision to support the Down's syndrome, Edwards' syndrome and Patau's syndrome screening programme cover all Scotland.

- 10.2 For the year ending 31 March 2023, there were a total of 2252 tests from NHS Fife. First trimester screening was provided for 1975 singleton and 27 twin pregnancies. The number of second trimester tests was 250 (11.1%).
- 10.3 The proportion of complete laboratory request forms is a Key Performance Indicator (KPI) of the Pregnancy and Newborn Screening Programme. The KPI is defined by completion of a number of selected fields on the original request. These essential fields, when completed, provide sufficient information for the woman to be uniquely identified. The essential performance threshold is $\geq 97\%$ completion. For the year ending 31 March 2023, NHS Fife achieved the KPI with 99% completion for first trimester tests; the Scotland rate was 98%.
- 10.4 Standards for the screening programme state that all information should be completed, not just selected fields. When all fields are considered, the NHS Fife completion rate was 96%; the Scotland rate was 93%.
- 10.5 Reports on completion rates, stating the amount and type of missing information, are sent to Lead Midwives on a regular basis along with cumulative performance charts. The laboratory also requests feedback on the reasons for incomplete forms if the $\geq 97\%$ essential threshold for the KPI is not being met.
- 10.6 During 2022/23 there were 64 referrals for NIPT from NHS Fife following a higher chance serum screening result. As with the other laboratories, submission of incomplete request forms can have an impact on resources, both laboratory staff and midwifery teams. No information was missing from any referral forms from NHS Fife.
- 10.7 The target reporting time for NIPT is 7 calendar days from receipt of the sample in the laboratory to the issue of a final report, in 90% of cases. The average reporting time for samples during 2022/23 (Scotland) was 5.3 calendar days and 98.4% of reports were issued within the 7 calendar day reporting time.
- 10.8 In 100% of cases during 2022/23, diagnostic test results from Fife were reported by the Cytogenetic Laboratory, NHS Lothian, within 3 calendar days of receipt of sample (rapid testing) or within 14 calendar days of receipt (full testing, where applicable). The essential performance threshold for reporting results is 90% within 3 calendar days (rapid testing) and 90% within 14 calendar days (full testing).
- 10.9 Due to capacity pressures, the NHS Fife fetal medicine team paused their annual report of fetal medicine activity during the Covid-19 pandemic. Work has now resumed on data collation and information will be available for the next annual screening report. This relates in particular to the KPIs around the offer of a timely referral (higher chance result or suspected anomaly) and the test performance of the fetal anomaly ultrasound scan.

11 Universal Newborn Hearing Screening (UNHS)

- 11.1 The universal newborn hearing screening programme aims to identify babies born with bilateral permanent moderate, severe and profound deafness. Evidence shows that introducing an early support programme before 6 months of age leads to better outcomes for speech and language development.
- 11.2 In Fife, a hospital-based Automated Auditory Brainstem Response (AABR) screening protocol is used. Babies missed in hospital or born at home, and those requiring repeat screening or transferring in from other areas, are offered outpatient appointments.
- 11.3 During the year 1 April 2022 to 31 March 2023, 2886 Fife resident babies were eligible for screening and 2850 (98.8%) completed screening by 4 weeks corrected age. The essential threshold for this KPI is $\geq 98\%$.
- 11.4 Of the 31 babies requiring an immediate onward referral for audiological assessment, 96.7% received an appointment within the required timescale (within 4 weeks of screen completion or by 44 weeks gestational age). The essential threshold for this KPI is $\geq 97\%$.
- 11.5 Of the 31 babies referred, 90% attended within the required timescale. The essential threshold for this KPI is $\geq 90\%$.
- 11.6 During the year 2022/23, nine babies were diagnosed with varying degrees and types of hearing loss.
- 11.7 Scotland figures for UNHS for the year 2022/23 were not available for this report.
- 11.8 The report of the Independent Review of Audiology Services in Scotland was published in August 2023. One of the recommendations in the report is to 'ensure recommendations from the most recent review report around the Universal Newborn Hearing Screening Programme in Scotland are addressed at pace'. The majority of the recommendations made in the review of UNHS, published in February 2021, have been completed.
- 11.9 One of the outstanding recommendations, an evaluation of the two screening modules used in Scotland (AABR and OAE -Otoacoustic Emissions) had been on hold until publication of the audiology services review. This evaluation will now be taken forward to assess whether there should be a move to a single screening module in Scotland.
- 11.10 The other outstanding recommendation relates to moving to a single IT system as currently there are two IT systems used to support UNHS in Scotland. This work has progressed and a group is being established to support the procurement and roll out of the system.

12 Newborn Blood Spot Screening

- 12.1 Newborn blood spot screening identifies babies who may have rare but serious conditions. The programme includes screening for Phenylketonuria (PKU); Congenital Hypothyroidism (CHT); Cystic Fibrosis (CF), Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD); and Sickle Cell Disorder (SCD). On 20 March 2017, testing was extended to include four further metabolic disorders: maple syrup urine disease (MCUD), isovaleric acidaemia (IVA), glutaric aciduria type 1 (GA1) and homocystinuria (HCU).
- 12.2 Testing is offered to all newborn babies usually around 5 days of age. The test is done by a midwife who obtains a few drops of blood by pricking the heel. The blood is collected on a card which is sent to the Scottish Newborn Screening Laboratory, Glasgow, for analysis.
- 12.3 During the year 1 April 2022 to 31 March 2023, the laboratory received 3226 blood spot sample cards from NHS Fife; <5 were suspected of having a condition and referred to a specialist clinician.
- 12.4 The blood spot sample should be taken between 96 and 120 hours of life. The essential performance threshold for this KPI is $\geq 90\%$. During the year 2022/23, the proportion of samples taken in Fife within this timeframe was 91.8%. This compared with 90.3% in Scotland.
- 12.5 Samples should arrive in the laboratory as quickly as possible via Royal Mail. The essential performance threshold for this KPI is $\geq 95\%$ of all samples received ≤ 3 working days of sample collection. During the year 2022/23, 81.4% of Fife samples arrived in ≤ 3 working days. This compared with 84.1% samples from Scotland as a whole.
- 12.6 There is a KPI for the percentage of samples that required repeating due to avoidable reasons. Repeating tests impacts on midwifery and laboratory time and can be distressing for parents who have to consent to another heel prick test. The essential performance threshold for this KPI is $\leq 2\%$.
- 12.7 During the year 2022/23, there were 7.69% avoidable repeat tests from NHS Fife, and 5.61% from Scotland. The most common reason was that the sample was insufficient.
- 12.8 In order to try to minimise the number of avoidable repeat tests required for the programme, a Clinical Education Midwife has developed an education package and competency framework for midwives in Fife. The avoidable repeat rate is closely monitored with monthly feedback to individual midwives and further support and training can be arranged where appropriate. Recent figures show some improvement.
- 12.9 There is also monitoring of the proportion of samples where information, essential to accurately interpreting the results, is not recorded on the blood spot

card. During 2022/23 in Fife this proportion was 1.61%; in Scotland it was 1.53%.

12.10 Following an incident in another Board area, when best practice was not followed and newborn blood spot testing was delayed, all Boards were advised by National Services Division to review processes in place and adherence to protocols. A local working group was formed to undertake this review with representatives from public health, child health, health visiting and midwifery.

12.11 The group found that a small number (<5) of babies moving into Fife from outwith Scotland had not been offered a newborn blood spot test before they reached 1 year of age. This happened between 2020 and 2022. The missed opportunities where screening was not offered were reported on Datix (a risk management information system for adverse events) and NSD was informed. Some of the actions of the working group so far:

- A review of current policies and procedures to prevent any further missed opportunities
- Child health and health visiting flowchart guidance produced to promote a clear understanding of blood spot screening process for families moving into the area
- All children notified by child health to be offered a home visit within a 2 week period to review blood spot status, and offer and, if accepted, refer to ambulatory care for a screening appointment
- Ambulatory care contacted to prioritise appointments early for children approaching 1 year of age
- All health visitors have been advised of guidance with new learning and understanding achieved
- Weekly list of any children overdue for blood spot screening sent to Lead Nurse to review and follow up

12.12 The working group is still meeting to complete this review, to ensure that protocols are being adhered to and robust processes are in place within child health, health visiting and midwifery.

12.13 The risk that a baby (up to 12 months of age) could miss the opportunity to be screened due to the patient pathway not being followed or the service not being made aware of an eligible baby moving into the NHS Fife Board area has been added to the Public Health risk register.

13 Inequalities in Screening

13.1 There are substantive inequalities in participation in the national screening programmes across Scotland and this is also the case in Fife. In all adult screening programmes, those living in the most deprived areas are less likely to participate in screening compared to those living in the least deprived areas. Screening tests are not mandatory and people can opt not to take part as part of the process of informed consent. However, there may be modifiable barriers to

understanding screening information or attending which may affect different groups in the population.

- 13.2 Limited information is collected on the characteristics of people who do and do not participate in screening, and there are significant gaps in local evidence for inequalities in screening. For example, we do not routinely and consistently collect data about ethnicity, disability or other protected characteristics in our screening programmes. This means that our understanding of likely inequalities in screening are informed by the data that is collected on age, sex and deprivation (SIMD) of participants, and from evidence from research studies in the UK that may be generalisable to Fife.
- 13.3 Scottish Government published the [Equity in Screening Strategy](#) in July 2023 with a vision of equitable access for all eligible individuals across the screening pathway. The strategy sets six long-term outcomes to be achieved through addressing issues affecting inequalities in five priority themes:
- Communications, engagement and learning
 - Access to screening
 - Data collection and monitoring
 - Research and evaluation
 - Overarching issues
- 13.4 An Equity in Screening Implementation Group is being established to oversee the implementation and delivery of the strategic actions on behalf of the National Screening Oversight Board.
- 13.5 Alongside this, the Equity in Screening Network has been launched. This will support the Strategy by bringing together activity, research and evidence, and providing shared learning for those working to support the Scottish screening programmes.
- 13.6 The Scottish Equity in Screening Strategy requires all Boards to put in place a screening inequalities plan. An NHS Fife action plan for adult screening is being developed by the Screening Team in collaboration with staff from the individual screening programmes and other relevant stakeholders.
- 13.7 A workshop was held in July 2023 to share information about inequalities and discuss options for addressing them. Further conversations were then held with key stakeholders, and the plan was circulated for comments. The plan is currently in draft form (September 2023).
- 13.8 The action plan, when finalised, will be signed off by a Fife Screening Inequalities Coordination and Oversight group. The plan is intended to be a living document that matures over time as the causes of inequalities in screening in Fife are understood better and opportunities are developed to address them.
- 13.9 As part of the Scottish Government's commitment to reduce inequalities in screening, there is an inequalities fund for initiatives that could help address

barriers for those less likely to engage. NHS Fife received funding from the inequalities fund to participate in a collaborative project with NHS Borders, NHS Tayside, and the Mental Health Foundation. The Bridging the Gap project aims to support those with severe mental illness to engage with screening programmes. The project was delayed due to Covid-19 but a plan is now in place to progress this work in the coming year.

14 Looking Ahead 2023-24

- 14.1 Assuring the delivery of effective population screening is a priority for NHS Fife Department of Public Health. The screening team will continue to lead the coordination, governance and quality assurance of all screening programmes.
- 14.2 Addressing inequalities in participation in both screening and follow up diagnostic procedures will be a major aspect of our work going forward. The NHS Fife adult screening inequalities action plan will be finalised. This will guide our approach to addressing inequalities in adult screening programmes going forward.
- 14.3 A new pregnancy screening data action plan will be developed. Reports will be set up to capture pregnancy screening programme data from BadgerNet. The data will be quality assured and regular reports produced against selected KPIs.
- 14.4 The screening team will continue to work to progress the national cervical screening exclusions audit in line with agreed methodologies, including the clinical management of women where indicated.
- 14.5 The screening team will continue to work with mental health services as part of the Bridging the Gap project to improve our understanding of participation in screening by people with severe mental illness (SMI). The project will aim to identify and put in place systems to enable people with SMI who are not up to date on screening to be identified and supported to participate in screening.
- 14.6 The team will continue to support the ongoing review of call/recall services across adult screening programmes.
- 14.7 The team will continue work to understand reasons for screening non-attendance and explore methods to address these.
- 14.8 The team will continue the timely investigation and management of incidents and adverse events across the screening programmes.

15 Directory of Scottish Screening Statistics

- Scottish Abdominal Aortic Aneurysm Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics/scottish-abdominal-aortic-aneurysm-aaa-screening-programme-statistics-year-ending-31-march-2022/>
- Scottish Bowel Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/scottish-bowel-screening-programme-statistics-for-the-period-of-invitations-from-may-2020-to-april-2022/>
- Scottish Breast Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-breast-screening-programme-statistics/scottish-breast-screening-programme-statistics-annual-update-to-31-march-2022/>
- Scottish Cervical Screening Programme Statistics:
<https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/scottish-cervical-screening-programme-statistics-annual-update-to-31-march-2022/>
- Scottish Diabetic Eye Screening Programme:
National data report not published.
Data for the year 1 April 2019 to 31 March 2020 was provided by the Scottish DES Collaborative.
Data for the year 1 November 2020 to 31 October 2021 was extracted from SCI-Diabetes on 25 November 2021.
- Scottish Pregnancy and Newborn Screening Programme:
Programme specific pregnancy and newborn screening data not published.

Meeting:	Public Health and Wellbeing Committee
Meeting date:	6 November 2023
Title:	Pharmaceutical Care Services Report 2022/23
Responsible Executive:	Ben Hannan, Director of Pharmacy and Medicines
Report Author:	Aileen Boags Lead Pharmacist Public Health and Community Pharmacy Services

1 Purpose

This is presented for:

- Decision
- Approval

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Pharmaceutical Care Services Report (PCSR) for 2022/23 has now been produced and is presented to Population Health and Wellbeing Committee for awareness and discussion following public consultation and onward submission to relevant committees.

2.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. Community Pharmacy responsibilities are shared between the NHS Board and the Integration Joint Board. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978 are delegated to the IJB. Broadly speaking, this includes

responsibility of the general provision of community pharmacy. However, the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, and subsequent amendments are the responsibility of the Health Board. These regulations pertain to the management of contractual arrangements, control of entry and maintenance of a pharmaceutical list.

A public engagement period of 4 weeks is provided giving consultees an opportunity to comment on the draft PCSR. The NHS Fife public involvement policy comprises of the draft PCSR being circulated through the NHS Fife Participation and Engagement Team. This circulation comprises the Participation and Engagement Directory, Peoples' Panel and Equality Groups. It is also circulated to HSCP locality groups including MCNs, on which are patient representatives. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

2.3 Assessment

The 2022/23 PCS Report provides updates around both core services and additional services delivered through community pharmacies in NHS Fife. Significant advances in provision of services within community pharmacy have been made and the network of contractors has risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy Contract. The 2022/23 report recommends that there is no unmet need within NHS Fife currently.

Feedback obtained from the consultation process has been positive and in the main has focussed on how the document is shared with the public once approved.

2.3.1 Quality/ Patient Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care.

2.3.2 Workforce

The report describes the current workforce capabilities within community pharmacy including independent prescriber capabilities

2.3.3 Financial

There is no direct financial impact related to this report.

2.3.4 Risk Assessment/Management

This report serves a statutory function and does not consider risk in the context of community pharmacy services. As a descriptor of pharmaceutical needs within NHS Fife, this report is a data source that Pharmacy Practice Committees are directed to use in assessing need when considering application to the Pharmaceutical list. The content of the report could impact on future applications for new pharmacy openings.

2.3.5 Equality and Diversity, including health inequalities

The report draws information from National Records Scotland and the Director of Public Health report 21/22 in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health.

2.3.6 Climate Emergency & Sustainability Impact

The report describes and assesses locality, position and distance of Community Pharmacies from patient's homes in the context of 20 minute neighbourhoods, with 88.5% of the Fife population live within 1mile of their nearest pharmacy, however the full impact on climate emergency and sustainability is not addressed within this report. It is anticipated that in future years that analysis will be included in further reports.

2.3.7 Communication, involvement, engagement and consultation

The report has undergone four to six weeks of public consultation through the following forums:

- Community Pharmacy Fife
- Public Participation and Engagement via Patient Experience Team
- HSCP locality groups

Three responses were received and feedback from these forums have been incorporated into the final report.

2.3.8 Route to the Meeting

- Pharmacy and Medicines Senior Leadership Team – 30th August 2023
- Qualities and Communities – 2nd November 2023

2.4 Recommendation

Public Health and Wellbeing Committee asked to consider the report for **decision** and approval ahead of publication.

3 List of appendices

The following appendices are included with this report:

Appendix 1, NHS Fife Pharmaceutical Care Service Report 2022/23

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Pharmacy and Medicines Directorate

Pharmaceutical Care Services in NHS Fife

August 2023



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EXECUTIVE SUMMARY

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2022 update is published according to these regulations in accordance with the Scottish Government circular PCA (P) 7 (2011).

Pharmaceutical Care Services (PCS) 2021/22 in NHS Fife

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services that exist within NHS Fife. Data from a range of sources are utilised to establish any unmet need for each of the core Community Pharmacy Contract services, additional services currently provided in NHS Fife are also examined. The extent to which that need is met is examined through assessment of any existing gaps in the provision of both the core pharmaceutical services within the Community Pharmacy contract and the additional services as agreed in NHS Fife.

There are 86 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife and it is important to continue to support 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.

A public engagement period of 4-6 weeks will be provided giving consultees an opportunity to comment on the draft PCS report 2022/23. The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Participation and Engagement Team and HSCP locality groups. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

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INTRODUCTION

The primary function of the Pharmaceutical Care Services (PCS) report is to describe any unmet need for pharmaceutical services within the Health Board population and outline recommendations by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1. Geographies to be Considered

NHS Fife contains seven Localities within its Health and Social Care Partnership. The latest data on the population of these areas is indicated in [Table 1](#).

Table 1 - Population of NHS Fife and its Localities

Locality	Population
Fife	374,730
Levenmouth	37,888
Glenrothes	49,824
NE Fife	74,685
Cowdenbeath	41,767
Dunfermline	59,584
Kirkcaldy	60,472
SW Fife	50,510

Source: [Know Fife Community Profiles | KnowFife](#)

1.2. NHS Fife Population Descriptions

The latest population estimate figures show that Fife grew in 2021 and had the third highest population out of all 32 council areas in Scotland. At June 2021, an estimated 374,730 persons lived in Fife, 600 more people than in 2020, resulting in an annual growth rate of 0.2%. This compares to a national population growth rate of 0.3%.

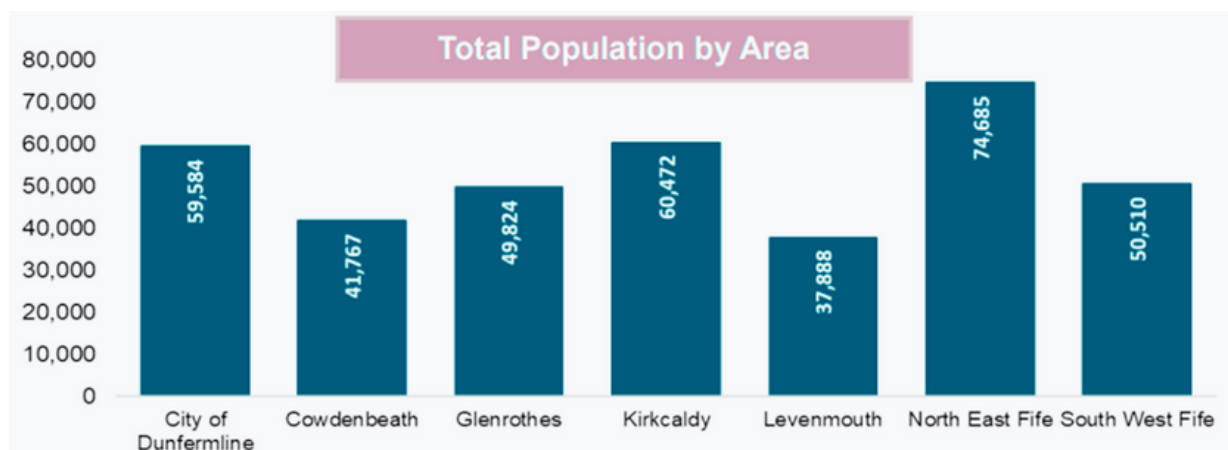
1.2.1. Fife Population: Age Distributions

Children aged 0-15 years make up 17% of the population with 63,680 children living in Fife. The majority of the population in Fife (62%) is aged 16-64 years, whilst 12% of the population is aged 65-74 and 9% aged 75 and over.

1.2.2. Sub-Fife Population: Fife Localities

Seven localities have been created in Fife for the organisation and delivery of services within the Health and Social Care Partnership (HSCP). Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Figure 1:
Locality populations



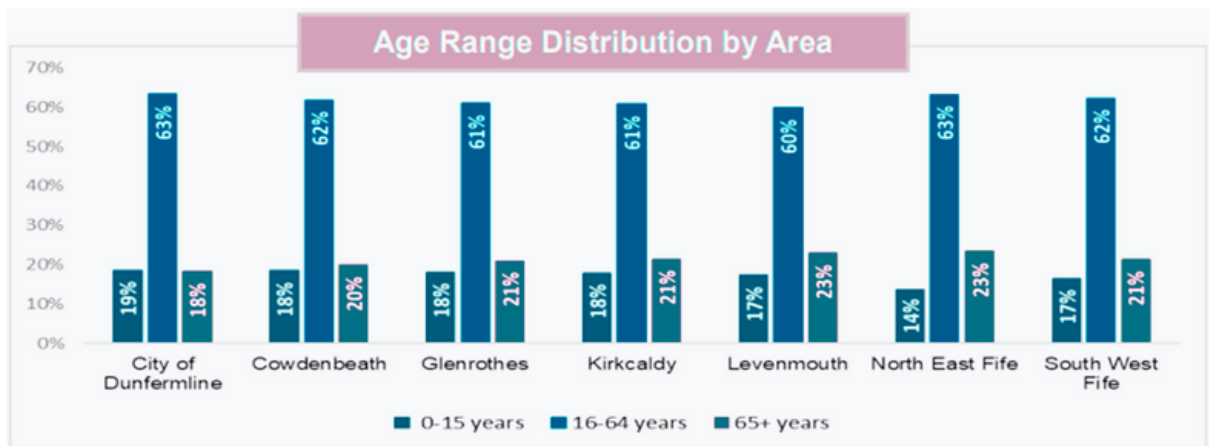
Variations in population age structure can be seen across the seven localities (Figure 2).

Figure 2:
Population breakdown by age

Breakdown by Key Age Groups		
	Number of People	% of Population
0-15 years	63,680	17%
16-64 years	231,635	62%
65+ years	79,415	21%

Figure 3 shows that two of Fife’s seven localities have higher proportions of their population aged 65 and over compared to Fife; Levenmouth (23%) and North East Fife with 23%. In contrast, Dunfermline’s older population is significantly less than Fife at 18% and its proportion of children is the highest of all seven localities at 19%.

Figure 3:
Age structure of Fife



Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

1.2.3. Births

In 2022 there was a 5.3% decrease in the number of babies born in Fife compared to 2021, with 2,990 babies born. Fife was one of 21 council areas in Scotland to see an decrease in birth rates between 2021 and 2022. 8 council areas saw an increase while 3 saw no change. Of the 2,990 babies born in Fife over half (60%) were born to mothers aged 25-34 years, 3% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2002 the number of births to mothers aged 19 and under has decreased by 71% whilst births to mothers aged over 40 have increased by 40%.

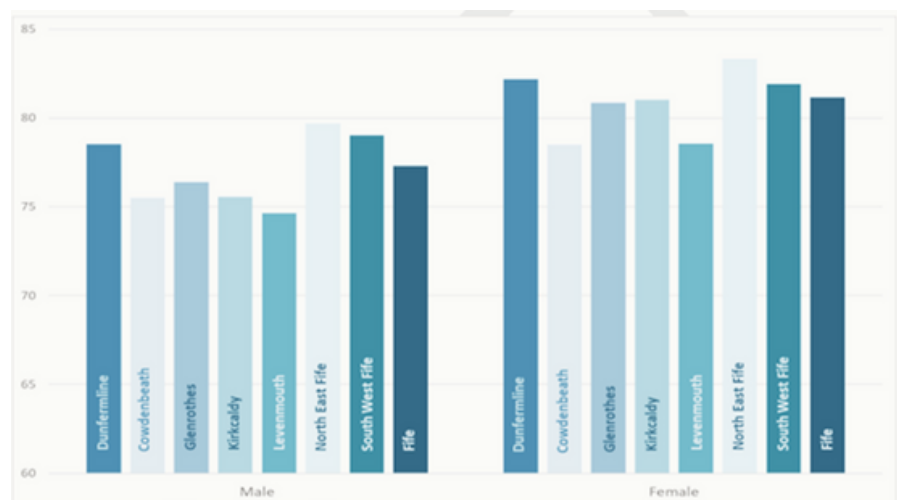
1.2.4. Life Expectancy

Life expectancy at birth in Fife was 76.8 years for males and 81.0 years for females in 2019-2021. This was a small fall in life expectancy for both males and females since the last estimates of 77.2 and 81.4 respectively between 2018 and 2020, however is higher than national life expectancy of 76.5 years in males and 80.8 years in females. Over the period between 2001-2003 and 2019-2021, life expectancy for both males and females in Fife has risen (3.1% and 2.0% respectively). This compares to a national increase in life expectancy over the same period of 4.1% in males and 2.4% in females.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 4. Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.

Figure 4:
Male and Female
Life Expectancy;
HSCP Locality/Area
Committee 2016-20

Source:
PHS



However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between most and least deprived areas. In 2016-20 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Even wider inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.

1.2.5. Ethnic Group

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups. We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.

1.2.6. Deaths

1.2.6.1. All Causes

There were 4,560 deaths in Fife in 2022, a decrease of 0.3% on 2021. Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212. 36% of these or 1,529 deaths were in the under 75s, which equates to a mortality rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population. There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population. During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20

1.2.6.2. Causes of Death

Cancer was the leading cause of death among Fife residents in 2020 accounting for 1,112 deaths, 26% of the total number of deaths. Lung cancer was the most common form of cancer death accounting for 23% of all cancer deaths and 6% of all deaths.

As in previous years heart disease was the second most common cause of death among males in Fife accounting for 14%, while in females the second most common cause of death was Dementia and Alzheimer’s disease causing 14% of all female deaths. The impact of the coronavirus pandemic is still being assessed, however, there were 310 deaths recorded where confirmed or suspected COVID-19 was mentioned on the death certificate in 2020.

1.2.6.3. Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health, These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time. Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population. Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer’s disease and other dementias were the top three individual causes of early death.

Figure 3:
Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

Ill Health		Early Death	
1	Low back and neck pain	1	Ischaemic heart disease
2	Depression	2	Lung Cancer
3	Headache disorders	3	Alzheimer's disease
4	Anxiety disorders	4	Cerebrovascular disease
5	Osteoarthritis	5	Other cancers
6	Diabetes mellitus	6	Drug use disorders
7	Cerebrovascular disease	7	Chronic obstructive pulmonary disease
8	Other musculoskeletal disorders	8	Colorectal cancer
9	Alcohol use disorders	9	Self-harm and interpersonal violence
10	Age-related and other hearing loss	10	Low respiratory infections

Source:
PHS

As our population ages, the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole 64% of the burden is due to early death and 36% to ill health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.

CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE

2.0. Description of Current Pharmaceutical Services in NHS Fife

2.1. Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at August 2023.

2.1.1. Number of Community Pharmacies across NHS Fife and by Locality

In August 2023, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. There is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services

Table 2:
Community Pharmacies in NHS Fife (August 2023)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	374,730	86	4,357
Levenmouth	37,888	10	3,788
Glenrothes	49,824	10	4,982
NE Fife	74,685	18	4,149
Cowdenbeath	41,767	12	3,481
Dunfermline	59,584	13	4,583
Kirkcaldy	60,472	13	4,652
SW Fife	50,510	10	5,051
Other HBs			
Forth Valley	305,710	76	4,022
Lothian	917,310	182	5,040
Tayside	415,030	92	4,511
Scotland	5,479,900	1,255	4,366

2.1.2. Resources - Premises/Facilities

NHS Circular: [PCA\(P\)\(2007\)28](#) Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.2.2. Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and be registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers. These independent prescribers have in the past been involved in the provision of clinics within Fife, covering numerous specialty areas such as hypertension, stroke, warfarin, vascular, substance misuse, respiratory and pain. Implementation of the national Pharmacy First Plus service has shifted focus to delivering prescribing for common clinical conditions.

Table 3:
Community Pharmacist numbers training or trained with prescribing rights
(August 2023)

Prescribing Status	No. of Pharmacists
Active/Community Pharmacy Independent Prescribers	32
Independent Prescribers training in progress	16
Qualified Independent Prescribers inactive	2

2.2. Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1. Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in the Table 4.

Table 4:
Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Distances are "as the crow flies" straight line distances, not travel time
2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

2.2.2. Hours of Service

Pharmacies in Fife provide opening hours that must cover 9.00am to 5.30pm on 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening ([NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. See Table 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5:
Summary of the hours of service of the 86 community pharmacies in Fife (August 2023)

	Open 5 full days per week (closed Saturday)	Open 4.5 days Mon - Fri then half day Saturday	Open 5.5 days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	5	6	47	22	6

NHS Fife provision of pharmaceutical services on a Sunday is similar to other NHS Board areas.

It should be noted that all 6 community pharmacies which open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife Centres, where prescriptions on a Sunday will be generated from.

2.3. Community Pharmacy Services - Core Services

2.3.1. Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counselling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing, 7,254,100 prescription items were dispensed in NHS Fife in 2021/22 See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years.

Table 6:
Volume of prescription items dispensed in Fife over period April 2017 to March 2022

Financial Year	No. of prescription items dispensed
2021-22	7,254,100
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950
2017-18	6,969,064

2.3.2 Medicines: Care and Review

Medicines: Care and Review (MCR) is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. One element of MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.

All Health Boards are now working towards the aim of having all of their GP practices and Community Pharmacies providing the serial prescribing element of the service. One of the key changes to the revised service is that GP practices will now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

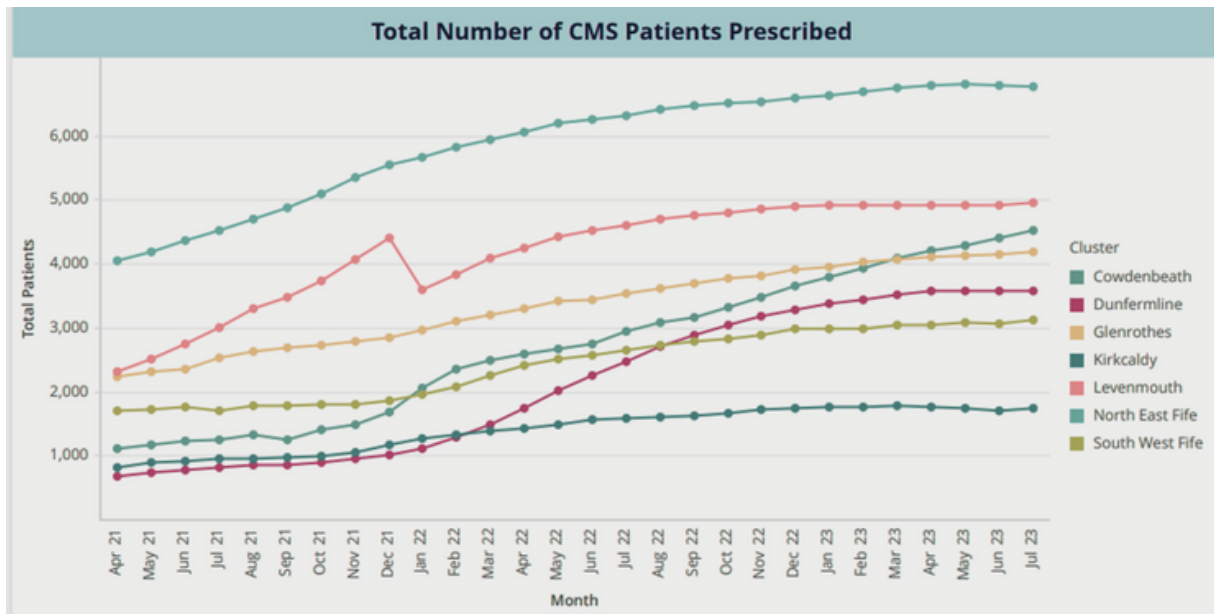
NHS Fife currently has 51 GP practices (93%) generating serial prescriptions with 82 (95%) pharmacies involved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patients receiving serial prescriptions.

Table 7 shows the number of patients registered for MCR in Fife compared to neighbouring health boards and Figure 4 shows the number of patients receiving a serial prescription by prescribing locality.

Table 7:
Number of MCR registered patients as at end March 2023 in Fife and selected neighbouring Health Boards

Health Board Area	No. of CMS registered patients	No. of CMS registered patients per 1,000 of population
Fife	65,600	175
Tayside	78,488	188
Forth Valley	48,111	157
Lothian	111,182	121
Scotland	910,840	166

Figure 4:
Patients receiving a serial prescription by locality Apr 21-Jul 23



2.3.3 Pharmacy First

In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available free of charge to eligible patients who require advice and/or treatment for minor ailments. When a patient accesses this service they receive a consultation which will result in one of three outcomes- supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 21,580 patients receive a Pharmacy First consultation monthly with an average of 17,627 medication items supplied. Five national Patient Group Directions (PGDs) have been introduced to provide treatment for Urinary Tract Infections, Impetigo, Shingles and Skin Infections allowing patients who would normally require a GP consultation for treatment to attend their pharmacy instead.

Figure 5 shows the number of items per week between April 22 and March 23 dispensed throughout Fife via the Pharmacy First service. Figure 6 shows the number of patients per week receiving a Pharmacy First consultation for the same period.

Figure 5:
NHS Fife PharmacyFirst items dispensed Apr 22- Mar 23

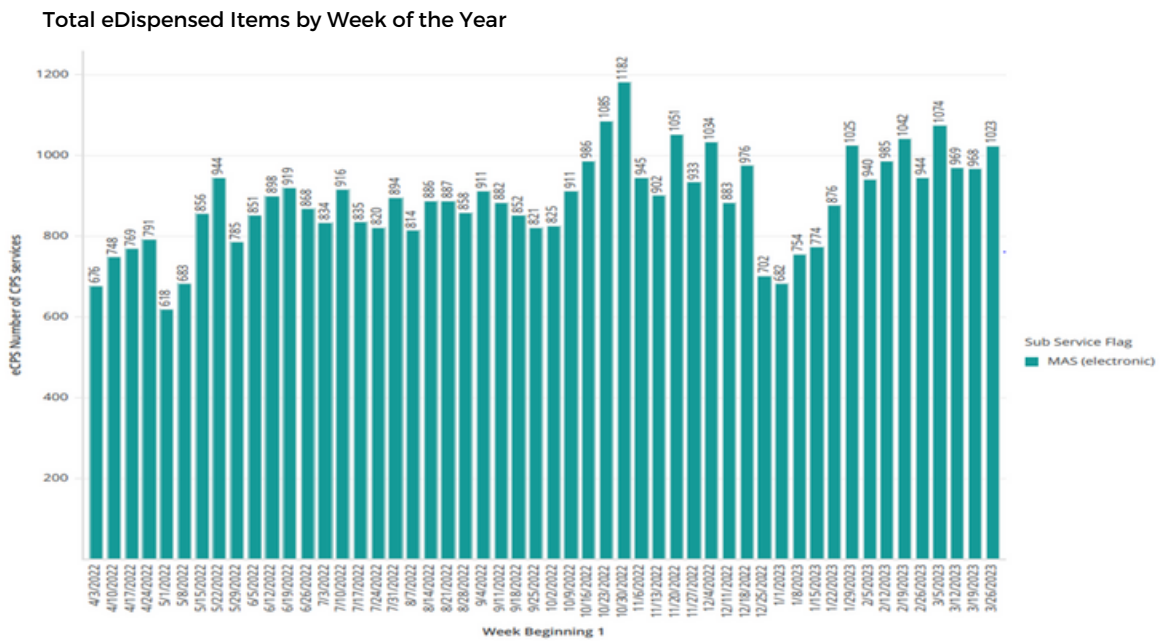
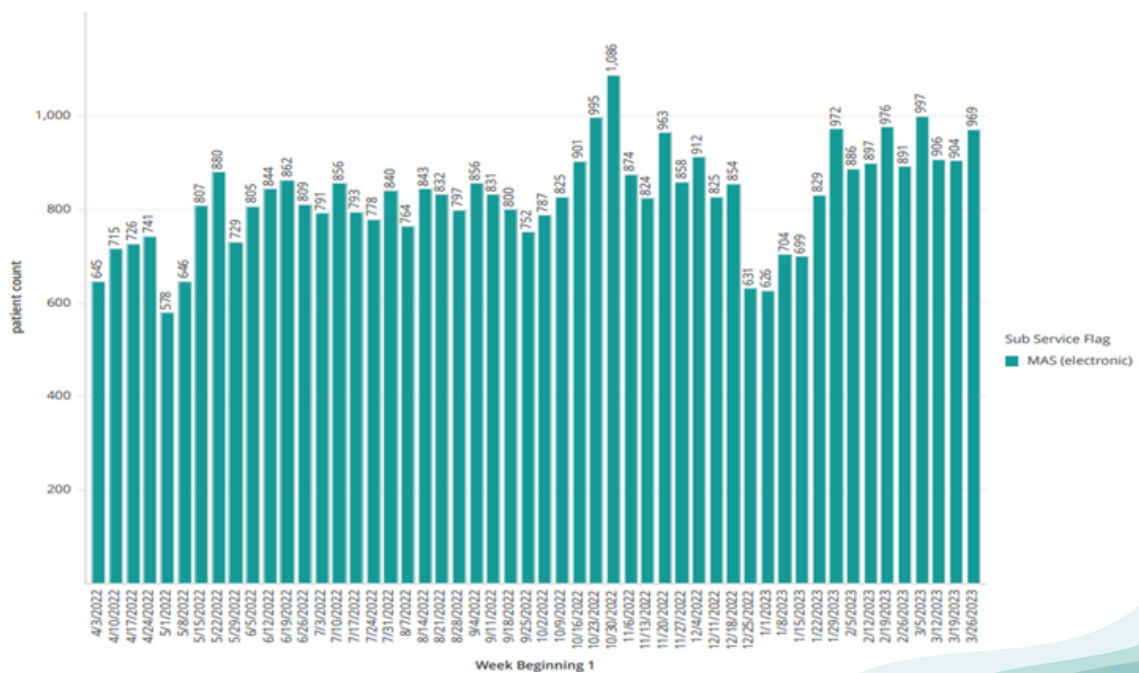


Figure 6:
NHS Fife Pharmacy First patient consultations Apr 22-Mar 23



2.3.4. Public Health Service

The Public Health Service (PHS) comprises of the following services:

The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public

Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material

Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish

Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service

2.3.4.1. Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan (LDP) Target. For financial year 22/23, 77% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 23% via non-pharmacy services). The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived data zones, was 473. Fife did not achieve the LDP target in 22/23 however there were 301 successful 12 week quits in this population in 22/23, 67% of these quits were via the Community Pharmacy service.

2.3.4.2. Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife. Community pharmacies continue to issue over 80% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 362 prescriptions are generated for EHC by community pharmacists each month.

2.3.4.3. Bridging Contraception

A new addition to the PHS in November 2021, Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 540 consultations took place for this Service between April 2022 and March 2023.

2.3.4.4. Supply of Prophylactic Paracetamol following MenB Vaccine

This Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service.

2.4. Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer them.

2.4.1. Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients with a diagnosis of coeliac disease and/or dermatitis herpetiformis to obtain gluten free foods directly from a local pharmacy without the need to request a prescription from the GP Practice. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available.. Patients are given an agreed allocation of Gluten Free units and are able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a PharmacyCare Record (PCR), and carry out an initial healthcheck with each patient and thereafter an annual health check with patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to request their prescription for gluten free foods.

2.4.2. Unscheduled Care

Unscheduled care can be described as:

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy.

2.4.3. Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4. Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 20 pharmacies providing this service, an average of 456 patients were treated per month from January 2021 to January 2022. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.

2.5. Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 16:
Summary of the
Numbers of Community
Pharmacies providing
Additional Services (at
April 2023)

Additional Services	Total
Dispensing/supervision of Opioid substitution therapy	86
Injecting equipment provision	25
Take home Naloxone	36
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case programme	22

2.5.1 Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well-established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

2.5.1.1. Opioid Substitution Therapy(OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market. The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when requested by the prescriber. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2. Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses spread by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 25 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

2.5.1.3. Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand from 8 to 36 pharmacies across Fife, further uptake of the service continues to be encouraged.

2.5.2. Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review in 2023/24.

2.5.3. Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients. The key services provided are:

- Dispensing of specialist palliative care medicines
- Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4. Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5. Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is to reduce the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whyteman's Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service. Between April 22 and March 23 there were 40 patients received treatment for Hepatitis C via community pharmacy.

2.5.7. Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team. 60 pharmacies participate in this service. Between April 22 and March 23, 235 people received treatment for chlamydia via community pharmacy.

2.5.8. Free Condoms Fife Scheme

Community Pharmacies participate in the “Free Condoms Fife” Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9. Vaccination Services

Community pharmacies across Fife took part in three successful NHS influenza vaccination service campaigns in the 2020/21, 2021/22 and 2022/23 flu seasons delivering over 34,000 vaccinations over the three years of activity. Offering this service via community pharmacies allows agreed eligible groups to access flu vaccinations in a setting closer to home.

As part of the Vaccination Transformation Programme, 21 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1. Between April 2022 and March 2023, 2,752 citizens received a travel vaccination consultation in a community pharmacy and 3,801 vaccines were administered, and average of 1.4 vaccines per citizen. It should be noted that alongside administration of NHS available travel vaccines, participating community pharmacies are also asked to provide any private vaccines required. The geographical provision of this service will be reviewed in 2023 with the potential of adding up to 6 new community pharmacies should the need be identified,

ANALYSIS OF PHARMACEUTICAL NEEDS IN NHS FIFE

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

3.1. Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the region & appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2. Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3. Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacist to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

The COVID-19 pandemic has impacted on the pharmacy workforce and there are reports from some contractors of increasing difficulty in securing permanent pharmacists, together with a scarcity of available locum pharmacist cover, this is affecting Health Boards across NHS Scotland including NHS Fife.

3.4. Community Pharmacy Services - Core Services

3.4.1. Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2. Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3. Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, unmet need will arise in urgent care provision should the current pharmacy weekend and extended opening hours in a local area reduce.

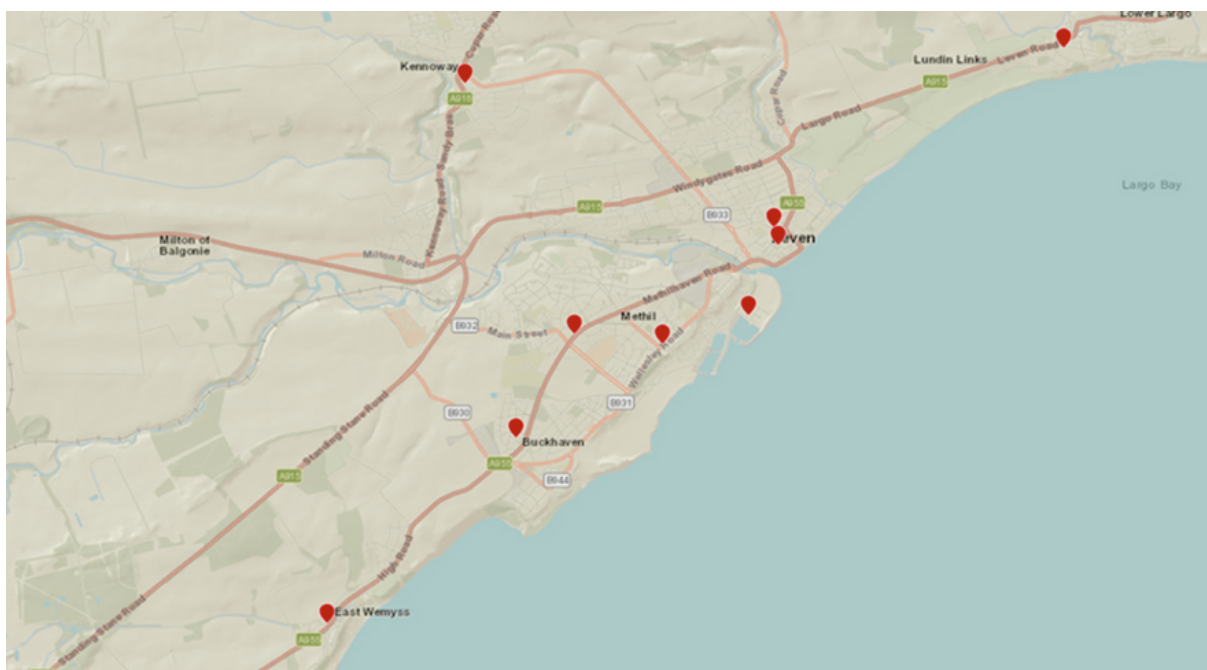
3.4.4. Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be supported within Fife, and this element of the contract has made a significant contribution to harm reduction and women's health. There is no current unmet need, however the Scottish Government's Women's Health plan may introduce further expectations of pharmaceutical service provision that may impact this position in the future.

3.5. Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population.

APPENDIX 1A



There are 10 Pharmacies in the Levenmouth Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✓
LLOYDS PHARMACY LTD NOW KENNOWAY PHARMACY	19 BISHOPS COURT, KENNOWAY, KY8 5LA	✓		✓
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✓		
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✓	✓
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✓	✓	✓
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

There are six GP Practices in the Levenmouth Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
21257	SCOONIE MEDICAL PRACTICE	162,749	19.99%
21524	AIRLIE MEDICAL PRACTICE	147,831	18.16%
21505	METHILHAVEN SURGERY	132,447	16.27%
20108	MUIREDGE SURGERY	125,900	15.47%
21276	DRS PAGE, MCDONALD & STEVENSON	72,188	8.87%
20856	KENNOWAY MEDICAL GROUP	71,294	8.76%
	TOTAL	712,409	87.51%
	Other Prescribers	101,661	12.49%

There was a total of 814,070 items dispensed between all ten pharmacies, with:

- 31,621 unique patients
- 83.07% of patients having 2 or more forms
- 362 patients being recorded as Care Home patients

87.51% of GP10 prescriptions dispensed by the pharmacies, originated from GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	28,341	730,289	89.71%
NURSES - PRESCRIPTION FORMS	3782	29,736	3.65%
MINOR AILMENTS SCHEME	10,302	24,259	2.98%
URGENT SUPPLY OF MEDICINES	6600	17,999	2.21%
HOSPITAL ADDICT FORM	406	4951	0.61%
DENTIST PRESCRIPTION FORM	596	2779	0.34%
HOSPITAL FORM	564	2670	0.33%
PHARMACISTS PRESCRIPTION FORM	190	801	0.10%
STOCK ORDER FORM	0	465	0.06%
FOREIGN FORM - ENGLISH/WELSH	0	119	0.01%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	1	0.00%
FOREIGN FORM - WELSH GP	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	17,224	214,109	26.30%
CARDIOVASCULAR SYSTEM	11,269	172,722	21.22%
GASTRO-INTESTINAL SYSTEM	12,211	80,562	9.90%
ENDOCRINE SYSTEM	7572	70,488	8.66%
RESPIRATORY SYSTEM	9321	65,330	8.03%

Core Services

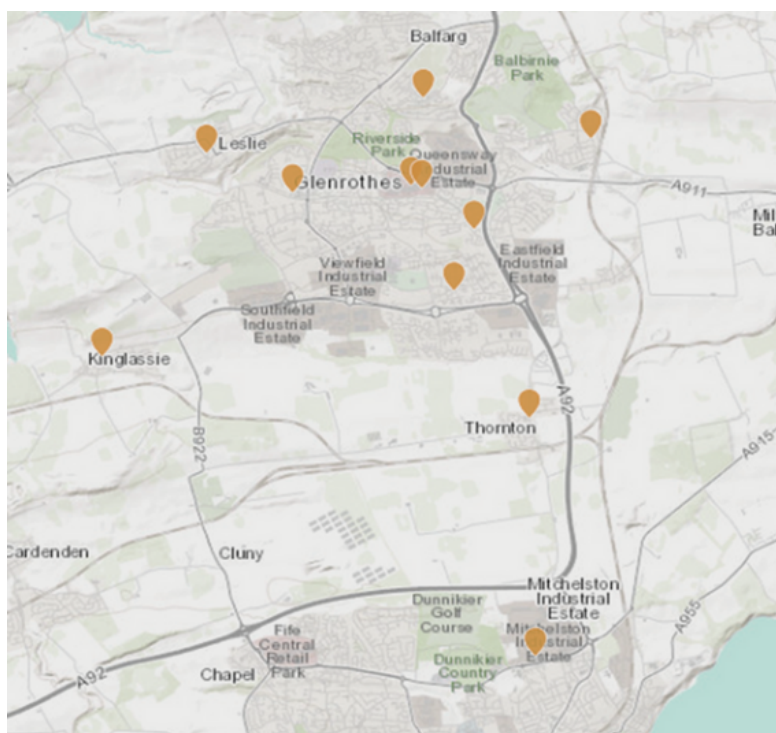
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5483	13,093	72.74%
Public Health Service	621	3898	21.66%
Urinary Tract Infection	480	546	3.03%
Health Board Local Service	147	250	1.39%
Skin Infection	96	101	0.56%
Impetigo	87	89	0.49%
Shingles	19	22	0.12%

A total of 6600 unique patients received 17,999 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

APPENDIX 1B



There are 10 Pharmacies in the Glenrothes Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✓	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
LLOYDS PHARMACY	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 0XA			
LLOYDS PHARMACY	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✓
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			

There are seven GP Practices in the Glenrothes Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20659	COS LANE SURGERY	167,492	15.95%
20611	NORTH GLEN MEDICAL PRACTICE	159,936	15.23%
20663	ROTHES MEDICAL PRACTICE	152,904	14.56%
20606	THE LOMOND PRACTICE	141,482	13.47%
20630	THE GLENWOOD PRACTICE	115,228	10.97%
21153	LESLIE MEDICAL PRACTICE	106,779	10.17%
	Top 6 Practices	843,821	80.35%
	Other Prescribers	206,298	19.65%

There was a total of 1,050,119 items dispensed between all 10 pharmacies, with:

- 43,319 unique patients
- 80.48% of patients having 2 or more forms
- 317 patients being recorded as Care Home patients

80.35% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	38,167	940,975	89.61%
NURSES - PRESCRIPTION FORMS	4701	48,829	4.65%
MINOR AILMENTS SCHEME	12,217	27,562	2.62%
URGENT SUPPLY OF MEDICINES	6863	17,127	1.63%
DENTIST PRESCRIPTION FORM	691	5322	0.51%
HOSPITAL FORM	733	3567	0.34%
PHARMACISTS PRESCRIPTION FORM	925	3223	0.31%
HOSPITAL ADDICT FORM	285	2862	0.27%
STOCK ORDER FORM	0	599	0.06%
FOREIGN FORM - ENGLISH/WELSH	0	46	0.00%
IRISH FORM	0	3	0.00%
FOREIGN FORM - WELSH GP	0	2	0.00%
HOSPITAL NURSE FORM	0	2	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	21,797	258,475	24.61%
CARDIOVASCULAR SYSTEM	15,020	227,485	21.66%
GASTRO-INTESTINAL SYSTEM	16,157	104,759	9.98%
ENDOCRINE SYSTEM	9931	96,763	9.21%
RESPIRATORY SYSTEM	12,389	82,990	7.90%

Core Services

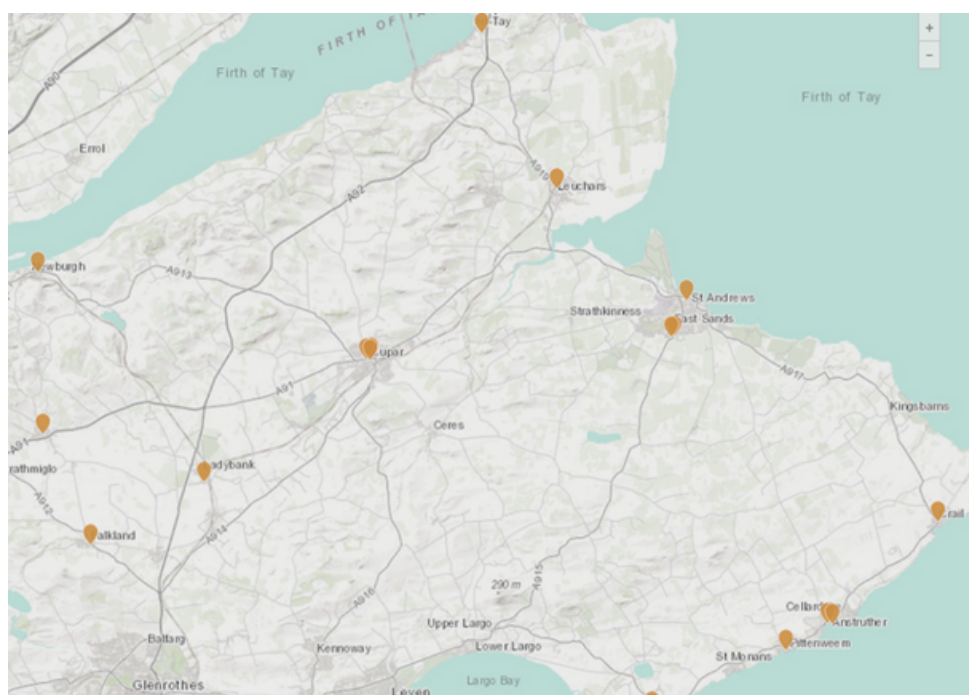
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5280	10,908	63.69%
Public Health Service	712	4367	25.50%
Urinary Tract Infection	694	813	4.75%
Health Board Local Service	244	764	4.46%
Skin Infection	146	157	0.92%
Impetigo	72	79	0.46%
Shingles	24	27	0.16%
COVID	7	12	0.07%

A total of 6863 unique patients received 17,127 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First)

APPENDIX 1C



There are 18 Pharmacies in the NE Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
LLOYDS PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
LLOYDS PHARMACY	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓
WM MORRISON	45 LARGO ROAD, ST ANDREWS, KY168PJ		✓	
ROWLAND PHARMACY	32 CASTLE STREET, TAYPORT, DD6 9AF			

There are 11 GP Practices in the NE Fife Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
21830	PIELAND MEDICAL PRACTICE	152,948	11.77%
21609	TAYVIEW MEDICAL PRACTICE	145,019	11.16%
20409	EDEN VILLA PRACTICE	124,630	9.59%
20413	BANK STREET MEDICAL GROUP	115,480	8.89%
20004	ANSTRUTHER MEDICAL PRACTICE	113,577	8.74%
20057	AUCHTERMUCHTY PRACTICE	101,494	7.81%
	Top 6 Practices	753,148	57.98%
	Other Prescribers	545,775	42.02%

There was a total of 1,298,923 items dispensed between all 20 pharmacies, with:

- 61,087 unique patients
- 79.75% of patients having 2 or more forms
- 734 patients being recorded as Care Home patients

57.98% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	55,282	1,193,283	91.87%
MINOR AILMENTS SCHEME	15,018	33,458	2.58%
NURSES - PRESCRIPTION FORMS	3855	31,620	2.43%
URGENT SUPPLY OF MEDICINES	10,375	25,257	1.94%
DENTIST PRESCRIPTION FORM	1135	5365	0.41%
HOSPITAL FORM	909	4438	0.34%
HOSPITAL ADDICT FORM	212	2411	0.19%
PHARMACISTS PRESCRIPTION FORM	794	1842	0.14%
STOCK ORDER FORM	0	952	0.07%
FOREIGN FORM - ENGLISH/WELSH	0	246	0.02%
FOREIGN FORM - WELSH GP	0	28	0.00%
IRISH FORM	0	12	0.00%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	7	0.00%
FOREIGN FORM - WELSH HOSPITAL	0	2	0.00%
HOSPITAL NURSE FORM	0	1	0.00%
HOSPITAL PHARMACISTS FORM	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	20,971	307,590	23.68%
CENTRAL NERVOUS SYSTEM	27,666	287,210	22.11%
ENDOCRINE SYSTEM	14,623	132,169	10.18%
GASTRO-INTESTINAL SYSTEM	21,059	129,177	9.94%
RESPIRATORY SYSTEM	15,580	88,407	6.81%

Core Services

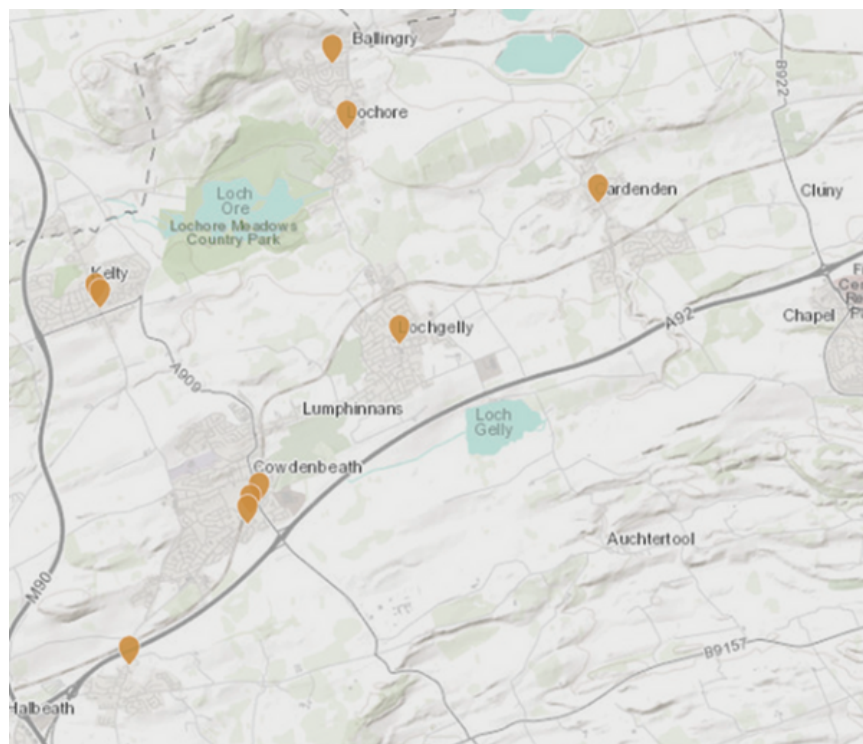
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	8180	15757	62.39%
Public Health Service	969	7419	29.37%
Urinary Tract Infection	908	1054	4.17%
Health Board Local Service	310	565	2.24%
Skin Infection	241	258	1.02%
Impetigo	130	140	0.55%
Shingles	48	55	0.22%
COVID	4	8	0.03%
Healthy Start Vitamins	1	1	0.00%

A total of 10,375 unique patients received 25,257 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1D



There are 12 Pharmacies in the Cowdenbeath Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✓		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✓	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✓		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	✓	✓
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		

There are eight GP Practices in the Cowdenbeath Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20305	COWDENBEATH SURGERY	218,331	20.98%
20803	KELTY MEDICAL PRACTICE	145,460	13.98%
21384	MEADOWS PRACTICE	126,821	12.19%
21421	BENARTY MEDICAL PRACTICE	120,937	11.62%
21469	LOCHGELLY MEDICAL PRACTICE	72,438	6.96%
20358	CROSSGATES MEDICAL PRACTICE	62,580	6.01%
	Top 6 practices	746,567	71.75%
	Other Prescribers	293,951	28.25%

There was a total of 1,040,518 items dispensed between all 12 pharmacies, with:

- 38,508 unique patients
- 81.55% of patients having 2 or more forms
- 325 patients being recorded as Care Home patients

71.75% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	33,758	933,689	89.73%
NURSES - PRESCRIPTION FORMS	3797	40,698	3.91%
MINOR AILMENTS SCHEME	14,256	37,099	3.57%
URGENT SUPPLY OF MEDICINES	5871	14,706	1.41%
DENTIST PRESCRIPTION FORM	986	4597	0.44%
HOSPITAL ADDICT FORM	317	4286	0.41%
HOSPITAL FORM	794	3747	0.36%
PHARMACISTS PRESCRIPTION FORM	362	1040	0.10%
STOCK ORDER FORM	0	597	0.06%
FOREIGN FORM - WELSH GP	0	36	0.00%
FOREIGN FORM - ENGLISH/WELSH	0	23	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	20981	20981	25.61%
CARDIOVASCULAR SYSTEM	13042	13042	22.44%
GASTRO-INTESTINAL SYSTEM	14343	14343	9.77%
ENDOCRINE SYSTEM	8779	8779	8.77%
RESPIRATORY SYSTEM	12053	12053	8.00%

Core Services

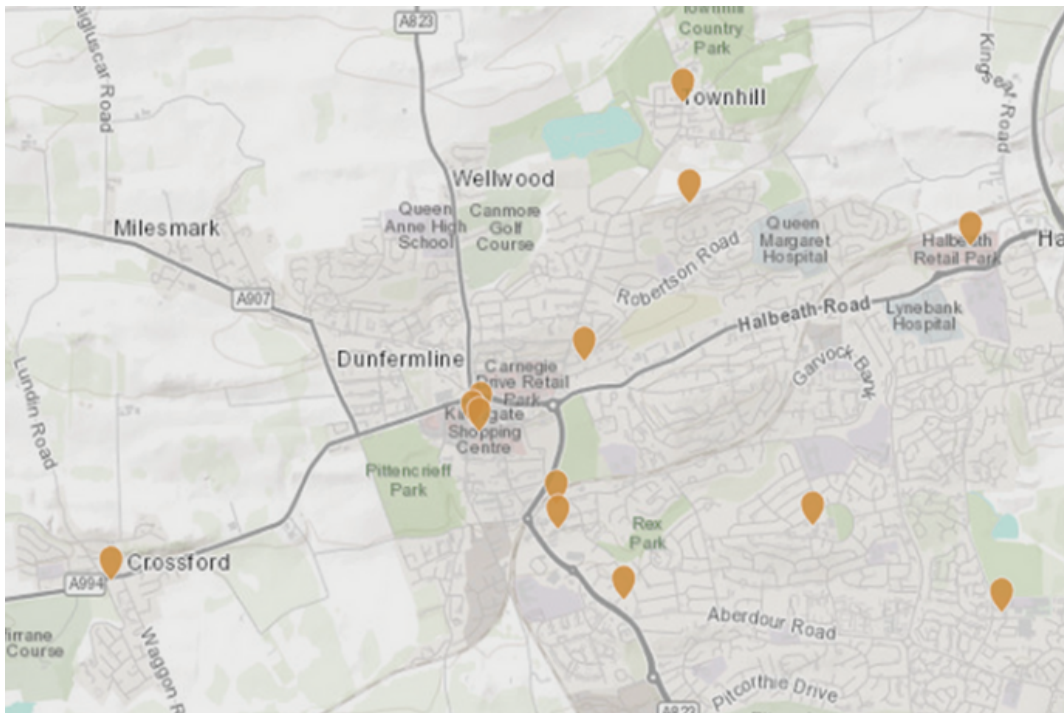
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4356	4356	56.02%
Public Health Service	786	786	34.68%
Urinary Tract Infection	634	634	4.77%
Health Board Local Service	137	137	2.77%
Skin Infection	119	119	0.85%
Impetigo	99	99	0.74%
Shingles	17	17	0.12%
COVID	2	2	0.02%
Healthy Start Vitamins	3	3	0.02%

A total of 5871 unique patients received 14,706 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1E



There are 13 Pharmacies in the Dunfermline Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✓
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✓	
BOOTS THE CHEMIST DEARS PHARMACY & TRAVEL CLINIC	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU		✓	✓
LINDSAY & GILMOUR	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✓		
LLOYDS PHARMACY	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✓		
LLOYDS PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
LLOYDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			✓
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓

There are eight GP Practices in the Dunfermline Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20466	NEW PARK MEDICAL PRACTICE	168,479	14.13%
20490	BELLYEOMAN SURGERY	158,458	13.29%
20451	NETHERTOWN SURGERY	156,768	13.14%
20485	MILLHILL SURGERY	138,795	11.64%
21755	PRIMROSE LANE MEDICAL CENTRE	137,269	11.51%
20471	HOSPITAL HILL SURGERY	114,955	9.64%
	Top 6 Practices	874,724	73.34%
	Other Prescribers	317,959	26.66%

There was a total of 1,192,683 items dispensed between all 14 pharmacies, with:

- 61,709 unique patients
- 74.02% of patients having 2 or more forms
- 350 patients being recorded as Care Home patients

73.34% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	53,840	1,070,745	89.78%
NURSES - PRESCRIPTION FORMS	6491	54,401	4.56%
MINOR AILMENTS SCHEME	13,426	27,335	2.29%
URGENT SUPPLY OF MEDICINES	7021	17,745	1.49%
DENTIST PRESCRIPTION FORM	1574	7804	0.65%
HOSPITAL FORM	1525	7541	0.63%
HOSPITAL ADDICT FORM	360	5020	0.42%
PHARMACISTS PRESCRIPTION FORM	320	1027	0.09%
STOCK ORDER FORM	0	981	0.08%
FOREIGN FORM - ENGLISH/WELSH	0	69	0.01%
IRISH FORM	0	7	0.00%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	5	0.00%
FOREIGN FORM - WELSH GP	0	2	0.00%
FOREIGN FORM - ENGLISH NURSE OR HOSPITAL	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	26,725	278,886	23.38%
CARDIOVASCULAR SYSTEM	18,331	258,206	21.65%
ENDOCRINE SYSTEM	13,021	117,106	9.82%
GASTRO-INTESTINAL SYSTEM	20,062	113,979	9.56%
RESPIRATORY SYSTEM	14,924	85,323	7.15%

Core Services

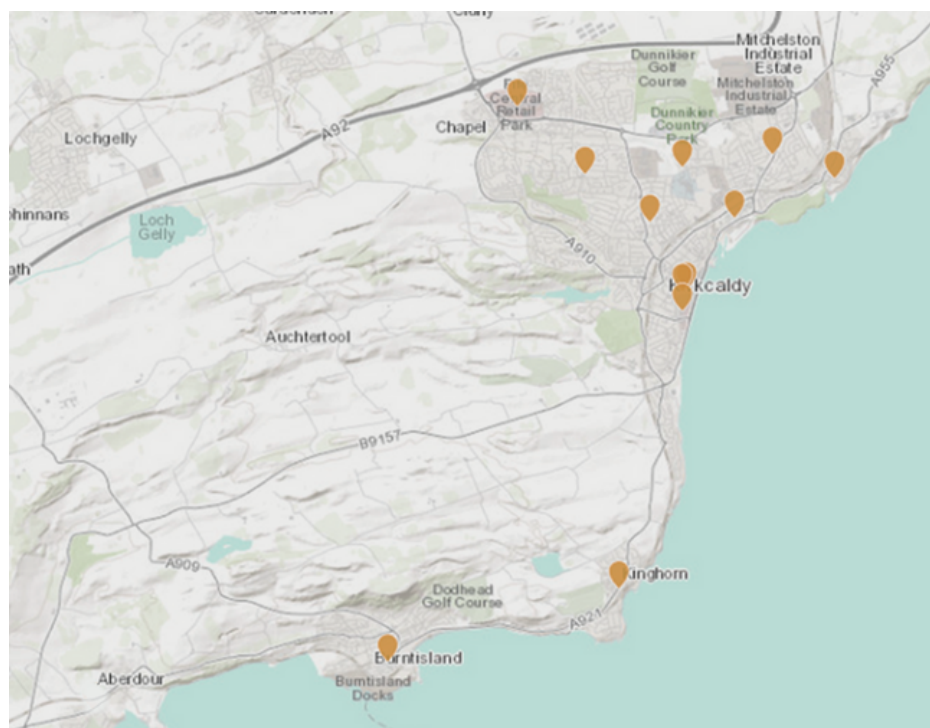
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4683	8133	45.83%
Public Health Service	1051	6615	37.28%
Health Board Local Service	250	1484	8.36%
Urinary Tract Infection	915	1064	6.00%
Skin Infection	231	246	1.39%
Impetigo	128	133	0.75%
Shingles	39	42	0.24%
COVID	18	28	0.16%

A total of 7021 unique patients received 17,745 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1F



There are 13 Pharmacies in the Kirkcaldy Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
LLOYDS PHARMACY	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG		✓	
LLOYDS PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL	✓	✓	
LLOYDS PHARMACY	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
LLOYDS PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
LLOYDS PHARMACY	18 HIGH STREET, KIRKCALDY, KY1 1LU			
LLOYDS PHARMACY	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
LLOYDS PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
LLOYDS PHARMACY LTD	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓		
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓

There are 10 GP Practices in the Kirkcaldy Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20998	PATH HOUSE MEDICAL PRACTICE	225,155	16.81%
20979	BENNOCHY MEDICAL CENTRE	149,647	11.17%
20964	DRS MCKENNA, MURPHY & MCCALLUM	120,503	9.00%
20950	NICOL STREET SURGERY	119,699	8.94%
20983	ST BRYCEDALE SURGERY	117,529	8.77%
21007	DRS DIXON, DUGGAN, EGERTON, MACKERNAN, MCCRICKARD & WALKER	114,461	8.55%
	Top 6 Practices	846,994	63.24%
	Other Prescribers	492,437	36.76%

There was a total of 1,339.431 items dispensed between all 14 pharmacies, with:

- 55,970 unique patients
- 77.62% of patients having 2 or more forms
- 1772 patients being recorded as Care Home patients

63.24% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	50,130	1,233,716	92.11%
NURSES - PRESCRIPTION FORMS	5914	44,416	3.32%
MINOR AILMENTS SCHEME	10,552	22,465	1.68%
URGENT SUPPLY OF MEDICINES	7145	18,601	1.39%
HOSPITAL FORM	1473	6694	0.50%
HOSPITAL ADDICT FORM	571	6427	0.48%
DENTIST PRESCRIPTION FORM	758	4976	0.37%
PHARMACISTS PRESCRIPTION FORM	307	991	0.07%
STOCK ORDER FORM	0	988	0.07%
FOREIGN FORM - ENGLISH/WELSH	0	156	0.01%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	27,566	338,185	25.25%
CARDIOVASCULAR SYSTEM	19,501	298,001	22.25%
GASTRO-INTESTINAL SYSTEM	20,390	135,370	10.11%
ENDOCRINE SYSTEM	13,177	123,407	9.21%
RESPIRATORY SYSTEM	14,221	93,528	6.98%

Core Services

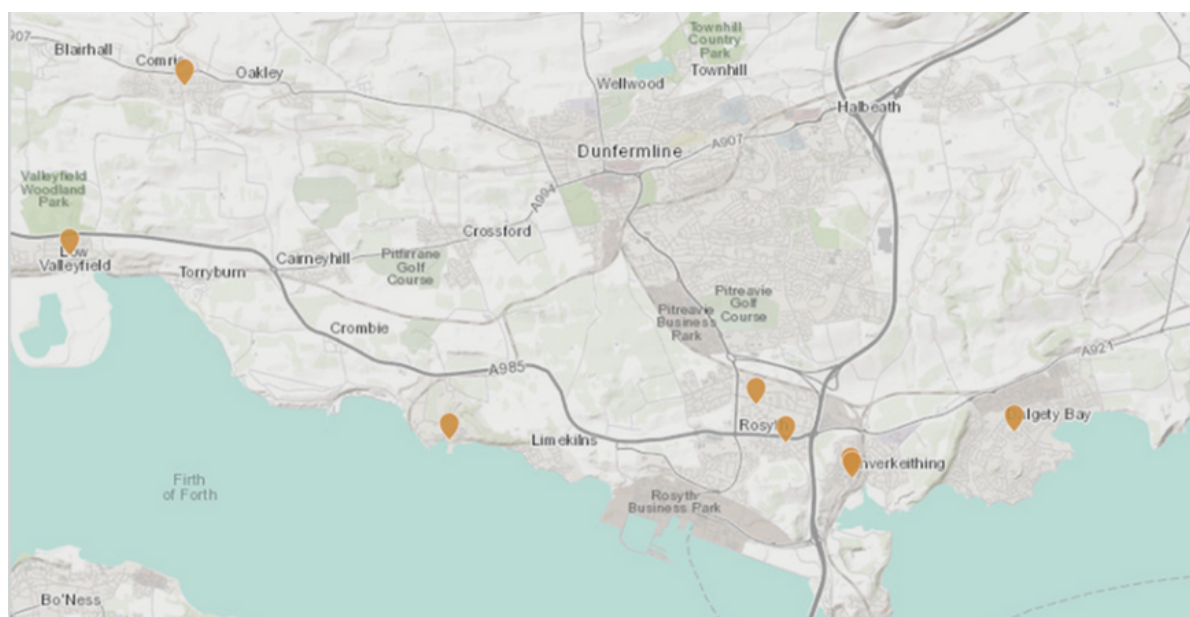
Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5462	12,242	65.81%
Public Health Service	798	4836	26.00%
Urinary Tract Infection	756	879	4.73%
Health Board Local Service	153	422	2.27%
Impetigo	92	106	0.57%
Skin Infection	72	80	0.43%
Shingles	21	29	0.16%
COVID	3	6	0.03%
Healthy Start Vitamins	1	1	0.01%

A total of 7145 unique patients received 18,601 items on Urgent Supply / Public Health Prescription/Pharmacy first PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1G



There are 10 Pharmacies in the SW Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH	✓	✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

There are four GP Practices in the SW Fife Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20752	INVERKEITHING MEDICAL GROUP	246,354	32.20%
21613	OAKLEY MEDICAL PRACTICE	140,839	18.41%
20729	VALLEYFIELD MEDICAL PRACTICE	75,676	9.89%
21308	CHARLESTOWN SURGERY	66,839	8.74%
	Top 4 Practices	529,708	69.24%
	Other Prescribers	235,277	30.76%

There was a total of 764,985 items dispensed between all eight pharmacies, with:

- 34,040 unique patients
- 81.52% of patients having 2 or more forms
- 632 patients being recorded as Care Home patients

69.24% of GP10 prescriptions, dispensed by the pharmacies, originated from the 4 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	30,694	699,777	91.48%
MINOR AILMENTS SCHEME	10,582	24,472	3.20%
NURSES - PRESCRIPTION FORMS	2992	21,351	2.79%
URGENT SUPPLY OF MEDICINES	4580	12,484	1.63%
DENTIST PRESCRIPTION FORM	550	2985	0.39%
HOSPITAL FORM	495	2236	0.29%
HOSPITAL ADDICT FORM	80	905	0.12%
PHARMACISTS PRESCRIPTION FORM	158	437	0.06%
STOCK ORDER FORM	0	264	0.03%
FOREIGN FORM - ENGLISH/WELSH	0	48	0.01%
FOREIGN FORM - WELSH GP	0	26	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	11,659	180,677	23.62%
CENTRAL NERVOUS SYSTEM	16,173	165,233	21.60%
GASTRO-INTESTINAL SYSTEM	12,238	75,836	9.91%
ENDOCRINE SYSTEM	7867	73,865	9.66%
RESPIRATORY SYSTEM	9287	55,772	7.29%

Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	3601	7227	57.89%
Public Health Service	510	4402	35.26%
Urinary Tract Infection	392	430	3.44%
Health Board Local Service	64	235	1.88%
Skin Infection	114	118	0.95%
Impetigo	52	56	0.45%
Shingles	16	16	0.13%

A total of 4580 unique patients received 12,484 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.

(Note: this number does not include non PGD items dispensed under Pharmacy First).

REFERENCES

[NHS Fife Director of Public Health Report 2020 and 2021](#)

[Public Health Scotland Community Pharmacy Contractor Open Data 2022](#)

[Know Fife](#)

[NRS Mid-2020 Population Estimates](#)

[NRS Sub-national Population Projections 2018](#)

[NHS Fife General Pharmaceutical Services: Hours of Service Scheme](#)



Pharmacy and Medicines Directorate

Published September 2023

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PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 14 June 2023)

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

Department of Public Health

Cameron House, Cameron Bridge, Leven, KY8 5RG

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 14 June 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
Lynn Barker (LB)	Associate Director of Nursing
Olukemi Oyedeji (OO)	Consultant in Public Health Medicine
Lucy Denvir (LD)	Consultant in Public Health Medicine
Lorna Watson (LW) (<i>Joined at item 3</i>)	Consultant in Public Health Medicine

In attendance:

Helen Shaw (HS)	Specialist Registrar in Public Health
Brenda Ward (BW)	Executive Assistant to Director of Public Health

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies for absence were noted from Emma O'Keefe, Hazel Close, Sharon Crabb and Sue Cameron. A reminder was given that the meeting was being recorded to assist with minute taking.

ACTION

2. Minute of previous meetings held on 12 April 2023

The minute of the previous meeting was agreed as an accurate record subject to the following amendments.

- Item 4.1 - The action was to be changed from SCa to DFW.

BW

3. Review of Action Log

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

4. Annual Immunisation Report 2023

EC shared a presentation on the Annual Immunisation Report for 2023 which included information on Vaccine Preventable Diseases and the Vaccine Uptake. The Annual Report will be presented to EDG on 22nd June 2023 and PH&WC on 3rd July 2023. The Chair asked that any final comments to be sent to EC by Monday 19th June 2023.

ALL

5. Identified Near Misses, Critical Incidents & Learning

5.1 Lessons Learned - Cadmium Investigation Report

HS provided an overview of the management of a potential case of Cadmium Toxicity and the investigation carried out by the Public Health (PH) in Fife.

The presentation provided additional context on the background of the initial report, PH investigation findings, what worked well and the actions to be taken forward in Fife. Chair thanks LD and HS for huge amount of work on the investigation which was carried out during the pandemic. The Chair raised the breadth of the lessons learned and those that are specific to the organisation are slightly different to the lessons learned for PH. The Committee agreed the report should be shared with the Risk and Opportunities Group and the Environmental Health Group which is a sub-group of Scottish Health Protection Network.

5.2 Lessons Learned - Care Home at Christmas

DFW provided an overview on the lessons learned in relation to a complex outbreak situation where a Care Home was closed to visitors during Christmas 2022, which resulted in a concern being raised. The Health Protection Team (HPT) and the Care Home Manager have undertaken a review to ensure learnings are collated and shared. The Chair added that HPT take our shared responsibility to keep care homes safe and we are actively learning and improving our processes as well as contributing towards the national discussions. The Chair thanked everyone who contributed to the investigation and liaised with those who raised the concern. It was agreed the lessons learned would be shared at the Directors Care Home Assurance Group.

6. New Prospective Risks / Emerging Issues

6.1 SMR02 Data

LW explained that the standard for completeness of SMR02 data against the national register for Scotland is 95% and in last year's report Fife was an outlier having dropped to 90%. Following an investigation with PHS and communication with the management team of coders it was highlighted this was a coding and staffing issue in Fife. LW highlighted the purpose of raising this issue with Committee members was to discuss the risk from a Public Health perspective as several publications refer to SMR02 data which could make some of our data inaccurate. Although steps are being taken to improve coding it is uncertain when these will be fully in place. The Chair asked that LW prepare a new risk template for review and discussion at the next PHAC meeting.

LW

6.2 Update on Covid Recovery on Screening Programmes

The Chair updated the Committee that the aim is to close the overarching risk on recovery of Screening programmes from the impact of the pandemic and replace this with monitoring of program specific risks. As OO highlighted at previous meeting, the preference is to wait until annual uptake data is available and this can be captured for all Screening programmes.

7. Review of current risks on Public Health Register

7.1 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 October 2023.

7.2 Risk 1729 Misuse of Suspicion of Malignancy Function in SCCRS

The Committee agreed the risk update provided by CC, the status level would remain at Moderate 12 and will be reviewed at the PHAC meeting in June 2024.

7.3 Risk 1837 Absence of National data to monitor the Pregnancy and Newborn Screening Programmes

The Committee agreed the risk update provided by CC, the status level would remain at Moderate 8 and will be reviewed at the PHAC meeting in June 2024.

7.4 Risk 2331 Local system surge capacity for new variants

The Committee agreed the risk update provided by DFW and that the likelihood target should be reduced from level 4 (likely) to 3 (possible). This is due the effectiveness of the vaccine and the pattern we are seeing in the numbers of people in our population testing positive with Covid and requiring healthcare support compared to previous periods of the pandemic. The Committee agreed the risk status level of High 16 (Likelihood 4, Consequence 4) would reduce to Moderate 12 (Likelihood 3, Consequence 4) and will be reviewed at the PHAC meeting in August 2023.

7.5 Risk 2388 Vaccine Preventable Disease

The Committee agreed the risk update provided by EC, the status level would remain at Moderate 9 and will be reviewed at the PHAC meeting in August 2023.

7.6 Risk 2472 Missed opportunity for newborn blood spot screening

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

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

There were no issues to escalate to PH&WC.

9. SBARS (For Information)

The Committee noted the SBARs.

9.1 Health Inequalities Deep Dive Review

9.2 Covid-19 Deep Dive Review

9.3 Cervical Screening, No Cervical Exclusion Audit

9.4 Hepatitis B Lookback Exercise

10. Any Other Competent Business

10.1 Annual Assurance Report

The Chair asked the Committee for their comments on a more formal process for functional sub-groups to provide an annual assurance statement as an alternative to the sharing of minutes. The statement would summaries the work of the Committees which is a distillation of discussions and highlights areas of debate and gaps. OO and EC were supportive and were interested in reviewing the format. The Chair agreed to share the Resilience Annual Assurance Report which was taken to CGC earlier this year.

Chair

11. Linked Minutes (For Information)

The Committee noted the linked minutes.

11.1 Pandemic Framework Group on 03/04/23

11.2 Area Immunisation Steering Group on 20/02/23

11.3 NHS Fife Pregnancy and Newborn Screening Committee on 17/11/22

12. Date of Next Meeting

Wednesday 2 August 2023 at 2:30pm, via MST

PUBLIC HEALTH ASSURANCE GROUP

(Meeting on 2 August 2023)

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

Confirmed minute of the Public Health Assurance Committee Meeting (PHAC) held on Wednesday 02 August 2023 at 2.30pm via Microsoft Teams

Chair:

Joy Tomlinson (JT)

Director of Public Health

Present:

Esther Curnock (EC)

Consultant in Public Health Medicine

Olukemi Oyedeji (OO)

Consultant in Public Health Medicine

Emma O'Keefe (EOK)

Consultant in Dental Public Health

Susan Cameron (SCa)

Head of Resilience

Lynn Barker (LB) (*Joined at Item 4*)

Associate Director of Nursing

ACTION

1. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies for absence were noted from Sharon Crabb, Lorna Watson, Cathy Cooke, Aileen Boags, Lucy Denvir, Fiona Bellamy and Duncan Fortescue-Webb. The meeting was recorded to assist with minute taking.

2. Minute of previous meetings held on 14 June 2023

The minute of the previous meeting was agreed as an accurate record and Chair asked for amendments to be sent to brenda.ward@nhs.scot.

3. Review of Action Log

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

4. Review of Terms of Reference (PHAC)

The Chair advised that she had reviewed and updated the Terms of Reference (TOR) for the PHAC. The Committee agreed the updates and the following additional items were put forward and approved.

- **Item 3.3** Public Health elements of Annual Delivery Plan and Medium-Term Plan to be added to PHAC workplan.
- **Item 3.5** Patient safety incidents to be updated with Public Health incidents.
- **Item 4.1** Reporting arrangements to be updated to Public Health & Wellbeing Committee (PHWC).
- **Item 4.5** New paragraph on Committee sub-groups presenting Annual Statements of Assurance for consideration of the Committee.

The Chair updated that the revised version will be tabled at the next PHAC meeting in October for approval.

JT

5. Identified Near Misses, Critical Incidents & Learning

5.1 Patient Satisfaction Survey 2023 - Diabetic Eye Screening

OO shared an overview of the Diabetic Eye Screening (DES) Patient Satisfaction Survey 2023. The survey involved telephoning a large cohort of patients in Fife to participate in a wide range of questions on the Diabetic Eye Screening experience. The survey received a 71% patient response rate and the feedback was primarily in relation to signage at VHK and QMH, issues with parking and transportation issues.

5.2 Shingles & Pneumococcal Vaccination Incident Lessons Learned Report

EC presented the Shingles & Pneumococcal Vaccination Incident from a lessons learned review held by Public Health on 13 June 2023. The vaccination adverse event took place in 2022 in which a data coding issue led to people across Scotland being mistakenly invited to receive a Shingles or Pneumococcal vaccine. Chair asked EC to share the Lessons Learned Report with Nicola Robertson, Director of Nursing for consideration of inclusion at NHS Fife's Organisational Learning Group

EC

6. New Prospective Risks / Emerging Issues

6.1 New Risk – Future Pandemic Preparedness

Chair advised that a new risk will be developed covering future pandemic preparedness. The Covid-19 Pandemic risk which is on the Corporate Register has achieved the target risk level and it is anticipated to step-down from the corporate risk register when the risk is next considered by Clinical Governance Committee. The purpose of the new risk will be to ensure the organisation is fully sighted on readiness for future biological threats and health security concerns.

The Committee reviewed the new risk description and agreed the first paragraph required to be broader and include both biological threat and pandemic preparedness in the title. The Committee agreed the risk could be circulated via email to the Pandemic Framework Group and consider including lead roles within the Command-and-Control Structure for the COVID19 response. This structure chart includes information on lead roles conducted during the pandemic and could be cross checked with the membership of the Pandemic Framework Group.

6.2 Direction of travel for Health Promoting Health Service

The Chair advised that Health Promoting Health Service is a national policy with local plans in place to support. It has not received refreshed national guidance or focus in recent years although there remains a requirement to report on progress with this work annually to the Board. The Committee agreed to discuss further through the Public Health Senior Leadership Team Meetings.

7. Review of current risks on Public Health Register

7.1 Risk 518 Resilience

The Committee agreed the risk update provided by SCA, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting in December 2023.

7.2 Risk 1904 Coronavirus Disease 2019 (COVID-19) Pandemic (Corporate)

The Committee agreed the risk update provided by Chair and it was agreed to reduce the Likelihood from level 4 to 3 based on the stability of infection

rates in population, fewer variants, none were being actively monitored and continued protection from vaccination. The Committee agreed the overall status level of the risk would reduce to Moderate 9 (Likelihood 3, Consequence 3) and the next review will be at the PHAC meeting in October 2023.

The Chair advised that a Deep Dive Review of the Covid 19 Pandemic Risk on the Corporate Register is being organised with the leads and we may close the risk as we moved into a phase of managing the disease. The Deep Dive will be tabled at the PHAC meeting for discussion prior to being taken through EDG and Clinical Governance Committee.

JT

The Chair added that HSCP and Public Health were also preparing a report on Long Covid for review at the PHWC in September.

7.3 Risk 1907 Public Health Oversight of COVID-19 in Care Homes

The Committee reviewed the risk update submitted by the risk owner (FB). The Committee discussed lowering the risk and agreed to reduce the Likelihood from level 4 to 3 based on what we are seeing in the wider population as well as effective measures to detect, manage and mitigate risks. The Committee agreed the overall status level of the risk would reduce to Moderate 9 (Likelihood 3, Consequence 3). The Committee agreed to next review at the PHAC meeting in October 2023

7.4 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 the next review will be at the PHAC meeting in December 2023.

7.5 Risk 2330 Public Health Adult Screening Programme Covid Recovery

The Committee agreed the risk update provided by OO, the status level would remain at Moderate 12 and the next review will be at the PHAC meeting in December 2023.

7.6 Risk 2331 Local system surge capacity for new variants

The Committee reviewed the risk update submitted by the risk owner (DFW). The Chair agreed to discuss with DFW the requirement for additional information to be incorporated into the risk update on Fife's contribution to the investigation of a variant or mutation and it would not be an extended response. The Committee agreed the status level would remain at Moderate 12 (Likelihood 3, Consequence 4). The Committee agreed to next review at the PHAC meeting October 2023.

7.7 Risk 2388 Vaccine Preventable Disease

The Committee agreed the risk update provided by EC, the status level would remain at Moderate 09 and the next review will be at the PHAC meeting in October 2023.

7.8 Health Inequalities Risk on the Corporate Register

The Chair advised a review of the Health Inequalities Risk will be tabled at the PHAC meeting in October prior to being taken through EDG and PHWC.

JT

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

There were no issues to escalate to PHWC.

9. For Information

9.1 DPH Annual Report 2023

The Chair advised the DPH Annual Report 2023 has been progressing through EDG, Governance Committees and the Board.

The next step is for discussion at both Fife Partnership Board on 17 August 2023 the Board Development Session on 29 August 2023.

10. Any Other Competent Business

No additional items were raised by the Committee.

11. Date of Next Meeting

Wednesday 18 October 2023 at 2:30pm, via MST